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Handbook on



*Administration*



of Early  
Childhood



Special



Education  
Programs



## Publishing Information

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Prepared for publication  
by CSEA members.

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# Preface

**T**he early years are the foundation for a child's healthy development and readiness for lifelong learning. For young children with disabilities, development and learning in the early years depend on the quality of early intervention services. This handbook provides information on the development and maintenance of quality programs, the statutory and regulatory requirements, and the resources available to local educational agencies to support those programs.

## Background

Infant and toddler and preschool special education programs and services have changed substantially in recent years. The implementation of Senate Bill 1085 in 1993 established the Early Start inter-agency program in collaboration with the California Department of Developmental Services (DDS). This program provides early intervention services that are individually designed for infants and toddlers from birth through two years of age and their families. Funding is provided under Part C of the Individuals with Disabilities Education Act (20 USC Section 1471 et seq.) to develop innovative ways of

providing family-focused, coordinated services that are built on existing systems.

Preschool special education programs received a boost from the federal government with increased funds and expansion of eligibility categories for children with disabilities between the ages of three and five years under Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 USC sections 1411, 1412, 1413, and 1419).

California state law, Chapter 311 (AB 2666, Hannigan, Statutes of 1987), established program standards for all preschoolers with exceptional needs in California. Prior to enactment of this law, public schools in California were mandated to serve only preschool children requiring intensive special education and services.

## Principles of Early Childhood Special Education Service Delivery

The handbooks in the Early Childhood Special Education series are based on the following principles:

- Early childhood special education programs must be child-centered.
- Programs should be family-focused.

- Programs should be culturally sensitive.
- Collaborative interagency coordination is the most efficient and effective way to provide services to families.
- Programs should provide transdisciplinary approaches to assessment of children and delivery of services.
- Programs should provide opportunities for staff development.
- Program evaluation is a necessary component of special education programs and services.

### **Purpose of the Handbook**

The Special Education Division of the California Department of Education is providing staff in the field with a resource that presents quality criteria for preferred practices in program development, ideas, and concepts in the context of the statutory requirements for early childhood special

education programs. New federal and state statutes and changed regulations and funding mechanisms have affected the provision of services for young children with disabilities. Such changes make it necessary to update and expand the *Pre-school Special Education Program Handbook* (published in 1988) to include information on the infant and toddler early intervention programs.

Each handbook in the Early Childhood Special Education series describes core concepts and preferred practices that are based on an in-depth review of current literature, statutes, and regulations. These handbooks may be accessed on the Department's Web site.

We thank the parents and educators who contributed the ideas in this handbook to make it a valuable resource for administrators, teachers, and family members.

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*Deputy Superintendent  
 Education Equity, Access, and Support Branch*

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# Introduction

**T**he key to a successful early childhood special education program is the support of administrators who are knowledgeable about the program and who are able to provide sufficient resources to accomplish the program's goals and to implement preferred practices in the program. Strong leadership will help the staff through the initial stages of developing and later maintaining early childhood special education programs that help children achieve their potential, create a positive beginning for the school-family relationship, and enhance the community.



School district administrators and school board members have a wide range of knowledge and experience related to early childhood special education. Program managers have the responsibility of being a two-way conduit of information between the district superintendent, members of the school board, the special education local plan area (SELPA) staff, and the program staff. Often, this role includes educating upper management in the unique aspects of working with children birth to five years and gaining support for early education programs. It is important to keep the special education director and the district superintendent

informed about the program's philosophy, the implementation of the program, and community and parent responses to early childhood special education services. Highlighting "hot" issues and clarifying local policy and procedures are also helpful. Giving the district administration and board members the opportunity to visit the program in operation and to speak directly with families goes a long way toward acquiring support.

The SELPA plays a significant role in setting and implementing policy and procedures. The level of direct involvement of the SELPA is dependent on the organizational structure in the region; the director may or may not be involved with programs. The responsibilities of the SELPA include child-find, interagency agreements, budget development and allocation of funds, the development of local plans, and the establishment of regional policy and procedures. Therefore, it is crucial for the director to become familiar with local educational agency (LEA) programs in operation. The program administrator plays a significant role in ensuring that the SELPA director has the information necessary to make appropriate decisions, both locally and within the region and state.

Depending on the size of the LEA, a special education director or coordinator may be responsible for early childhood programs as a part of special education services for the district. As a member of a management team, this individual must maintain the flow of information for all team members. Decisions about programs and services on the local level will be based in part on funding, student demographics, and student achievement data. Early childhood programs must be a part of the bigger picture in the LEA in areas such as articulation, success measurements, and strategic planning.

Early childhood special education programs differ from education programs for older children in several ways. . . . Young children, with or without [disabilities], perceive the world quite differently than older children. Play is the young child's natural mode of learning and during the early years of life, a large proportion of what the young, developing child learns will occur naturally in the home. Infants and preschoolers with disabilities are often receiving services from several sources. . . .

These differences have implications for administrators since they affect the way in which programs for young children can be conceptualized and implemented. Most important, however, is the administrator's own commitment to and belief in the importance of early intervention programs. The administrator must be familiar with the programmatic concerns and issues as well as the management issues that are unique to programs for very young children.

Adapted from Eleanor Lynch, Linda Brekken, Chris Drouin, and Sheila Wolfe, "A Resource Guide for Early Childhood Special Educators," in *Preschool Special Education Program Handbook: A Resource to the Field*. Sacramento: California Department of Education, 1988.

Persons who administer early childhood special education programs need to understand the importance of early intervention and a commitment to the principles of developmentally appropriate practice and interagency collaboration. Other issues administrators must address are as follows:

- The administrator must have knowledge of the various funding sources, laws, and regulations related to the programs.
- There is an increasing need for ongoing and frequent interagency collaboration because personnel from a variety of agencies often work closely with young children and their families.
- An LEA may operate a wide range of service models.
- A variety of public and private preschools for young children, all with different enrollment and eligibility requirements, can make the task of placement confusing.
- Staff must have flexible schedules to meet the needs of families, a requirement that may challenge an administrator's ability to provide supervision and support for staff.
- Because supervision and support of staff are crucial for the success of early childhood special education programs, administrators have to consider staff caseloads and the time they and their staff have available.
- The limited number of programs in most regions decreases the availability of local resources for networking with other providers of early childhood special education services.

This handbook provides information and resources for new and experienced administrators in areas related to leadership, supervision, and management of early childhood special education programs.

# I. Program Administration

*A clearly defined philosophy helps other services and organizations in the community understand the unique characteristics of the program, enabling parents and others to make informed choices about programs for their children.*



## Philosophy of the Program

**I**nfant and preschool programs for children with disabilities are likely to be the most effective when they have an identified, consistent philosophy. The program as a whole and each of its staff members must have a common set of beliefs and educational values that are reflected in the program design and activities, models of services, and methods of evaluation.

Staff members should work together to develop the philosophy statement; as they do, they become sensitized to important educational issues. The process facilitates team building and establishes consistency in approaches and practices. In addition, the program's philosophy provides guidelines for decision making regarding the provision of effective services, staff selection, and staff orientation. A clearly defined philosophy helps other services and organizations in the community understand the unique characteristics of the program, enabling parents and others to make informed choices about programs for their children.

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*Note:* This section is adapted from Eleanor Lynch, Linda Brekken, Chris Drouin, and Sheila Wolfe, "A Resource Guide for Early Childhood Special Educators," in *Preschool Special Education Program Handbook*, Sacramento: California Department of Education, 1988, pp. I-38-39.

The program's philosophy should reflect the following beliefs:

- Importance of early intervention
- Emphasis on the whole child
- Importance of family involvement
- Team approach to the provision of services
- Developmentally appropriate environments and curriculum
- Provision of the least restrictive environment for preschoolers or a natural environment for infants and toddlers through a range of service methods and settings
- Need for collaboration among agencies working with young children in the community
- Respect for diversity in culture and for family values

Although early childhood special education programs have similar concerns, each program must come to terms with a host of specific issues about the philosophy of its program. Some issues to be considered when developing a program's philosophy are as follows:

- What are the needs of the population that the program serves?
- What is the program seeking to accomplish for children and families?
- What qualifications and competencies are required of staff members serving this population?
- What services are the most important to help the program achieve its goals?
- What does the program's staff believe about issues such as eligibility, assessment, program planning, curriculum, and family involvement?

The philosophy is the initial building block that lays the foundation for the planning process. An important part of that process is to look at the long-range vision for the program. The administrator is responsible for setting aside staff time to focus on planning and for encouraging each staff member to bring ideas of what is to be accomplished. The process includes sharing individual visions for the program and working together to develop the program's mission and goals in accord with the program's philosophy.

## Program Development and Implementation



The development of long-range and short-term goals is the next critical step for the success of the program. All program development comes from an assessment of what currently exists in the program. Specific information that provides direction for the planning process comes from self-reviews, compliance review findings, program evaluations by staff and parents, and the collection of child and family outcome data. When taking a comprehensive look at the program, the administrator and program staff should consider the following types of program evaluation:

1. *Compliance.* Does the program meet state and federal laws and regulations?
2. *Quality.* Does the program meet quality indicators and preferred-practice guidelines?
3. *Family needs and satisfaction.* Do evaluations by families indicate that the program is meeting their needs?
4. *Staff development needs.* Do evaluations by staff indicate that the needs for staff development and program improvement are being addressed?
5. *Program accountability.* Do the data reflect the child's progress?

Questions to be considered during the planning process include the following:

- What were the program's previous goals?
- What progress has the program made in meeting those goals?
- Are there any gaps in the services available in the program or in the community?
- What are the professional disciplines of the staff, and what training and experience do they have in working with young children?
- Do the personal philosophies of all staff members match the program's philosophy?
- Has the community changed or is a change anticipated in the population, socioeconomic makeup, or culture of the community?
- Have parents, staff, and others expressed satisfaction with current services?
- What are the specific areas that need improvement?
- What are the barriers to accomplishing desired changes?
- How will the success of the plans and goals be measured?

The action plans and goals will guide the program in filling identified areas of need. These needs may include new models of service delivery, staff development in targeted areas, assessment practices and procedures, curricula, or increased family involvement. The action plans address the way in which these needs will be met and the evaluation procedures that will be used to measure progress.

Program development is an ongoing process. Any program that is dynamic goes through changes and modifications of its goals and action plans. Setting up periodic checks throughout the year helps keep the program on track and provides opportunities for modifications, as needed.

### **Current Services and Needs**

As in any evaluation or assessment process, the information gathered will be more comprehensive when a variety of tools are used to measure effectiveness or to consider a program change. Often, a formal evaluation tool, such as a needs assessment survey, is used. However, anecdotal information from the community may also be valuable in identifying emerging issues. Other sources of information may be local program advisory bodies, such as the local child care planning council, community advisory committee, or a local interagency coordinating council. These sources are particularly useful if the advisory bodies are inclusive in regard to the needs of children with disabilities and their families and the membership includes parents and representatives from other community agencies.

When evaluations from parents and staff are being reviewed and trends are identified within the program and the community, gaps in services may become apparent. In some cases duplication of efforts within the community may be discovered. The review provides an opportunity for the program to grow and change to fill unmet needs. It is also an opportunity to explore the sharing of resources with other agencies to develop and provide collaborative services. For example, existing private-sector programs may be meeting a variety of needs but may be lacking one or two elements of the early intervention program. In such instances both the local educational

agency and the private-sector program may benefit by becoming partners to serve a particular child or group of children.

The following questions may assist the administrator and program staff in identifying needs:

- What services are currently available in the community?
- Is the capacity of the services sufficient to meet the needs of children and families?
- Is the intensity of the services sufficient to meet the needs of identified children and families?
- Are the services accessible to all sectors of the population?
- Do the services in the community meet quality standards and guidelines for preferred practices?

**Example:** In some areas there is an increase in the number of young children who are hard of hearing and have received cochlear implants. The situation has created a need to develop more programs that emphasize oral speech than may have existed in the past in those areas. This kind of information may come to the program from comments by parents or from the medical community in the area.

Issues commonly identified in many communities may be the areas that the program needs to target for change. A frequent concern is the limited number of inclusive preschool placement options for three-year-olds. Another concern is a lack of consistent transition procedures for children entering preschool or kindergarten. There may be a lack of child care options for children in a certain age range. Some school districts are unable to provide a variety of options for children with specific conditions, particularly for children with low-incidence disabilities; this

lack creates a need for regionalized services.

To target a specific area for program development, the team may want to use focus groups as a mechanism for gathering information. Other organizations in the community may be available to pool resources to develop a collaborative model. It is important to explore options with staff and to reach a consensus on how existing services may be modified. Begin with clarifying the identified problem, brainstorming creative solutions, and identifying potential barriers and ways in which to overcome them. An interested staff member may be willing to research programs that have been developed in other areas. In addition, outside resources, such as the staff of the SEEDS (Supporting Early Education Delivery System) project, may be called on to provide technical assistance. Keeping abreast of needs and responding by growing and changing to meet those needs will be positive experiences for staff and ensure a positive reception for the program in the community.

### **Early Childhood Program Options**

Several early childhood programs that include children with disabilities may be available in the community and may be open to collaboration. Each program has specific enrollment and eligibility requirements that families must meet in order to participate. Because many are not entitlement programs, it is necessary to know the requirements of the programs to find options that will meet the needs of young children with disabilities and their families. Each county's resource and referral agency provides information about programs that are available in the area.

The following list gives examples of models used throughout the state for inclusive or shared programs:

**Co-enrollment.** When the enrollment and eligibility requirements of Early Head Start, Head Start, state preschool, or gen-

eral child care programs are met, a child is enrolled in the program, and special education services and supports are provided on-site.

**Co-location.** The special education class is located on the site where other early childhood programs are in operation. This arrangement may be accomplished by exchanging currently operated classroom spaces. For example, one program operates two preschool special day classes on site A. Another program operates two state preschool classes on site B. Each program moves one class so that one state preschool and one special day class are housed on each site.

**Itinerant special education service delivery model.** Special education teachers and instructional aides provide services on-site for children enrolled in inclusive preschool settings. Special education aides are assigned to work in the classroom. Teachers work with children for a specified number of hours and days per week.

**Operation of “for fee” child care facility.** The school district purchases and operates a fee-based child care program. Parent fees for child care are charged to offset the cost of operating the program. A specified number of spaces are allocated for identified children with disabilities, and services are provided in the classroom setting.

**Part-time enrollment in general child care.** Enrollment of children who meet the income eligibility requirement may be determined by a child’s special needs. Frequently, class enrollment in general child care drops in the afternoon. This time may be available and appropriate to meet the educational needs of some children.

**Community playgroup.** The early childhood special education program establishes a playgroup and extends an invitation to children in the general com-

munity to participate with the children with disabilities. When parents stay on-site, licensing is not required.

*Note:* When a child meets the eligibility requirements of both programs, co-enrollment in a shared program is an effective means of providing an inclusive setting. It may be necessary to spell out the procedures for this arrangement through an interagency agreement, or Memorandum of Understanding (MOU), that describes the purpose, the process that will occur, and the components of the programs to be provided by each agency. Detailed information regarding agreements may be found in a forthcoming handbook on interagency collaboration and services in the early childhood special education series.

### **Facility Concerns**

Facilities in California are at a premium, particularly since the introduction of class size reduction in the primary grades. The program administrator may need to be a strong advocate of appropriate facilities for young children. Suitable facilities include school-site settings or other settings within the community, such as community centers, churches, or parks and recreation facilities. On occasion, funding is available for the purchase of facilities through the Department of Education. That information is sent to all special education local plan area (SELPA) directors.

Some issues to be addressed in acquiring appropriate facilities are as follows:

- Classroom space that will accommodate a large number of children and adults
- Enclosed outdoor space with appropriate-sized playground equipment for very young children
- A location where children have the opportunity to interact with peers who do not have disabilities
- Meeting areas for parents
- Adequate office space for itinerant teams

The environment is the physical manifestation of the philosophy of the program. In fact, in early childhood programs the environment is a large part of the curriculum. The administrator works with the staff in setting up the program to reflect the philosophy and assists in acquiring the necessary space and equipment to provide developmentally and individually appropriate services for young children and families.

Facility and equipment needs should be evaluated by using the following questions:

- Is the environment developmentally appropriate for the ages of the children served?
- Is the environment “family-friendly”? Is there space available for group and individual parent meetings?
- Does the placement of furniture and equipment allow clear visibility and ease of movement for children and staff?
- Are there clearly defined activity areas?
- Are there quiet and active areas for children?
- Is the environment designed in a way that contributes to positive behavior management for children?
- Does the environment make use of a variety of surfaces?
- Are materials and equipment adapted to accommodate the needs of the children enrolled?
- Are there adequate toileting and diapering areas that meet health and safety requirements?
- Are indoor and outdoor spaces and equipment in good repair and designed to be safe for young children?

See Appendix A for a list of resources related to appropriate environments for young children.

If a program must be moved, the relocation of the program should be discussed in an open forum with families and the community. Because families are integrally involved in the educational process with their young children, it is critical to bring them into discussions such as these as soon as possible. Concerns may be expressed initially about any change in location when the current location has served families well. Involving families from the beginning of the change process when considering program moves will reduce the number of concerns and roadblocks that may arise. Information should be provided as soon as possible to give families ample opportunity to make any changes that may be necessary in arrangements. It is vital to be prepared to address family concerns, which may include the following issues:

- Transportation, such as longer bus rides and the impact on families providing their own transportation
- Potential impact of the new location on child care before or after the program
- Changes that may occur in the provision of services by designated instruction and services staff, particularly for children who attend a program part time
- Potential impact on a child of changes in the hours of operation
- Adequacy of indoor and outdoor space of the new facility

Given adequate staff and material resources, the program may be able to change the location through a natural progression by placing newly enrolled children in the new location and maintaining the existing location for previously enrolled children and families until they leave the program. No matter how the relocation occurs, it is important to re-



member that changes reflecting the new program location may need to be noted on a child's individualized education program (IEP) or individualized family service plan (IFSP).

### **Licensing Requirements**

Programs providing preschool services or child care must be licensed to meet the requirements of the California Child Day Care Facilities Act. This Act covers both child care centers and family child care homes. Child care programs in centers include publicly funded early education programs, such as state preschool and Head Start, and those in operation to provide out-of-home care for children whose parents are working or attending school.

The California Department of Social Services, Community Care Licensing Division, grants licenses for child care programs. The regulations governing child care centers are contained in the *California Code of Regulations, Title 22, Chapter 1, "General Licensing Requirements,"* and Chapter 2, "Child Care Centers." These regulations specify the health and safety requirements governing programs for young children and address issues such as the following:

- Licensed child capacity of the classroom or center
- Number and qualifications of adults for the age range of children in care

- Building and grounds, including playground space
- Fixtures, furniture, equipment, and supplies
- Admission policies and requirements
- Parent and child rights

Licensing regulations do not prohibit child care centers from enrolling children with disabilities. A fire clearance for nonambulatory children must be obtained to care for children who are unable to leave the facility unassisted.

Compliance with licensing regulations is interpreted by evaluators who review the facilities, personnel files, and child records before a license is issued and each year thereafter. Areas found out of compliance are noted, and correction plans are required. Some areas in the regulations may be unclear, and an individual interpretation of a requirement may make the participation of a child with a disability more difficult. For example, an evaluator may require a license-exempt program, co-located on a site with a licensed facility, to limit the inclusion of its children in the activities of the licensed facility to specific hours of the day. Another evaluator may require a nonambulatory clearance for a child with a disability even though that child is capable of leaving the building without assistance. When there is a disagreement in interpretation, the issue may be appealed through the local community care licensing office.

In addition, the Department of Social Services employs advocates within most regions of the state who are responsible for providing information on licensing to businesses, parents, child care providers, and referral agencies and who investigate and resolve complaints and concerns filed about children in child care. Child care advocates may be contacted through the local community care licensing office.

Subsidized programs, such as Early Head Start, Head Start, and those funded through the California Department of Education's Child Development Division, must meet more stringent requirements established by state or federal regulations or both. Head Start's guidelines are outlined in federal statute and in the Head Start Performance Standards. Programs funded through the Child Development Division must meet the requirements outlined in the *Funding Terms and Conditions and Program Requirements for Child Development Programs*, the established performance standards, and coordinated compliance review requirements of the Child Development Division of the California Department of Education.

Some programs are exempt from licensing under the Child Day Care Facilities Act; these include educational programs operated by the public schools, such as School-Age Parenting and Infant Development (SAPID) programs, and infant and preschool special education programs.

Although the special education program may not need a license, the Department recommends that the administrator be knowledgeable of the regulations because the basic requirements for health and safety are prudent guidelines for all settings serving young children. If the special education program is located in a licensed center, the administrator should consider working with the child development program administration to

have all classrooms licensed. This step can remove a potential roadblock to providing inclusive program settings and services.

### **Requirements of the Americans with Disabilities Act**

In 1990 the Americans with Disabilities Act (ADA) was enacted, replacing all previous state and federal laws prohibiting discrimination related to a person's disability. In 1993 the ADA was expanded to cover all privately owned "public accommodations," including large and small businesses that provide child care or other children's services. The result is that more programs than ever before are able to accept children with disabilities.

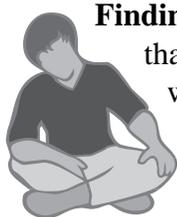
Special education administrators can assist colleagues who operate early childhood programs so that they can make accommodations without causing an undue burden on the program. The accommodation may mean that the special education program needs to provide increased staffing or materials, equipment, or other resources to allow a child to participate. The school nurse may need to provide staff training and follow up on specialized health care procedures.

The ADA defines a disabled child as one whose physical or mental impairment substantially limits the child's ability (to the degree that the limitation is age-appropriate) to care for herself or himself, to perform manual tasks, or to carry out any other "major life activity," such as walking, seeing, hearing, speaking, breathing, or learning. Under Title III of the ADA, a child may not be excluded from a public accommodation, commercial facility, or certain private entity because of a special need, including physical, emotional, or health needs. This regulation applies to all child care and preschool facilities. Those operated by religious organizations and entities and

programs operating in a facility that is rented by a religious organization are exempt. However, other regulations similar to the ADA requirements are in place for such programs in California.

All licensed facilities are subject to the requirements of the ADA. However, some licensing regulations may be in conflict with ADA requirements. For example, licensing regulations address diaper-changing facilities for children enrolled in infant settings but not for children in preschool settings. This difference may lead to the interpretation by providers or licensing evaluators that children who are not toilet trained may not participate in a licensed preschool program even though ADA requires that reasonable accommodations be made if the toileting need is related to the child's disability. Until discrepancies are corrected in the regulations, the best way to work out issues is to collaborate with program providers and administrators, local licensing evaluators, and other agency personnel to develop creative solutions for the provision of services in inclusive settings.

## Shared Resources



**Finding** early childhood settings that will accommodate children with special needs for at least a part of the educational program requires collaboration between the administrators of early childhood special education programs and typical infant and preschool programs. Successful programs are those in which the administrators have developed a cooperative working relationship. This cooperation may be as simple as joint planning and sharing staff development opportunities. In other cases successful collaboration is defined and agreed on in a written MOU. In some districts a variety of early childhood

programs are administered under one umbrella to link services more readily. The administrator helps to establish linkages for a shared philosophy by participating as a member of the larger administrative team and finding ways to coordinate with other administrators of early childhood programs.

Some of the advantages of collaborative programming are as follows:

- Provision of ongoing technical support to child development program staff on issues regarding children with disabilities, including the provision of staff and equipment, and assistance with program modification
- Increased knowledge and understanding of programs by both special education and child development personnel
- Ability to pool resources and funds within legal guidelines to meet the needs of both programs
- Increased expertise in both programs that enhances teams and services to families and children
- Increased number of models of service delivery
- Increased likelihood of positive support for young children with special needs and their families in typical settings
- Greater and earlier acceptance of children with disabilities by typical peers

Examples of shared resources are as follows:

**Interagency.** One way of sharing resources is by providing services for children through two agencies. For example, Head Start may provide the least restrictive environment for children while local educational agency (LEA) staff provides special education services. This arrangement can be an excellent way in which to serve children; it can meet a family's request and a child's need for an inclusive setting. Such arrangements,

however, require a thorough understanding of both agencies' regulations, a completed and signed interagency agreement, and ongoing staff commitment and collaboration.

**Interdistrict.** Some school districts within a SELPA agree to regionalize types of programs rather than attempt to provide all service options with limited resources. For example, one school district may operate a full range of preschool services for children who are deaf and hard of hearing, and a neighboring district may operate a noncategorical preschool program (i.e., a program for children with any disabilities). Each district is able to build a higher quality program and better services for children and families who live in either district.

**Intradistrict.** Many school districts operate Head Start or other child development programs as well as special education programs for young children. Collaboration between departments or programs may lead to an increase in service options for children and families served in either program.

### Contracts for Infant or Preschool Services



**In** some situations it is advantageous to contract with an existing program or provider for a service rather than establish a new program in the LEA. Reasons for doing so include the following:

- Limited availability of existing programs, services, and professionals with the background and experience to work with this population
- Lack of credentialed staff available in the region
- A small number of identified children in a program, making the operation of the program fiscally unfeasible
- Additional opportunities for inclusion

- of children with disabilities in activities with nondisabled, age-appropriate peers
- The individual need of a child that the LEA program is unable to meet
- Need for a specific type of service, such as audiology, respite, counseling, or occupational or physical therapy services

Another option is to contract with nonpublic schools or agencies. Serving individuals through a contract with a certified nonpublic, nonsectarian school or nonpublic, nonprofit agency is strongly encouraged when the nonpublic school or agency is currently providing services that are cost-effective (*Education Code* Section 56441.9). School districts need to recognize that additional funds, over and above the amount established to provide special education and related services, are not available to pay for this type of service model. Specific guidelines and regulations mandate the qualifications that persons or agencies need to become certified by the nonpublic agency. These regulations may be obtained from the SELPA director or from the Nonpublic Schools Unit of the California Department of Education's Special Education Division.

Administrators of public and private programs have found that contractual relationships are most likely to succeed when the following issues are addressed:

- There is a clearly defined program philosophy and goals agreed on by both the LEA and contracted program provider.
- Administrators in the LEA and contracted program know and are committed to the unique features of early education programs.
- Frequent formal and informal contact is maintained, and adequate financial resources are allocated to promote communication, ensure program quality, and allow for long-range planning.



- Individuals and agencies are encouraged to compromise and be flexible within the framework of best practices and budgetary constraints.
- Budget issues are clarified, including the amount of money allocated and to whom it is allocated.
- A clear agreement about the IEP/IFSP process is developed to ensure that all legal requirements are met and that the meeting location and discussion enable educators, administrators, and parents to have a meaningful exchange of information.
- There is an understanding of, and agreement about, the roles of the LEA and the contracted program in the assessment process and determination of eligibility according to state law and regulations.
- Contracts clearly state the guidelines for the contractual relationship and the responsibilities of each entity. The guidelines should include procedures for invoicing and reports of the program provider to the LEA; provide for changes in administration; and describe how the LEA will support the infant or preschool services.<sup>1</sup>

### **Vendored Providers of Infant Services**



An LEA's infant program may wish to increase the number of children it serves by becoming a provider of services vendored by the regional center. "Vendorization" may be advantageous for a program that has a history of service provision within the geographic area because it may help the program to build its capacity and provide services above its funded mandate. The school program may also provide the most appropriate option for children with specific types of disabilities. For the program to be successful, there must be strong interagency collaboration and a contract that spells out the details of the service agreement. The contract should specify:

- The purpose of the agreement
- Definitions of terms
- The philosophy and beliefs of the program
- Funding and financial responsibilities of both agencies
- The maximum number of children the program is able to serve
- Fee for services per child

<sup>1</sup> Adapted from *Preschool Special Education Program Handbook: A Resource to the Field*. Sacramento: California Department of Education, 1988, pp. II-54.

- Each agency's roles and responsibilities related to services, including evaluation procedures, eligibility and placement determination, delivery models, and transition activities
- Types of special needs the program can serve

Some programs may choose to provide a full range of services on a fee basis. Others may wish to provide a particular type of service, such as speech therapy or vision services, or may have the capacity to provide services for only a specific disability category. Each regional center and LEA will need to determine whether being a vendored provider is a viable option for providing services

within the area. The factors outlined in the previous section on contracts are equally applicable to LEAs as vendored programs and should be reflected in the contract language.

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**Example:** A child has a dual diagnosis of Down syndrome and hearing impairment. The LEA's infant program serves only infants and toddlers with solely low-incidence disabilities and operates a program for deaf and hard-of-hearing infants. This program provides the most appropriate setting with comprehensive services for the child and family. The regional center may contract with the LEA program to provide early intervention services.

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## II. Personnel Development

*Keep in mind the philosophy, mission, and goals of the program as well as current resources and the availability of professionals in the region with training and expertise in specific disciplines.*



### **Staff Selection and Training**

**I**t is often difficult to find and retain qualified personnel, especially in rural or outlying areas. An individual may have expertise in a particular discipline but have little or no experience working with very young children. When deciding on staffing needs, keep in mind the philosophy, mission, and goals of the program as well as current resources and the availability of professionals in the region with training and expertise in specific disciplines. Consider the size of the LEA, the region to be covered, and the number of children and families to be served. This section identifies important professionals in various disciplines and describes the services they provide to infants and preschoolers with special needs and their families. Each of the professionals brings a unique component to the infant or pre-school team.

The administrator needs to consider the way in which staff members are assigned responsibilities in the program. Job duties may be limited by contract language or by the amount of time individuals are assigned to the program. Some issues to be addressed are as follows:

- Equity of workload among staff members with similar assignments

- Flexibility of staff to make necessary adjustments during the year
- Potential use of nontraditional work hours, such as evening or weekend home visit schedules
- Multiple functions of staff
- Staffing in year-round programs
- Use of paraprofessionals in the program
- Support of upper management in relation to current practices and proposed changes

### **Early Childhood Special Education Staff**

*Education Code* Section 56441.6 mandates that early childhood special education services be provided by a transdisciplinary team of personnel with expertise in the appropriate services for a child and family. The team may be composed of staff from a SELPA, a school district, or a county office of education and may include personnel from other agencies. Appropriate team members and a brief description of their areas of expertise are as follows:

***Early childhood special educator***—Expertise in child development and special education. The educator may serve as a teacher in a home or community, as a specialist for children in inclusive settings, as a service coordinator, or in any combination of those roles.

***Parent team member***—Brings an added dimension to the team as a parent of a child with a disability. The parent's knowledge and firsthand experience can help all team members have a greater understanding of the needs and dynamics of the family. A professional who has a child with a disability may be available to serve on the team. Parents may be hired as family involvement specialists or instructional assistants or may be qualified to provide services in another identified discipline.

***Speech and language therapist***—Expertise in typical and atypical speech and language development; assessment; and remediation of delays in speech, language, and feeding issues of young children. The therapist's services may include assessment, direct intervention with children, and consultation with families and other service providers.

***School psychologist***—Expertise in infant and early childhood development, infant mental health issues, infant-mother attachment theory, and social and behavioral skills. The psychologist's services may include assessment, parent counseling, and social and behavioral interventions.

***Nurse***—Expertise in health issues of young children, including nutrition and feeding, childhood illness, and prevention of illness. The nurse serves as a resource to the team in such areas as parent and staff training, assessment, medical follow-up and referral, and specialized health care procedures.

***Teacher of the visually impaired***—Expertise in working with children who are blind or visually impaired. This person may serve as the primary teacher or as a resource to the child's program by training other personnel in program modifications and supports necessary to learning for the child and family.

***Orientation and mobility specialist***—Certified to work with a child to develop other senses in establishing position and navigating movement within the environment; may be dually certified as a teacher of the visually impaired. The specialist brings expertise and support to the team and family in meeting the needs of children who are blind or visually impaired.

***Specialist in the deaf and hard of hearing***—Expertise in working with children who are deaf or hard of hearing. The specialist may serve as the primary

teacher or as a resource to the child's program by training other personnel in program modifications and supports necessary to learning for the child and family.

**Occupational therapist**—Expertise in the motor, perceptual, sensory processing and integration, and self-help skills and the development of young children. The therapist's services may include assessment, consultation and treatment related to motor delays and feeding issues, and adaptations of equipment and the environment.

**Physical therapist**—Expertise in the gross motor development of young children, including muscle tone, reflexes, and quality of movement. The therapist's services may include assessment, consultation and remediation related to motor delays, range-of-motion therapy as prescribed by a physician, the acquisition of adaptive equipment, training in its use, and environmental modifications.

**Adaptive physical education teacher**—Certified as an adaptive physical education instructor with knowledge of the unique needs of the preschool child and the developmentally appropriate practices and goals for the child. The instructor's services may include assessment and consultation or direct services related to a modified physical education program for the development and remediation of delays in gross motor skills.

**Social worker**—Expertise in interpersonal relationships and social systems. The social worker's services include case management, referral to community services, counseling, and parent education.

**Audiologist**—Expertise in the prevention and identification of auditory disorders. The audiologist's services include ongoing hearing assessments, follow-up, and assistance in acquiring and maintaining hearing aids.

**Paraprofessional**—Supports certificated staff in the delivery of services to children and families. The paraprofessional may serve as a classroom assistant, work directly with children under the supervision of credentialed staff, or serve in another capacity defined by the program. Specialized paraprofessionals may work as bilingual or sign language interpreters, as specialized health care assistants, or in other specialized fields. See Appendixes B and C for information on working with interpreters.

**Program specialist**—May have responsibility for administrative duties, support of instructional personnel, or direct services to children or families. The program specialist's duties are determined in part by the amount of time allocated to the program relative to other assignments, the level of involvement of other administrators, and



the specialist's particular expertise with young children with specific disabilities.

Existing job descriptions in the LEA for personnel working with the kindergarten-through-grade-twelve population may need to be modified to meet the requirements of personnel working in early intervention programs. Common modifications include the increase of days stipulated in the contract for staff working in 200-day infant programs and flexible work schedules or schedules that allow for home visits during nonconventional hours, such as evenings or weekends.

### **Personnel Competencies**

The California Commission on Teacher Credentialing has developed personnel standards for persons completing the Education Specialist Certificate in Early Childhood Special Education.<sup>2</sup> The commission recommends that staff members working with young children with special needs have competencies in the following areas:

- Family support
- Typical and atypical child development, birth to age five years
- Family-professional collaboration
- Evaluation and assessment of special needs
- Development and implementation of IFSPs and IEPs
- Curriculum for children from birth through prekindergarten
- Developmentally appropriate intervention and instructional strategies
- Creation of a variety of supportive learning environments
- Interdisciplinary teaming
- Service coordination and interagency collaboration

- Knowledge of child characteristics that reflect signs of low-incidence disabilities
- Transitions
- Effective communication and interpersonal skills

In addition, the California Interagency Coordinating Council on Early Intervention Services recommended that *all* early intervention staff possess the following personal characteristics:<sup>3</sup>

- Enjoy and appreciate infants and toddlers.
- Exhibit a gentle, nurturing, and accepting style.
- Exhibit cultural competency and respect for diversity.
- Maintain an optimistic yet realistic attitude about and expectations for families, colleagues, and oneself.
- Exhibit flexibility and sensitivity to changing conditions.
- Exhibit openness to diversity in lifestyles, culture, religious beliefs, and language.
- Exhibit self-awareness related to emotional health, issues of personal boundaries, and personal strengths and weaknesses.
- Maintain a positive attitude about families. This attitude includes believing in their abilities to identify and meet their own and their infants' or toddlers' needs with support from others.
- Exhibit self-control and handle stressful situations calmly.
- Maintain a sense of humor.

Administrators need to determine whether staff meet these competencies and then implement a training plan to ensure that personnel are given the information and opportunity to develop these beliefs and skills.

<sup>2</sup> *Standards of Quality and Effectiveness for Education Specialist Credential Programs (Including University Internship Options) and Clinical Rehabilitative Services Credential Programs*. Sacramento: California Commission on Teacher Credentialing, 1996.

<sup>3</sup> *Recommended Personnel Competencies and Program Best Practices: Recommendations of the California Interagency Coordinating Council on Early Intervention Services*. Sacramento: California State Department of Developmental Services, 1994.

## Transdisciplinary Team

*Education Code* Section 56441.6 and preferred practices in the field of early childhood special education advocate a transdisciplinary team approach to the provision of services for young children and their families. There are several reasons to use this model for both assessment and service delivery. In a position paper on transdisciplinary assessment, Brekken and Guarneri wrote:

The young child's development is overlapping and less differentiated than the older child's, and thus, more difficult to separate into discipline-specific realms. A single behavior may involve aspects of cognitive, motor, language and emotional development. A team can observe this same behavior, and each discipline can provide its unique perspective, expertise and interpretation so that a total picture of the child emerges.<sup>4</sup>

For example, a delay in oral motor development may significantly affect speech development and the acquisition of feeding skills. The expertise of the speech pathologist, the occupational therapist, and the nurse or nutritionist is vital to ensure that a young child's needs are met. When a team works together, the members train one another to address these different aspects. In a more traditional approach to services, those concerns would be addressed by specialists, perhaps with different goals and strategies.

It is important to note that in infant programs, each member of the team must be responsible for providing and coordinating services for at least one infant and for providing consultation and support to other team members.

The California Department of Education program advisory "Clarification of

Transdisciplinary Team" (1987) provides the following definition:

The transdisciplinary team is a group of professionals and family members who work together to assess, plan, and provide early education services. . . . Transdisciplinary team members train each other in their area of expertise and share the responsibility for assessment and implementation of an educational program.

Each team member has a commitment to incorporating the perspectives and techniques of other disciplines into his or her own area of expertise. Through that training team members increase one another's knowledge. The transdisciplinary approach allows team members to become familiar with other disciplines while retaining expertise in their own discipline.

The transdisciplinary team approach includes the following characteristics:

- Regularly scheduled team meetings
- Active family involvement in the educational process
- Joint planning and implementation of assessments and program strategies

A common error for teams is to become too busy for regular meetings. When that happens, team efforts often fail and the team spends more time correcting misunderstandings that arise and refocusing than on maintaining ongoing collaboration. The successful manager ensures that teams meet and conduct business regularly and successfully

Building a transdisciplinary team takes a commitment by administration and program staff to examine existing practices and determine which changes in belief and practice are necessary. A number of tools are available for assessing the level and type of teamwork that are in

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<sup>4</sup> Linda Brekken and Gina Guarneri, "Rationale for Transdisciplinary Early Childhood Assessment Teams," in *Preschool Special Education Program Handbook*. Sacramento: California Department of Education, 1988.

place within a program. The chart shown below identifies the differences between team models.

See Appendix D for tools that transdisciplinary teams can use.

### Support and Supervision of Staff



**Administrative** support for teams includes providing ample time for staff to work together. Teams identify and resolve specific issues, establish procedures, plan for implementation of services, and develop plans to meet the individual needs of children and families. Leadership and direction are required to build a strong team. The time invested initially to guide, support, and nurture teams strengthens the program. Assisting staff in identifying and resolving problem areas leads to a cohesive unit and greater chances of success in working with children and families.

Some of the issues that teams commonly face are as follows:

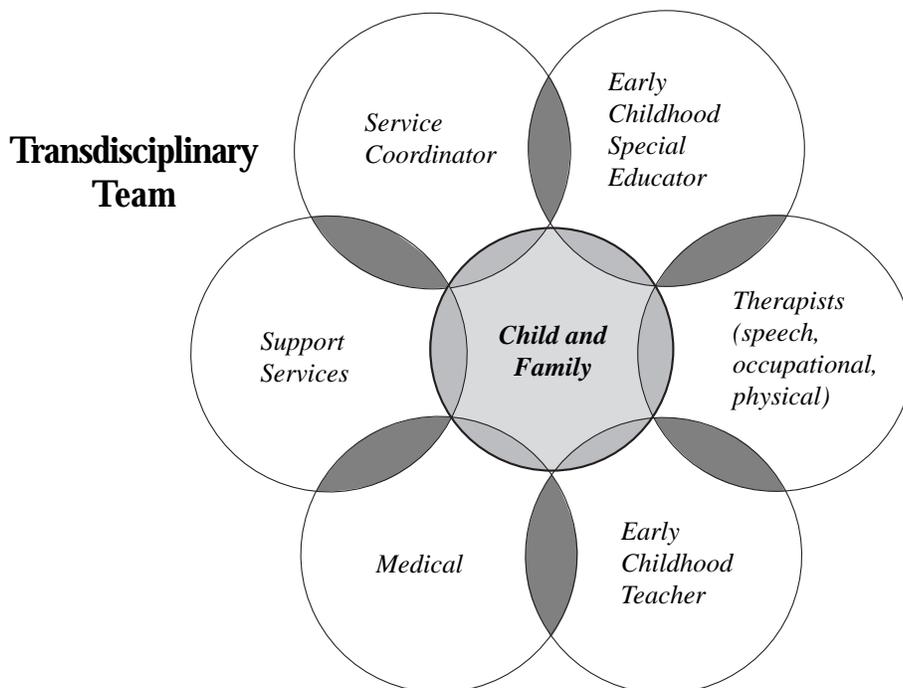
- Identifying each member's role in the group process as well as the role determined by professional training

- Scheduling part-time team members so that all full-time staff members have access to them
- Meshing individual philosophies with the program's philosophy
- Giving up members' own agendas for group goals and resolving turf issues
- Trusting in one another's ability to cross disciplines
- Trusting one's own ability to train another team member in one's discipline
- Learning to disagree in a respectful manner and to come to a consensus
- Replacing autonomy with teamwork
- Valuing one another as equal team members
- Refocusing when changes in staff create a new team

Although individual administrative approaches vary, those administrators who effectively support staff in transdisciplinary teams have some traits in common. These traits may be grouped as follows:

#### *Internal Management*

- Keeping the focus on the long-range goals by reminding staff of the philosophy that drives the program



- Providing services and resources, including technology, to enable staff to provide effective instruction
- Building the ability of individual staff members to develop new roles and responsibilities when they desire to do so

### ***Problem Solving***

- Helping staff understand the roles and requirements of various agencies and helping with problem solving
- Mediating differences and ensuring all members hear the same information

### ***External Management***

- Carrying the message of the importance of early intervention to other agency personnel
- Conveying the importance of the program to top-level administration and boards of education
- Being an advocate of the program with district staff, parents, and the community

### ***Communication***

- Keeping the team informed about changes in laws and regulations, funding, and fiscal issues
- Being available for individual support and maintaining confidentiality in matters related to other team members
- Modeling effective teamwork by sharing responsibilities, accepting ideas, and working toward consensus
- Being available for ongoing, regular communication with the team members

### ***Staff Development***

- Setting aside regularly scheduled time for staff development
- Making staff development opportunities available for team members
- Ensuring that the staff has the understanding and training to work with diverse cultures and values

### **Supervising Program Staff**

Staff members working with young children and their families deal with a variety

of working conditions that require a different kind of supervision. Frequently, such staff members are on the move, working in programs in the home, the community, and in centers and sometimes traveling great distances. Their schedules must be flexible to accommodate the needs of young children, including naps and feeding schedules, and the disruptions caused by a higher incidence of illnesses and possible hospitalizations; their schedules must also fit into the family's schedule, particularly in home-based services.

Supervision of classroom staff must include a recognition of each person's relationship with other team members. Early childhood educators have a much greater level of parent contact and involvement than is typical of teachers of students in kindergarten through grade twelve. Coordinating the many providers of services for enrolled children is a responsibility that goes beyond the curriculum and instruction that occurs in the classroom. Administrative knowledge, support, and consistency are necessary to help staff to work together toward the program's goals.

### **Supervising Home Visitors**

Supervision of home visitors presents challenges for both administration and staff. The administrator is responsible for providing staff support as well as for evaluating performance. Although these duties overlap, they are two distinct functions. Staff may need administrative support in handling the delicate relationship that develops between the home visitor and the family. Professional lines often cross between the traditional roles of teacher and social worker, especially when the visitor carries out the duties of service coordinator. The home visitor may easily become involved in issues outside his or her area of expertise and may need the administrator's help to maintain

professionalism while being supportive of the family. Supervision, or evaluation, conducted through formal observation in the home setting is seldom appropriate; the addition of an unfamiliar person will interfere with the relationship between the program staff member and the family.

Another issue concerns scheduling. Staff schedules need to be flexible, and procedures should be developed regarding the length of visits and work hours that are acceptable for the staff and the organization. Some locations in a community may be deemed unsafe for a staff member to visit alone, in which case provisions should be made for the use of alternative locations or for team members to visit in pairs. Administrators may need to purchase duplicate materials for staff to use in home visits when the program has both home- and center-based components.

Supervision of the home visitor calls for creating a supportive environment between the administrator and staff member so that both can discuss specific issues, reflect, and explore problems and solutions. Called *reflective supervision*, this kind of support is a distinguishing characteristic of successful, high-quality home visiting programs. It helps prevent staff

turnover and burnout and ensures that families are well served. Someone within the early childhood special education department, perhaps a psychologist or program specialist, may fulfill this role.

It is important for the administrator to be sensitive to the needs of staff working with medically fragile infants or preschoolers and their families. When a baby is very ill or dies, often an inevitable part of early intervention, team members will need time to grieve and to deal with their experiences with the child and family. Support, such as counseling, should be available to provide assistance for staff during those difficult times. The LEA's human resources department may have a list of community supports available to staff through a contract for services, an Employee Assistance Program, or a trained staff counselor.

## Staff Development



Once personnel have been selected and program goals have been established, the next step will be to identify staff development needs. These needs may be identified through such processes as setting program goals and individual goals,

*Staff development is most effective when:*

- *It is based on the collective knowledge and experiences of the staff rather than on the knowledge of an outside expert.*
- *It is based on meeting the realistic problems that are encountered in the child care community.*
- *It occurs within the context of addressing one's beliefs and values, attitudes, goals, needs, and wants.*
- *It occurs within a climate that encourages free expression of ideas and honest feedback from the group.*

—Marie Poulsen and Carol Cole, *Project Relationship: Creating and Sustaining a Nurturing Community*. Los Angeles: Los Angeles Unified School District, Division of Special Education, Infant and Preschool Programs, 1996.

assessing programwide needs, and evaluating the staff or program. Some staff development issues may be systemwide, such as training in appropriate behavior intervention practices with young children. Others may be specific to the job or person. It is the administrator's responsibility to help staff members gain the knowledge and expertise required to operate effectively within the program.

In all personnel development, administrators must keep in mind effective practices that acknowledge adult learning theory. One such practice is the establishment of a support system that is available to all staff on an ongoing basis and that provides follow-up opportunities to practice new ideas, discuss concerns, receive feedback, and make modifications. Appendix E contains information on adult learning.

After staff development needs and plans are assessed, a system of professional development should be instituted for teachers, administrators, support personnel, paraprofessionals, parents, and other leaders in the early education community. For example, one LEA has established an annual individualized personnel program plan (IPPP) that provides detailed information about staff development opportunities that take place throughout the year. The SELPA provides an annual staff development plan that includes training in early childhood programs. Staff development needs should be discussed by the LEA staff with the SELPA so they can be addressed in the area plan. When available, partnerships with two-year and four-year colleges and universities can be developed to establish staff development programs that address identified areas of need.

There are several types of training for staff. The needs assessment should include opportunities for all the following options:

- Contextual training, which is related to a general subject in the program, such as behavior management in the classroom
- Job- or subject-specific training, which is related to identified subjects, such as IFSP training, play-based assessment, or autism
- Systemwide training, which is related to issues that have a broad impact, such as welfare reform or new legislation

Although at times it is appropriate to call on outside experts for personnel development, a look at local resources may reveal a wealth of expertise for meeting staff needs. In addition to being more cost-effective, local resources enhance the personal growth of staff, develop leadership within the LEA program, and can direct and tailor the training to the values and particular needs of the program.

Personnel development needs may be met through the following methods:

- Peer coaching or use of mentors
- Staff networking meetings, both formal and informal, related to topic areas identified by personnel
- A series of training on a specific subject, such as early literacy, behavior intervention, paraprofessional training, or cardiopulmonary resuscitation (CPR) and first aid
- Classroom and program visitations
- Job shadowing
- Use of a portion of regular staff meetings to explore an identified in-service need

Using existing staff to provide training is an excellent way in which to build leadership in the program. For example, the program's nurse may be the best resource to train staff in CPR and first aid. Or a program may identify a need to train all paraprofessionals in general program procedures. Asking teachers to participate in presenting the training by using either

materials developed internally or a published program makes the training more meaningful for all staff involved and provides a natural link to the follow-up. Other local resources may include professionals in the local community.

**Example:** Regional center service coordinators have broad knowledge in service coordination areas, such as gaining access to respite services or assisting a family in applying for SSI benefits, that typically have not been addressed through the school system. Training in service coordination issues by the regional center Early Start coordinator would provide the program staff with the relevant information. In addition, it would strengthen the relationship between both agencies and may lead to the development of an ongoing system for support and collaboration.

Collaboration with other groups in a community is an excellent way of pooling resources for personnel development. Many early childhood programs, as well as other agencies, have a mandate to provide staff development training. Sharing identified personnel needs with other administrators may reveal topic areas that

can be addressed together. Training may be best accomplished on a regional or systemwide basis. Regular joint training opportunities are frequently written into interagency agreements.

If a staff development need cannot be met in the LEA program or SELPA, there are many outside opportunities for personnel training. Regional training opportunities may be offered through other school districts, government agencies, or colleges or universities. A variety of excellent resources are available throughout the state to assist staff in improving the quality of programs. Many resources are projects presented or funded through California state departments; for example, Supporting Early Education Delivery Systems (SEEDS) and Special Education Early Childhood Administrators Project (SEECAP). Other resources are available through professional organizations, such as the Infant Development Association; national, state, and local branches of the Association for the Education of Young Children; and the Division for Early Childhood of the Council for Exceptional Children. See Appendix F for a list of these organizations and professional development projects.

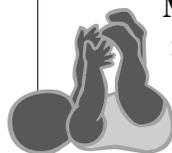


### III. Data Collection and Its Relationship to Funding

*It may be a challenge for programs to code the services they provide to fit the data collection requirements of CASEMIS.*

**D**ata on placements in and services of early childhood special education programs are collected in a computerized database system known as the California Special Education Management Information System (CASEMIS). This system determines funding for early childhood special education programs at the local, SELPA, and state levels. Therefore, the data collected by LEAs and provided each year to the SELPA during December must be accurate.

#### **Requirements for Collecting Data on Infants (Part C)**



**Most** infant programs operate in integrated settings with a team of professionals providing services and support for infants and their families in natural environments.

It may be a challenge for programs to code the services they provide to fit the data collection requirements of CASEMIS. The requirements for CASEMIS data on newborns through two-year-olds differ from those for preschool through grade twelve students. Moreover, individualized family service plan (IFSP) documents, written to be family-friendly, may not contain easily identifiable information. Such factors can

lead to inaccurate reporting or under-reporting of services. Although the services, such as individual speech therapy, may not be provided in a traditional model, any service component an infant receives in the course of the program should be reported.

Typically, information is recorded on an IFSP document and is submitted to a person responsible for maintaining records for the LEA. The LEA records the information and submits it to the SELPA, which compiles all the data and sends the information to the Department of Education in December of each year. It is vital for the program administrator to work with the SELPA to ensure that the data accurately reflect the services provided.

Program staff should work together to develop an easily implemented system for collecting data that accurately reflect placements and services. Administrators should take time to ensure that all staff share an understanding of service definitions and submit accurate information from each child's records. Doing so will make the task of data collection easier for everyone involved.

The categories for reporting data on infants are as follows:

***Infant Set.*** The program setting for early intervention services, Infant Set, reflects the placement setting in which a child is receiving special education and related services in accord with his or her IFSP. For a child who receives services in more than one setting, note the primary placement.

***Designated Instruction and Services for Infants.*** Most services provided to an infant and family must be reported to CASEMIS, although at this time data are not collected on transportation, nutrition, and parent support. Complete information ensures that other agencies and the federal government receive an accurate picture of early intervention services in California.

Accurate reporting will increase the likelihood that adequate resources will be provided to local districts to meet the needs of infants and their families.

***Disability.*** This category is the one that is the basis for determining the child's eligibility for special education and related services. If the child has more than one type of disability, the report must appear under the category "Multihandicapped." A child who has a low-incidence disability (e.g., blind/visually impaired, deaf/hard of hearing, or orthopedically impaired) generates additional funding for the program.

Appendix G contains the requirements for collecting data on special education services received by infants (age group, birth to two years) and preschoolers. Table G1 is the main student data table in CASEMIS. The data table shall contain one record for each child served or accounted for by the SELPA. The data should be collected when the child's IFSP is implemented. Data on each service received by a student must be included regardless of which agency provides the services. Table G2 may contain more than one record for a student (infant) if the student receives more than one special education service or related service or if the student receives services in more than one location or from more than one provider.

The 1999–00 version of the CASEMIS database structure and the data tables are effective starting with the December 1, 1999 reporting cycle. Except for the data fields in Table G2, data to be collected in all other new data fields remain optional during the 1999–00 school year, but collecting those data will be mandatory starting with the December 1, 2000, reporting cycle. If the data are available, they should be entered in the new data fields. The SELPAs shall submit the completed data tables for each reporting cycle according to the established schedule.

Both the United States and California Departments of Education now require increased program accountability. The Special Education Division may need to collect data on types of service delivery and child program profiles for a specific study, evaluation, or report to the State Legislature or the federal government. Because programs may be selected at random to provide information for such studies, data should be kept readily available. The data also provide useful information for developing reports to boards of education and community agencies and for use as reference material in grant funding that the program may pursue.

### Preschool (Part B) Data Collection Requirements



**Although** data collection requirements for preschool are similar to those for the kindergarten-through-grade-twelve population, there are some differences in services provided to preschoolers and procedures for reporting those services. The most important difference is that a significant portion of the funding for the current year's federal preschool program is based on the prior year's pupil count taken on December 1. This condition places increased pressure on programs to carry out child-find and placement early in the school year. Administrators should monitor child-find activities and remind staff of the direct link between the number of children placed in special education on December 1 and the amount of funding the program receives.

As in the infant program, specific types of data must be reported. For children enrolled in inclusive settings, the placement reported should reflect the service delivered. If a child is enrolled in a preschool program funded with federal preschool dollars, the services listed should reflect the services indicated on the

child's IEP. In an inclusive program, however, the services may not be clearly indicated. In that case the placements should be reported under Early Childhood Setting, and special education services should be reported under DIS (Designated Instruction and Services).

Data regarding a child's *primary* disability must also be collected. This is the main disability category that helps determine the child's eligibility for special education and related services. If a child has more than one type of disability, the multihandicapped category should be checked.

A common misconception among LEAs is that the special education placement of a child is determined by the child's disability. That misconception can lead to a narrow definition of placement options. Placement should be determined by the IEP team's determination of child and family needs rather than by the child's eligibility category.

### Data Collection and Outcome Standards



**The** amendments in 1997 of the Individuals with Disabilities Education Act (IDEA) changed the requirements for accountability related to children in special education programs and services. The Special Education Division of the California Department of Education, in collaboration with the Child Development Division, is developing child and family outcome standards for all children enrolled in early childhood programs. In addition to the data reported at the state level, the information can be useful at the local level in many other ways, including the preparation of reports to the school board, background information for grant funding applications or for other funding sources, and the preparation of annual reports to the community.

There are other forms of accountability that may be useful to a program. When a data collection project is planned, consideration should be given to the audience for whom the information is intended. Accountability indicators may relate to goals for children and families, to the education community, or to the community at large. A program may gather background information on related issues or trends that have occurred in other areas. The California Department of Finance has projections available by age group, including birth rates, that may be helpful. It is important to determine how such data will be collected and reported because the information may have an impact on future programming. Trends will emerge in data

collected during a multiyear period; therefore, no program change should be implemented immediately solely on the basis of one-time data results. Data should be clear and accurate to ensure that program planning and funding are based on correct information. Because program reports may be challenged, it is important to cite the sources of all data.

Student outcome data are important even if the information gathered is related to only a small number of children who may benefit from an early intervention service. When the data sample is small, other factors can be addressed, such as a reduction in overall costs because of a decreased number of special education services that may be required in the future.



# Conclusion



**A**dministrators must address many issues to ensure high-quality early childhood special education programs. The focus must remain on establishing and maintaining preferred practices in program development and personnel support. The challenge for each administrator is to stay current on changes in state and federal regulations, on research findings, and on local needs in order to improve services for young children and families in California.

# Appendix A

## *Resources on Appropriate Environments for Young Children*

**T**he SEEDS project (916-228-2379) supplied the information on the following publications.

Caldwell, Bettye. *Home Observation for Measurement of the Environment (HOME)*. Seattle: University of Washington, n.d.

Dodge, Diane Trister, and Laura J. Colker. *The Creative Curriculum for Early Childhood*. Washington, D.C.: Teaching Strategies, Inc., 1996.

*Infant/Toddler Caregiving: A Guide to Setting Up Environments* (Module II of the training series Program for Infant/Toddler Caregivers). Sacramento: California Department of Education, 1990.

*Space to Grow: Creating a Child Care Environment for Infants and Toddlers* (Module II of the videocassette training series Program for Infant/Toddler Caregivers). Sacramento: California Department of Education, 1988.

*What's Best for Infants and Young Children?* Edited by Linda Brault and Fran Chasen. San Diego: Commission for Collaborative Services for Young Children with Special Needs and Their Families (CoCoSer), 1997.

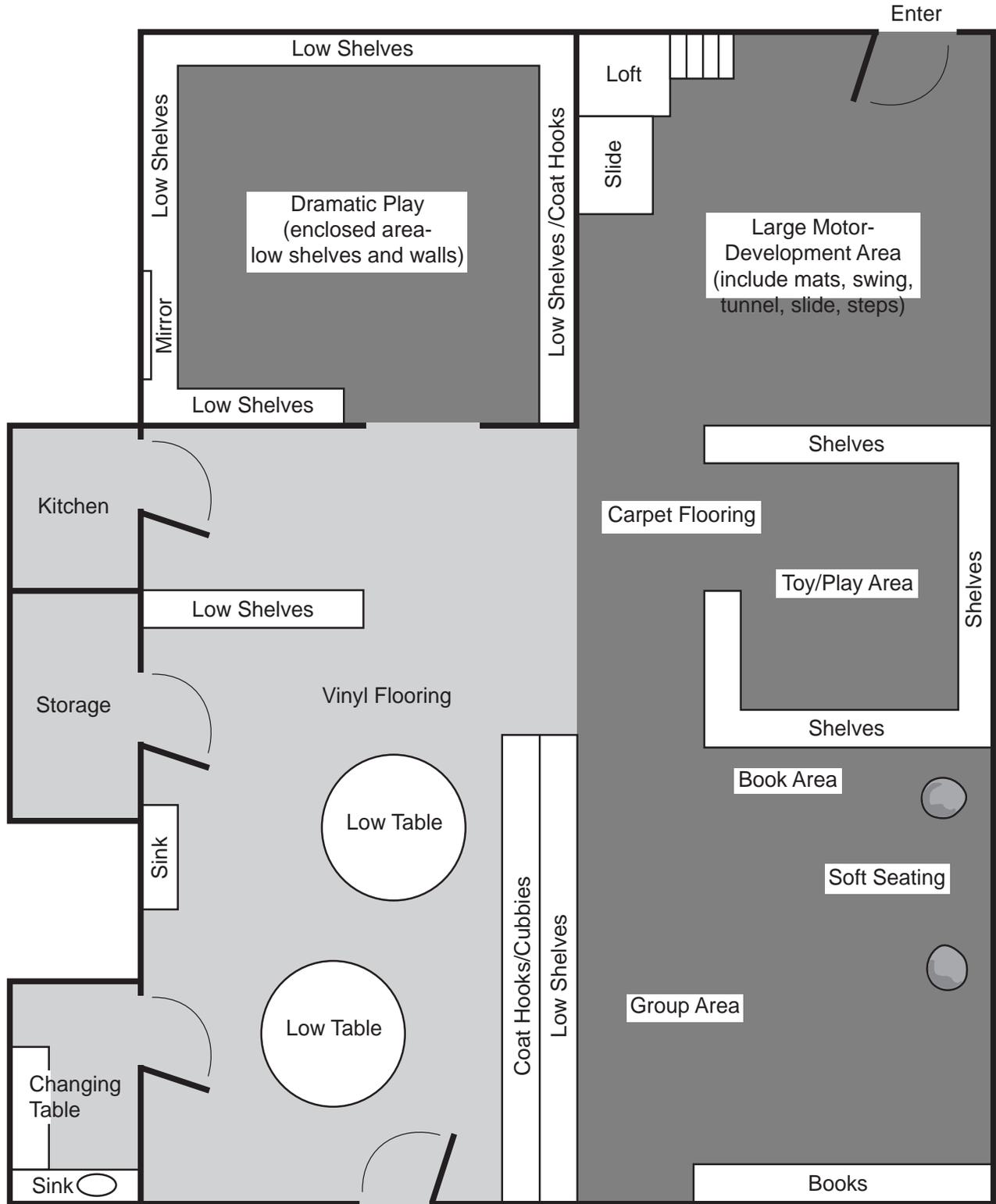
### **Community-Based Environments**

This appendix presents examples of community-based classrooms that were developed collaboratively by staff members of SEEDS (Supporting Early Education Delivery System) visitation sites. The examples are not meant to be definitive but provide a framework for individual program design.

Environments for infant/toddler, toddler/preschool, and preschool children are shown. Vinyl and carpeted areas are designated to enhance quiet play and “soft” spaces. Floor coverings selected should be easy to clean in areas where messy activities (such as eating and art) may take place. Furnishings may be placed in a classroom for a period and then removed. The environment may include at different times such items as a sand/water play table, small indoor “tents” for quiet spaces, large pillows, and beanbag chairs. These items can be easily moved to another area in the classroom. The dramatic play area is especially flexible, with materials for a “store,” “beauty shop,” and “doctor’s office” provided as needed.

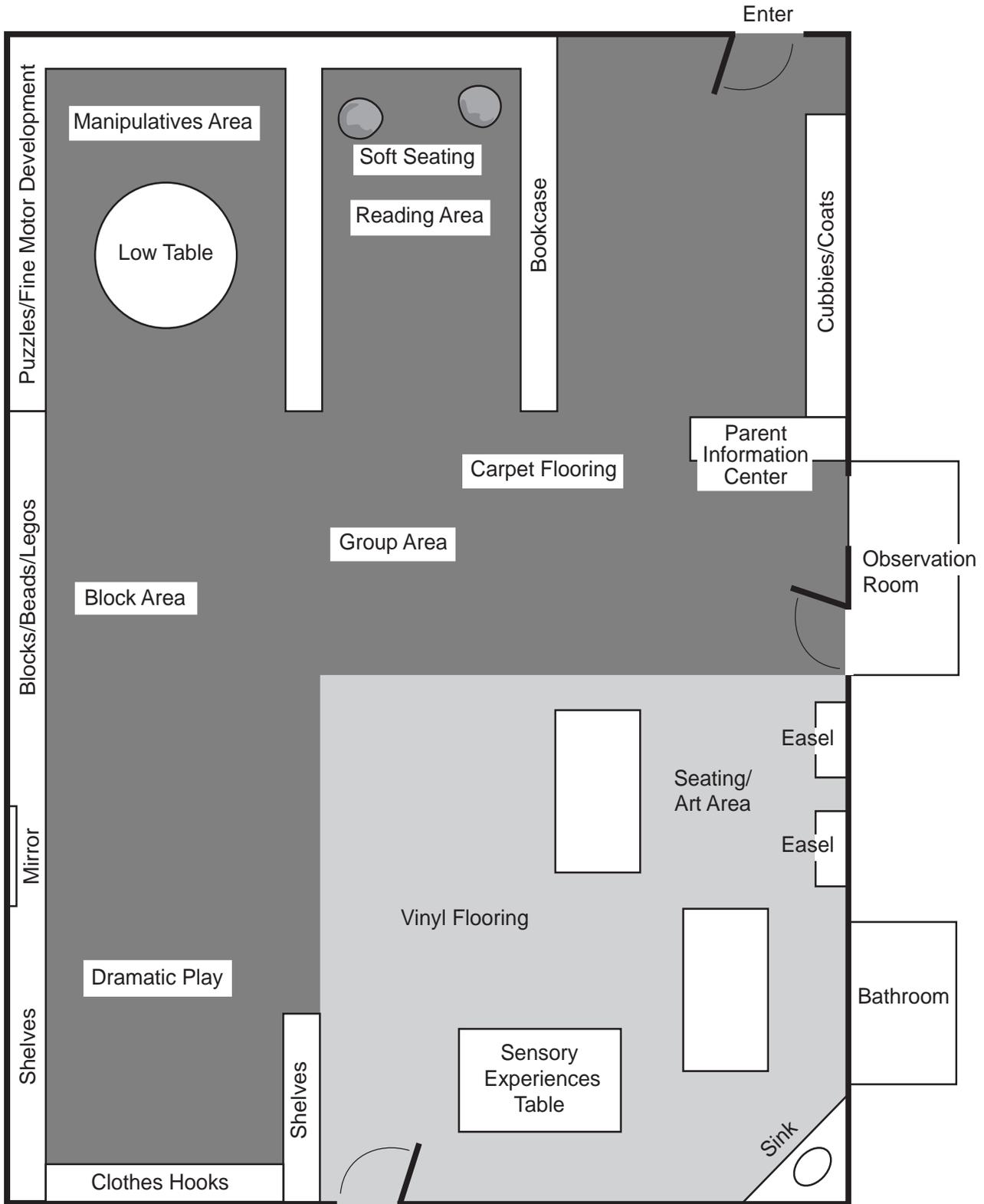
The staff should observe young children and be responsive to how they use the learning environment. The arrangement of space and materials needs to be looked at critically on occasion and changed as needed. Young children frequently convey nonverbal messages in their behavior and interactions that must be responsibly addressed by the adults who care for and teach them.

# Infant/Toddler Environment

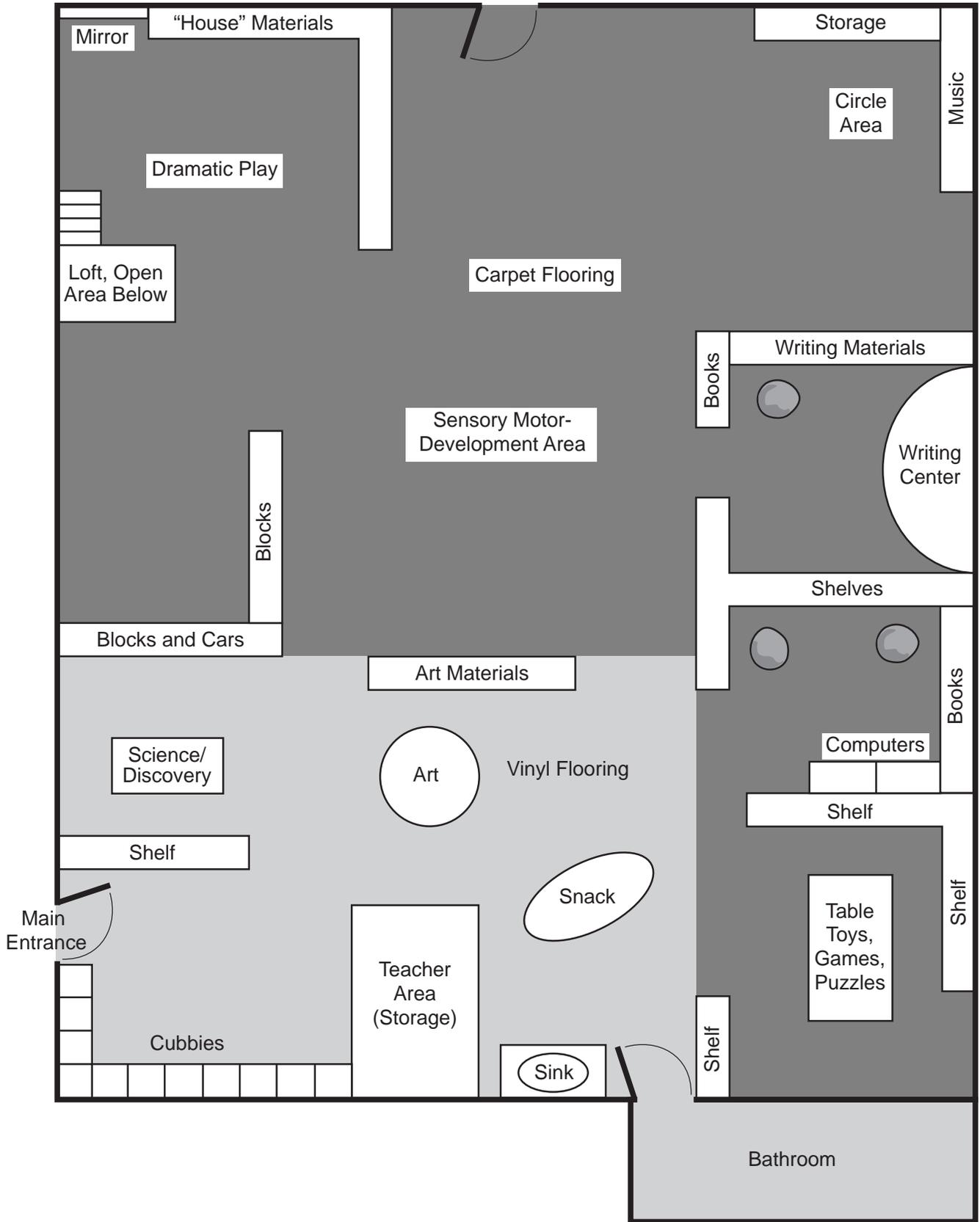


Consider the room's lighting (natural light and spot light) and window coverings.

# Toddler/Preschool Environment



# Preschool Classroom



# Appendix B

## *Guidelines for Working with Interpreters*

The following guidelines are offered to help make the interview more productive and comfortable for all concerned:

1. Learn proper protocols and forms of address (including a few greetings and social phrases) in the family's primary language and the name family members wish to be called and the correct pronunciation.
2. Introduce yourself and the interpreter, describe your representative roles, and clarify mutual expectations and the purpose of the encounter. Assure the family member(s) of confidentiality and be sensitive to their needs and requests for privacy.
3. Learn basic words and sentences in the family's language and become familiar with special terminology family members may use so you can selectively attend to them during interpreter-family member interchanges.
4. Address remarks and questions directly to the family member during the interaction; look at and listen to the family member as he or she speaks. Observe the person's nonverbal communication and be alert to indications of anxiety, confusion, or difficulty in understanding.
5. Avoid body language or gestures that may be offensive or misunderstood as well as side conversations, whispering, or writing while the interpreter is interpreting.
6. Use a positive tone of voice and facial expressions that sincerely convey respect and interest in the family member(s). Address the family member(s) in a calm, unhurried manner.
7. Speak clearly and somewhat more slowly (but *not* loudly); allow adequate time for the interpreter to interpret and listen carefully to the family member's response.
8. Limit your remarks and questions to a few sentences between interpretations and avoid giving too much information of long, complex discussions of several topics in a single session.
9. Avoid technical jargon, colloquialisms, idioms, slang, and abstractions.
10. Keep words and phrases as simple as possible, but avoid oversimplifying and condensing important explanations.
11. Give information in a clear, logical sequence; emphasize important words or points; and repeat vital information. Clarify and rephrase information when necessary.

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Source: Adapted from D. E. Randall, *Strategies for Working with Culturally Diverse Communities and Clients*. Washington, D.C.: Association for the Care of Children's Health, 1989.

- 12.** Check periodically on the family member's understanding and the accuracy of the translation by asking him or her to repeat instructions, or whatever has been communicated, in his or her own words with the interpreter facilitating; however, avoid literally asking, "Do you understand?" (In many cultural groups, a "no" response would make all parties lose face and is thus unlikely to be admitted.)
- 13.** Offer explanations for specific recommendations and summarize the outcome of the meeting, session, or visit.
- 14.** Reinforce verbal information, when possible, with materials written in the family's language and with visual aids or behavioral modeling, if appropriate. Before introducing written materials, tactfully determine the family member's literacy level through the interpreter.
- 15.** Be patient and be prepared for the additional time inevitably required for careful interpretations.



# Appendix C

## Qualifications of Interpreters



- A**n interpreter working to facilitate communication between a family and a professional should possess the following qualifications:
- High degree of oral proficiency in both the language of the family and that of the professional
    - Has frequent exposure to both languages to maintain proficiency in each
  - Ability to translate from one language to the other
    - Avoids word-for-word interpreting but is cognizant of possible omissions, additions, substitutions, and transformations that may distort or inaccurately represent the speaker's intended meaning
    - Is sensitive to the subtleties and nuances of the language; may need to reword/rephrase interpretations for both parties (Certain words/phrases may have different meanings for different subgroups that may be offensive or inappropriate.)
    - Avoids use of unnecessary words and excessive professional jargon
  - Sensitivity to the speaker's style
    - Watches tone, inflection, body movements (Sometimes the intonation of the words can totally change their meaning.)
  - Ability to adjust to linguistic variations in different communities
    - Understands the varying grammar and syntax (including slang and dialects) of subgroups
  - Respect for and familiarity with the family's national origin, indigenous community, and culture

- Knows family's nationality and corresponding ethnic group history (including migration experience and local community history and characteristics)
- Knows specific cultural orientations and traditional views (e.g., toward disabilities, child rearing, health and healing)
- Familiarity with the culture and language of the professional and the field
  - Knows the procedures and practices of the field, relevant policies, current terminology, and subject matter
- Understanding of the role and function of the interpreter on the team
  - Accepts and is comfortable with the role of communicator of information
  - Provides accurate interpretations and maintains neutrality (Does not offer subjective interpretations, personal opinions, or evaluations of situations unless asked to do so)
  - May assist professional or team members in identifying possible cultural bias or inappropriateness in various statements, questions, or interventions that are presented as part of the interaction
- Significant experience (and training) as an interpreter with corresponding professional and personal attributes
  - Is able to remain objective and non-judgmental and maintain confidentiality
  - Demonstrates good listening skills; is respectful, patient, flexible, and appropriately empathetic but does not get emotionally overinvolved

Source: Adapted from D. E. Randall, *Strategies for Working with Culturally Diverse Communities and Clients*. Washington, D.C.: Association for the Care of Children's Health, 1989.

# Appendix D

## Team Communication Tools

### A Rating Scale to Assess Team Communication

<i>Criteria</i>	<i>Strongly Agree</i> 5	<i>Agree</i> 4	<i>Undecided</i> 3	<i>Strongly Disagree</i> 2	<i>Disagree</i> 1
1. Team members listen to each other.					
2. The team leader listens to all group members.					
3. Everyone feels free to level and to be candid with everyone else.					
4. All team members “check things out” with all concerned before action is taken.					
5. Constructive feedback is given freely to group members to improve their functioning.					
6. Broad participation is strongly encouraged at all group meetings.					
7. No one uses a disproportionate amount of the available “air time” at group meetings.					
8. People are available to secure information needed.					
9. Information is shared willingly and no one hoards information.					
10. Information of interest to team members, such as information on new policies, new projects, and pay, is not categorized as “secret.”					
11. Information about one’s performance is communicated regularly and candidly by the team leader so that there are no surprises at performance review time.					
12. Team members are not afraid to give the boss the “bad news.”					
13. Team members communicate well with other groups in the organization.					

## Appendix D (Continued)

### A Rating Scale to Assess Team Problem Solving/Creativity

<i>Criteria</i>	<i>Strongly Agree</i> 5	<i>Agree</i> 4	<i>Undecided</i> 3	<i>Strongly Disagree</i> 2	<i>Disagree</i> 1
1. Problems are met head on rather than “swept under the rug.”					
2. Problems are regarded as challenges and opportunities rather than as headaches.					
3. A striving for innovation/creativity is a part of the team’s way of life.					
4. Broad participation is a basic tool of team problem solving.					
5. The team’s climate is concerned with the big picture rather than with nitpicking new ideas to death.					
6. Conflict/disagreement are utilized for purposes of creativity and ideation.					
7. Delegation is regarded as a tool for innovation.					
8. The team leader regards the team as a constructive problem-solving force.					
9. As appropriate, problems are solved with the total team on a consensus basis.					
10. Group members present and discuss their ideas rather than defend them.					

## Appendix D (Continued)

### A Rating Scale to Assess Teamness

<i>Criteria</i>	<i>Strongly Agree</i> 5	<i>Agree</i> 4	<i>Undecided</i> 3	<i>Strongly Disagree</i> 2	<i>Disagree</i> 1
1. <i>Cooperation</i> : “Team members work well together.”					
2. <i>Communication</i> : “Our ability to give and receive necessary information is one of our strengths.”					
3. <i>Goals</i> : “Goal setting is truly a team activity.”					
4. <i>Creativity</i> : “Innovation is encouraged and rewarded.”					
5. <i>Conflict</i> : “Disagreements are faced up to and worked fully through.”					
6. <i>Support</i> : “Praise, recognition, etc., are given enthusiastically.”					
7. <i>Mutual respect</i> : “Team members show appreciation to one another and avoid sarcasm, putdowns, etc.”					
8. <i>Commitment</i> : “Everyone is dedicated to furthering team goals.”					
9. <i>Atmosphere</i> : “The climate is such that people are willing to put forth their best effort.”					
10. <i>Cohesion</i> : “Team members see themselves as a tight-knit group.”					
11. <i>Pride</i> : “People feel good about being a team member.”					
12. <i>Decisions</i> : “Everyone has the fullest opportunity to participate in decisions that affect the group.”					
13. <i>Openness</i> : “Everyone is encouraged to say what is on his/her mind without fear of reprisal.”					
14. <i>Trust</i> : “Team members feel that no one in the group will take advantage of them in any way.”					
15. <i>Assessment</i> : “The team reviews its own functioning regularly on a frank and open basis.”					
16. <i>Identification</i> : “I feel that I am treated as a full member of this team and feel very much part of it.”					
17. <i>Leadership</i> : “Our team leader is a key to our effectiveness.”					
18. <i>Feedback to leader</i> : “The boss is very open to suggestions about the improvement of his/her performance.”					

**Appendix D (Continued)**  
**Collaborative Problem-Solving Action Plan**

**PROBLEM:** \_\_\_\_\_

WHAT WILL HAPPEN?	WHO WILL DO IT?	WHEN WILL IT BE DONE?	SUPPORTS OR RESOURCES NEEDED

# Appendix E

## *Resources on Adult Learning*

### **Best Practices in Effective Workshops for Adult Learners**

The following table lists generalizations about adult learners and the ways in which these theories can be applied in workshops.

<b>Adults as Learners</b>	<b>Effective Workshops</b>
Adults bring a great deal of life experience to the workshop.	Effective workshops tap participants' experience as a major resource for learning.
Adults need to be physically comfortable for effective learning.	Effective workshops tend to adult needs with frequent refreshment breaks, comfortable chairs, and adequate lighting and ventilation.
Adults need to be psychologically comfortable for effective learning.	Effective workshops recognize the great diversity of adult values and attitudes and make provisions for them. They recognize the importance of self-esteem and provide activities to build self-esteem.
Adults seek out learning experiences to cope with specific life changes.	Effective workshops provide learning experiences that help adults cope with change.
Adults tend to prefer a single theme concept with several theories being introduced and workshops that focus on application.	Effective workshops provide a balance between theory and application. They provide learning opportunities for the adult so that new concepts can be integrated with existing concepts/practices.
Adults have many commitments and demands on their time.	Effective workshops are planned with awareness of adults' busy schedules and provide learning experiences within an appropriate time frame.
Adults have established a variety of reflexes to authority.	Effective workshops recognize the variety of adult responses to authority and provide for a balance of control between the instructor and the participants.
Adults come to the workshop with a set of expectations.	Effective workshops clarify instructor and participant expectations at the beginning of each workshop.

Adapted from Larry Nolan Davis, *Planning, Conducting, and Evaluating Workshops*. Austin, Tex.: Learning Concepts, Inc., 1979.

## Appendix E (Continued)

### Content Levels of Learning Activities

#### Awareness

Awareness activities are excellent for information gathering or dissemination of new frameworks, ideas, teaching strategies, technology available, new legislation, overviews, and planning for or discovering what's new or coming in the twenty-first century. They are most effective when they act as a *beginning* point to long-term staff development. The user should always understand that awareness sessions are meant for exactly that: awareness. Research indicates there is little internalization, application, or transfer of skills into the classroom or workplace unless there are demonstrations, practices, feedback opportunities, ongoing coaching, and periodic review.

#### Skill Building

In the application or skill-building session, *all* training work is totally work-related and thus is marked by the highest possible degree of realism. In such sessions, participants are presented not only with activities that have "face validity" as to realism, but also activities that are readily perceived as intrinsically relevant to the work itself. (This does not always mean, unfortunately, that application-type activities are universally applauded by the participants. In fact, they may be resisted because they hit "too close to home." Unfortunately, not everyone wishes to undergo the painful process of introspection that relates to the improvement of one's work.)

The intended skills are learned while engaging in practical work. As a conse-

quence, the trainer may find it far wiser to concentrate on limited material, practice, and application than on a lot of "standard" concepts and theory. The program can be marked by these principles:

- Relate the training to organizational goals, priorities, and the system's real performance demands.
- Focus on short-term productivity improvements, drawing on immediate problems.
- Gear it to the participants' needs and capabilities.
- Build in mechanisms to ensure real-world success experiences with the training techniques applied.

#### Problem Solving

- One way to ensure that training is organization- and job-related is to introduce into the training endeavor opportunities for identifying and solving real problems. This approach ensures full participant involvement, provides participants with something they can use immediately, and acquaints participants with one another's work.
- Trainers, then, are expected to utilize their skills to help participants generate new ideas rather than just to have them listen to old ones. The concern is to increase productivity/quality by helping people to work smarter rather than just harder.

The value of working on live problems is well stated by one writer: When participants use the training session to solve their own problems, they do not

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*Note:* Reprinted from Julius E. Eittington, *The Winning Trainer* (Third edition). Copyright 1996 by Gulf Publishing Company. Used with permission. All rights reserved.

experience training shock on returning to their jobs and not knowing how to apply their newfound knowledge and skills. The reason: they brought chunks of their jobs into the classroom.

On the assumption, then, that organizational personnel should be encouraged to solve their own problems effectively, the trainer must be well-equipped to provide such guidance as may be necessary. This means providing instruction to participants in problem solving for:

- Use in the training situation
- Use back home on a *continuing* basis after the training is over.

### **Suggested Process for Problem Solving Sessions**

What kind of problem solving skills should the trainer be able to develop among those who solve problems? The skills, which relate to the classic model of problem solving and decision making, are how to:

- Define the problem.
- Generate data about the problem.
- Generate ideas or alternative courses of action for problem resolution.
- Choose among the alternative solutions.
- Implement the solution or decision.

## **Review of Problem-Solving Steps**

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### **Step 1. Identify and define the conflict/problem and put into a goal statement.**

All parties must understand, agree, and want to become involved in defining the conflict. The time and place should be convenient. All persons must recognize that there is, in fact, a problem to be solved and listen to all the facts and feelings. The problem should be clearly defined, specifically stated, and put into a goal statement.

Example: We want to . . . (Use listening and “I” messages.)

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### **Step 2. Generate possible alternative solutions (brainstorm).**

This step has all parties generate as many solutions as possible. *It is important to accept each suggestion without evaluating or putting it down.* Be creative and just let your ideas flow. Encourage unusual suggestions which could lead to excellent solutions. Maintain an atmosphere of trust. Remember, no comments on any of the suggestions.

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### **Step 3. Evaluate the alternative solutions.**

All persons should participate in the evaluation of all the suggested solutions. All persons involved should remember to state “I” messages as the number of possible solutions narrows. Look for negative and positive consequences that might be attached to the alternatives.

## Appendix E (Continued)

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**Step 4. Decide on the best acceptable solution(s).**

*Do not vote.* If the discussions up to this point have been honest and open to all suggestions, this step should be easy. As the final choice narrows, all should participate and contribute. It should be remembered and agreed that the final decision is open and can be changed. Before the solution is written down, make an effort to make sure all parties understand what is being agreed upon. Use “I” messages and listening.

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**Step 5. Work out ways of implementing the solution(s).**

After a decision is reached, there may be items that need to be spelled out in detail before the decision is implemented. Some of the minor details may be things such as: How often? When will it be done? Where will it be?

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**Step 6. Follow up to evaluate how it worked.**

Set a time to re-evaluate. After the solution agreement has been in effect for a specified period of time, there is a need to call all participants back together to evaluate the plan. Sometimes the plan may need modification.

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## Startling Statistics About Teaching Adults

**H**ow do adults learn? Research seems to indicate that they learn mostly on their own, and that the most common motivation for adult learning is some anticipated use or application of the learning. It is estimated that only 20% of adult learning is planned by a professional, and the other 80% is planned by the adult learners themselves. Staff development, then, has a particular challenge, because it only addresses the 20% of adult learning. In order to make that 20% meaningful and valuable to the adult, it is necessary to take into consideration how adults learn and plan the teaching of adults accordingly.

Teaching adults is often confused with teaching children and, in this process of confusion, the same principles of

teaching children (pedagogy) are often applied to the teaching of adults. Thus, it is safe to say that many staff development programs in the public education system treat adults as if they were children. Recently, a new field of study had evolved that is devoted to the science and art of teaching adults. The theory and principles of teaching adults is known as *adragogy*.

The concepts of adragogy are based on four main assumptions which serve as a means of differentiating adult learning from child learning:

1. **Changes in Self-concept:** As a person grows and matures, self-concept moves from total dependency to increasing self-directedness.
2. **The Role of Experience:** Maturing individuals accumulate expanding

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From *Training: The Magazine of Human Resources Development* (April 1997).

reservoirs of experience on which to base and relate new learnings.

3. **Readiness to Learn:** As individuals mature, readiness to learn is decreasingly the product of biological development and academic pressure and increasingly the product of the

developmental tasks required for the performance of evolving social roles.

4. **Orientation to Learning:** Children have been conditioned to have a subject-centered orientation to most learning; whereas adults tend to have a problem-centered orientation to learning.



# Appendix F

## *Resources for Program Providers*

**M**any projects funded through California state departments are excellent resources that can help staff improve the quality of child care programs. Professional organizations and research journals also provide written material or consultant services to assist programs. Some of these are identified below. The descriptions are derived from information provided by each respective project or organization.



### Technical Assistance

#### **California Child Care Health Program**

The California Child Care Health (CCCH) program provides health information to child care providers and the families they serve. The Health line is (800) 333-3212.

#### **California Early Intervention Technical Assistance Network**

The California Early Intervention Technical Assistance Network (CEITAN) is contracted through the Department of Developmental Services (DDS) to ensure a comprehensive system of personnel development. The network hosts Early Start statewide institutes entitled “Building Blocks for Early Start: Supporting the Professional Development of Persons Who Serve Infants and Toddlers with Special Needs and Their Families.” Flyers are widely disseminated to each SELPA regarding these training opportunities.

In addition, CEITAN provides scholarships and training grants to early intervention direct service providers for person-

nel development activities. There are attendance scholarships (to conferences or other training), college scholarships, grants for local training events, and start-up grants to establish local Early Start personnel development programs or innovative systems change. For information regarding CEITAN activities, call (916) 492-9999.

#### **California Education Innovation Institute**

The California Education Innovation Institute (CEII) and California Services for Technical Assistance and Training (CalSTAT) under contract with the California Institute of Human Services (CIHS) at Sonoma State University conduct training sessions for the Special Education Division of the California Department of Education. Training sessions last from one to five days and historically have been offered in various locations in the state during the summer. CEII is currently establishing year-round regional training in cooperation with SELPAs and other state agencies to respond to local needs. Information on training is sent to all SELPAs, county offices of education, and LEA special education offices. Call (707) 664-4394.

#### **California Head Start Collaboration Project**

This project is a joint effort of the Child Development Division of the California Department of Education and the federal Head Start program. One of the project’s goals is to enhance collaboration between Head Start and special education programs

and services, including supporting local program development of interagency agreements. The division publishes *Bridges*, a newsletter that provides information regarding legislation, policy, and other topics of interest to parents and program providers. To subscribe to the *Bridges* newsletter, write to the California Head Start Collaboration Project, California Department of Education, Child Development Division, 560 J Street, Suite 220, Sacramento, CA 95814.

### **CONNECTIONS: Learning Communities for All Children**

This is an 18-month to two-year in-service training model designed to provide an innovative and individualized approach to early childhood education and early childhood special education programs. In responding to current and emerging needs of professionals, children, and families, CONNECTIONS combines both research and quality practices from the fields of early childhood education and early childhood special education. The approach to supporting administrators, educators, and family members incorporates a model of interagency and cross-discipline training combined with on-site follow-up and technical assistance. For information, contact the California Institute on Human Services (CIHS) at Sonoma State University at (707) 664-3956.

### **Early Start Information Line**

The toll-free information line puts the parents and professionals who work with infants and toddlers with disabilities in touch with Early Start resources in California. Information may be obtained by contacting the DDS Early Start office at (800) 515-BABY.

### **Early Start Resources**

Early Start Resources is a program funded by the Department of Developmental

Services through a contract with WestEd. It maintains an early childhood special education library that provides information to parents and professionals, including public awareness materials, on California's Early Start program.

Early Start Resources produces *Early Start Connections*, a newsletter that provides information regarding new legislation, policy, training, and resources for those who work with children having special needs. In addition, it promotes effective early intervention programs and strategies and reaches service providers, policymakers, and consumers. This newsletter is published three times per year and is disseminated to parents, administrators, professors, and service providers. For information on Early Start Resources, call (800) 869-4337.

### **National Association of State Directors of Special Education, Inc.**

NASDSE promotes and supports education programs for students with disabilities in the United States and outlying areas. NASDSE is a not-for-profit corporation established in 1938. NASDSE has two web sites that offer information and resources to the public. NASDSE's main web page <[www.nasdse.org](http://www.nasdse.org)> offers information on all upcoming conferences and NASDSE projects. All NASDSE publications are available on the NASDSE site. Publications include papers, documents, and reports on a variety of topics. These topics include accountability/program evaluation; administration/governance; personnel issues; reauthorization; specified populations; and student eligibility/assessment. Publications, videos, and audiotapes are available by writing to NASDSE Publications, 1800 Diagonal Road, Suite 320, Alexandria, VA 22314; telephone (703) 519-3800, ext. 312; FAX (703) 519-3808.

## **Project EXCEPTIONAL**

The primary focus of this project is to develop a replicable statewide model to train child care staff on ways of including young children with disabilities (from birth to five years) in community child care settings. In addition, training materials have been developed for community college instructors. Along with California, five states in the Outer Pacific have participated in Project EXCEPTIONAL outreach trainings. For information on training and the purchase of materials, call the California Institute on Human Services (CIHS) at Sonoma State University at (707) 664-2051.

## **Region IX, Quality Improvement for Disabilities Services, Head Start**

Based at the CIHS, at Sonoma State University, this project supports Head Start programs throughout Region IX by providing quality services to children with disabilities and their families. Consultants provide technical assistance in developing state and local interagency agreements, developing and implementing disabilities service plans, and visiting Head Start grantees on site upon request. In addition, the project provides training on requested topics and develops and disseminates resource materials. The office may be reached at CIHS/Sonoma State University, 1801 E. Cotati Avenue, Rohnert Park, CA 94928; telephone (707) 664-4228; or e-mail <<http://www.sonoma.edu/CIHS>>.

## **Regional Staff Development Intensive Training**

Funds are available for local staff development in early childhood special education in each of the 11 Superintendent Regions in California. This permits SELPAs to provide staff development training to direct service providers based on a local assessment of needs. For information regarding the SELPA responsible for local training, contact the regional

special education consultant of the Focused Monitoring Technical Assistance Unit at (916) 445-4613.

## **Special Education Early Childhood Administrators Project**

SEECAP is a special project of the California Department of Education, Special Education Division, and the HOPE Infant and Family Support Program, San Diego County Office of Education. The project sponsors symposia annually for experienced and emerging leaders and administrators in early childhood special education. Sessions are held in the northern and southern areas of the state. The symposia cover a wide range of topics, including forums on current issues in the field, funding, updates on laws and regulations, and exemplary program models. Attendees receive a variety of written material and resources that support each session. For additional information, call (760) 736-6310.

## **Supporting Early Education Delivery Systems**

The SEEDS Project is funded through the California Department of Education, Special Education Division, and is coordinated by the Sacramento County Office of Education. Its mission is to provide technical assistance to early childhood special education programs by using a network of consultants and visitation sites to assist LEAs in providing quality services. Designed for administrators, staff, and families involved in early childhood special education programs in LEAs, SEEDS has established priorities for technical assistance in cooperation with the California Department of Education.

Support activities include providing individual consultation on site or by telephone, small- and large-group training, program assessment and recommendations, and referral to other resources or programs; arranging for visits to desig-

nated sites; recommending print or audiovisual materials; and providing or arranging speakers as a part of a conference or workshop. Technical assistance includes, but is not limited to, providing assessment and evaluation; collaborating with families; recommending curriculum; developing and implementing IFSPs and IEPs; collaborating with other agencies; developing programs for specific disabilities, including the referral and intake process; providing information on service delivery and staffing; and helping parents and children make the transition to the next program. For more information or to request technical assistance, call (916) 228-2379.

## Professional Associations

### **Infant Development Association of California**

The Infant Development Association of California (IDA) is a multidisciplinary organization of parents and professionals committed to optimal developmental, social, and emotional outcomes for infants, birth to three, with a broad range of special needs and their families. IDA advocates improved, effective prevention and early intervention services and provides information and training to parents, professionals, decision makers, and others. Membership includes a newsletter, quarterly meetings, and networking and advocacy opportunities. Agency membership entitles three employees to attend workshops and conferences at reduced fees. For additional information on IDA, call (916) 453-8801.

### **National Association for the Education of Young Children**

NAEYC's purpose is to lead and consolidate the efforts of individuals and groups working to achieve the healthy development and education of all young children in America. Primary attention is devoted

to ensuring the provision of high-quality early childhood programs for young children. NAEYC publishes a broad range of print and audiovisual materials related to all aspects of early childhood education. National, state, and local conferences are held annually. NAEYC has a Web site <<http://www.naeyc.org>>. For information on membership, call (800) 424-2460.

### **National Council on Exceptional Children, Division for Early Childhood**

The Division for Early Childhood (DEC) is a nonprofit membership organization designed for individuals who work with or on behalf of children, birth through age eight, with special needs and their families. The division is dedicated to promoting policies and practices that support families and enhance the optimal development of children. Children with special needs include those who have disabilities or developmental delays, are gifted or talented, and are at risk of future developmental problems.

DEC serves as an umbrella organization for professionals of all disciplines, parents, and others who are interested in building partnerships at the local, state, national, and international levels to promote high-quality services for young children and their families.

DEC actively participates in advocacy for young children and their families, promotes research and career development in best practices in infancy and early childhood education, sponsors an annual conference, and publishes the *Journal of Early Intervention*. Members also receive a quarterly newsletter, *The Communicator*, as well as position papers and other publications. For more information about DEC, call (800) 845-6232.

### **Zero to Three: National Center for Infants, Toddlers, and Families**

Zero to Three is a national, nonprofit organization located in Washington, D.C.,

dedicated solely to advancing the healthy development of babies and young children. It disseminates important information on the early stages of human development, trains providers, promotes model approaches and standards of practice, and works to increase public awareness about the significance of the first three years of life. Members receive a bimonthly bulletin, and the organization hosts an annual conference. The organization may be reached at 734 15th Street, NW, 10th Floor, Washington, DC 20005, or through the Internet <[www.zerotothree.org](http://www.zerotothree.org)>.

## Publications

### *Infants and Young Children: An Interdisciplinary Journal of Special Care Practices*

This journal is published quarterly by Aspen Publishers, Inc., 7201 McKinney Circle, Frederick, MD 21701.

### *Topics in Early Childhood Special Education*

This journal is published quarterly by PRO-ED, 8700 Shoal Creek Blvd., Austin, TX 78757-6897.

### *Journal of Early Intervention*

This journal is published quarterly and is distributed to all members of the Division of Early Childhood of the Council for Exceptional Children.

### *The Special EDge*

Resources in Special Education (RiSE) publishes *The Special EDge*, a newsletter of the Special Education Division.

The RiSE library provides written and audiovisual materials that may be borrowed, rented, or purchased. The library currently has more than 6,000 books, research articles, journals, and media items. To obtain library updates and a library application form, call (707) 664-4394.

## Child Care and Child Development Resources

**California Child Care Resource and Referral Agency.** There is a child care resource and referral (R&R) agency in every county in California. R&R agencies are operated through a county office of education, a local school district, or a private not-for-profit agency. An R&R agency may perform any of the following functions:

1. Support families in the most important roles of nurturing their children and balancing the demands of family and work.
2. Compile and analyze information and share it with parents, child care providers, and communities.
3. Support programs that care for children.
4. Build connections between communities and states to create appropriate policies on family and children's issues and to generate additional resources for child care.

Services of the R&R agency include linking families with child care providers. Many agencies operate a book and toy lending library that is open to the public.

**Head Start.** Head Start is a federally funded program for children ages birth to five years in low-income families. It is a comprehensive, nine-month program. The law requires that at least 10 percent of the children served must be identified as those having special needs. The spectrum of special needs includes physical disabilities, significant health impairments, visual or hearing impairments, learning impairment, and mental or behavioral impairments. Head Start may be operated by a county office; school district; or a private, non-profit agency. There are no fees for Head Start services.

**Preschool:** Typically, four-year-old children attend a center-based, half-day pro-

gram. Three-year-olds may be in a center-based or home-based program. As a result of welfare reform, Head Start has expanded some programs to full-day, year-round services to accommodate working parents. Transportation may be provided.

**Early Head Start:** Early Head Start provides services to pregnant women and children (birth to age three) who meet income eligibility requirements. The program's goal is to assist enrollees to achieve social competence. Services are comprehensive, including health and nutrition, dental, mental health, social, and child development services. Early Head Start is a national pilot project that has approximately 300 programs throughout the country, with planned expansion.

## California Child Development Programs

**California State Preschool.** Funded through the Child Development Division, the California State Preschool program is designed for three- to five-year-old children who meet income eligibility requirements. It operates 175 days per year for part days. The goal of the state preschool program is to provide an enriched environment to benefit children's intellectual, physical, emotional, and social development at an early age. The program focuses on the child and parents, and parent participation is a recommended component of the program.

Enrollment priorities are established according to need: children at risk of abuse or neglect and who meet income eligibility requirements. The program serves families with the lowest per capita income first. Local operators may establish additional priorities, which include children with special needs. Transportation is generally not provided. There is no fee for service.

**General Child Care Center (Child Development Center).** Center-based child care programs are operated by school districts, county offices of education, and private nonprofit agencies and are funded by the Child Development Division, California Department of Education. The center operates full days, 248 days per year. General child care programs may be available for children aged birth to eight years. The goal of the program is to provide an enriched developmental program and a safe child care environment. Enrollment is based on income eligibility and need. The child's parents who live in the home must be working, training for a job, attending school, or unable to provide care for their child. Priorities are established for children at risk of abuse or neglect and who meet income eligibility requirements. The program also serves families with the lowest per capita income first. Local operators may establish additional priorities, which include children with special needs. A parent may be required to pay a portion of the child care payment, which is based on family size and gross income. Transportation is not provided.

**School-Age Parenting and Infant Development (SAPID).** The SAPID program is a professional child development center with parent education classes located on a school campus. It is designed for the infants and toddlers of teen parents who are nonhigh school graduates. The program is funded through the Child Development Division (CDD), California Department of Education.

**Alternative Payment Program.** The Alternative Payment Program, also funded through the CDD, is an assistance program designed to help families who demonstrate need and eligibility pay for full or partial child care services. Parents may choose from different types of care, including licensed centers or preschools

or licensed family child care homes. Families may choose license exempt care when (1) the provider has been registered through the TrustLine (a state registry that lists the names of individuals who have passed background checks for criminal or child abuse history) or is a grandparent, aunt, or uncle; and (2) care is provided only for children from a single family. A parent fee may be assessed for a portion of the child care payment based on family size, gross monthly income, and hours per week of care.

***Co-op Preschool.*** Parent cooperative preschools have been formed in many areas and can provide an enrichment program for children at a reasonable rate. These are sometimes established through the local community college. There is strong parent involvement; parents are usually required to work in the classroom or provide assistance in other ways to support the successful operation of the program.

***Parent Participation Preschool Classes.*** Classes may be operated by the adult education program provided at many local school districts. The classes allow parents or caregivers to participate with their child in a developmentally appropriate preschool program. A variety of class

schedules may be offered throughout the week. Parent participation is more frequent with younger children. As children approach kindergarten age, they have increased opportunities to meet in larger groups without their parents. There is usually a minimal participation fee.

***Community College Child Care Lab Schools.*** Many community colleges and state universities offer early childhood education training programs. Part of the program is on-site training in a child care lab preschool. These programs may operate one or more classrooms, enrolling the children of college students or community members. In addition to lab schools, many community colleges operate child care programs. The CDD allocates funding to community colleges for child care programs and facilities. There is generally some fee for services offered through these programs, although there may be a variable rate schedule based on family income. Families may also obtain funding for this child care through the Alternative Payment Program.

***Private Preschools.*** Depending on the size and perceived need, communities may have private preschools. The preschools are usually owned and operated by individuals or private companies that



sponsor child care for families who work for the business. The policies and procedures reflect the philosophy and training of the owners and may follow established practices, such as those of High Scope or Montessori. NAEYC offers an accreditation program for any public or private program. Some private preschools may be affiliated with programs that provide financial assistance for children with special needs. Information may be obtained through the local R&R agency.

**Family Child Care Homes.** Many licensed family child care providers in California communities provide child care while parents are working. Providers may serve a mix: infants through school-age

children. The child care license stipulates the number of children who may be provided care and the number and training requirements of adults. Providers set their own rates for child care.

The following publication provides in-depth information regarding licensing, regulatory, and Americans with Disabilities Act requirements for child care providers: *Caring for Children with Special Needs: The Americans with Disabilities Act and Child Care*. To order a copy, contact the Child Care Law Center, 22 Second Street, 5th Floor, San Francisco, CA 94105; telephone (415) 495-5498.

# Appendix G

## Data Collection Requirements of the California Department of Education

**Table G1**  
**CASEMIS Student Data Table 1999-00 School Year (Final)**

<i>Field Number</i>	<i>Field Name</i>	<i>Type</i>	<i>Column Width (Number of Characters)</i>	<i>Field Description, Format, and Codes</i>
<b>A. Report Identification</b>				
1	REPT_DATE	Date	8	Date of report (MM/DD/CCYY) (CCYYMMDD) in ASCII
<b>B. LEA Identification</b>				
2	SELPA_CODE	Character	4	SELPA or state-operated program reporting the data (CCCC) Use four-digit SELPA code from the SELPA code list.
3	SELPA_FROM	Character	4	SELPA from which the child was transferred (If the student is placed by another SELPA for services and exchange of units; otherwise, leave blank.) (CCCC) Use four-digit SELPA code from the SELPA code list.
4	DIST_SERV	Character	7	District, county office, or state-operated program providing the majority of services and/or receiving funds (CCDDDDD) Use county-district code or state-operated program code from the <i>California Public School Directory</i> .
5	DIST_RESI	Character	7	Student's district of residence (If different from Field #4; otherwise, leave blank.) (CCDDDDD) Use county-district code from the <i>California Public School Directory</i> .

*Note:* Numbered data fields in bold pertain to infants, toddlers, and preschoolers.

Field Number	Field Name	Type	Column Width (Number of Characters)	Field Description, Format, and Codes
6	SCH_CODE	Character	7	<p>Seven-digit code of the school of attendance (SSSSSSS)</p> <p>Use seven-digit school code from the <i>California Public School Directory</i> or <i>California Private School Directory</i>.</p> <p><i>Note:</i> If school code is not available, write first seven characters of the name of the school.</p>
7	SCH_TYPE	Character	2	<p>Type of school of attendance in general education</p> <p>00 No school</p> <p>10 Public day school</p> <p>11 Public residential school</p> <p>19 Other public school or facility</p> <p>20 Continuation school</p> <p>21 Education clinic</p> <p>22 Alternative work education center</p> <p>23 Work-study program</p> <p>24 Independent study</p> <p>25 Alternative education</p> <p>30 Juvenile court school</p> <p>31 Community school</p> <p>32 Correctional institution or incarceration facility</p> <p>40 Home school at parent's home</p> <p>45 Hospital facility</p> <p>50 Community college</p> <p>51 Adult education program</p> <p>60 Charter school</p> <p>61 Head Start program</p> <p>62 Child development or child care facility</p> <p>63 State preschool</p> <p>64. Private preschool</p> <p>65 Extended day care</p> <p>70 Nonpublic day school</p> <p>71 Nonpublic residential school</p> <p>75 Private day school (not certified by Special Education Division)</p> <p>76 Private residential school (not certified by Special Education Division)</p> <p>80 Parochial school</p>
<b>C. Student Demographics</b>				
8	LAST_NAME	Character	15	<p>Student's last name (CCCCCCCCCCCCCCC)</p> <p>First fifteen characters of student's last name</p>

<i>Field Number</i>	<i>Field Name</i>	<i>Type</i>	<i>Column Width (Number of Characters)</i>	<i>Field Description, Format, and Codes</i>
9	FIRST_NAME	Character	15	Student's first name (CCCCCCCCCCCCCCC) First fifteen characters of student's first name
10	STUDENT_ID	Character	16	Student's identification code (CCCCCCCCCCCCCCCC) Use Social Security number or any combination of alphanumeric characters currently used by SELPA or the local educational agency
11	SSN	Character	9	Student's Social Security number (CCCCCCCCC)
12	BIRTH DATE	Date	8	Student's date of birth (MM/DD/CCYY) (CCYYMMDD) in ASCII
13	GENDER	Character	1	Student's gender F Female M Male
14	ETHNICITY	Character	3	Student's ethnic background 100 Native American 201 Chinese 202 Japanese 203 Korean 204 Vietnamese 205 Asian Indian 206 Laotian 207 Cambodian 299 Other Asian 301 Hawaiian 302 Guamanian 303 Samoan 304 Tahitian 399 Other Pacific Islander 400 Filipino 500 Hispanic 600 African American 700 White

Starting with the 2000-01 school year, there will be five additional data fields on ethnicity to capture more than one response on ethnicity.

Field Number	Field Name	Type	Column Width (Number of Characters)	Field Description, Format, and Codes
15	LEP	Character	1	Limited English proficiency T or Y True or Yes, if limited English proficient F or N False or No, if not or leave blank
16	HOME_LANG	Character	2	Student's home language (CC) Use two-digit language code from Appendix F in <i>CASEMIS User's Manual</i> .
<b>D. Program Information</b>				
17	REFR_DATE	Date	8	<b>Date of referral to assess and determine eligibility for special education services (for ages 0–2 only)</b> (MM/DD/CCYY) (CCYYMMDD) in ASCII
18	MIGRANT	Character	1	Eligible for or is participating in the Migrant Program (PL 97-35) T or Y True or Yes, if eligible for or is participating in the Migrant Program F or N False or No, if not or leave blank
19	RESID_STAT	Character	2	Student's residential status 10 Parent or legal guardian 20 Licensed children's institution (LCI) 30 Foster family home (FFH) 40 Hospital (except state hospital) 50 Residential facility 60 Correctional institution 71 State hospital 72 Developmental center 90 Other
20	ENTRY_DATE	Date	8	Date student <i>first</i> entered special education (MM/DD/CCYY) (CCYYMMDD) in ASCII
21	LAST_IEP	Date	8	Date of student's last IEP meeting (MM/DD/CCYY) (CCYYMMDD) in ASCII
22	LAST_EVAL	Date	8	Date of last evaluation or assessment to determine initial eligibility or continuing eligibility for special education (MM/DD/CCYY) (CCYYMMDD) in ASCII

<i>Field Number</i>	<i>Field Name</i>	<i>Type</i>	<i>Column Width (Number of Characters)</i>	<i>Field Description, Format, and Codes</i>
23	DISABILITY	Character	3	Primary disability category of student 010 Mental retardation (MR) 020 Hard of hearing (HH)) 030 Deaf (DEAF)) 040 Speech or language impairment (SLI) 050 Visual impairment (VI) 060 Emotional disturbance (ED) 070 Orthopedic impairment (OI) 080 Other health impairment (OHI) 090 Specific learning disability (SLD) 100 Deaf-blindness (DB) 110 Multiple disabilities (MD) 120 Autism (AUT) 130 Traumatic brain injury (TBI)
24	SOLE_LOW	Character	1	<b>If the student has a solely low-incidence disability (for ages 0–2 only)</b> T or Y True or Yes, if the child has a solely low-incidence disability F or N False or No, if not or leave blank
25	PLACEMENT	Character	3	Student’s primary special education placement or instructional setting 400 General education program or regular class setting 410 Designated instruction and services 420 Resource specialist program 430 Special classes and center—in public integrated facility 431 Special classes and centers—in public separate facility 440 Nonpublic, nonsectarian school (NPS)—day school 441 Nonpublic, nonsectarian school (NPS)—residential school in California 442 Nonpublic, nonsectarian school (NPS)—residential school outside California 461 Telecommunication 462 Home 463 Hospital (excluding state hospital) 471 Public residential school/facility, includes state special school 473 Correctional facility 475 State hospital 476 Development center 480 Other instructional setting

<i>Field Number</i>	<i>Field Name</i>	<i>Type</i>	<i>Column Width (Number of Characters)</i>	<i>Field Description, Format, and Codes</i>
26	PRESCH_SET	Character	2	Program setting for preschool services (for ages 3–5 only) 10 Early childhood setting 20 Early childhood special education setting 30 Home 40 Part-time early childhood/part-time early childhood special education setting 50 Residential facility 60 Separate school 70 Itinerant service outside the home 80 Reverse mainstream setting
27	MAINSTREAM	Character	2	Percentage of instructional time spent in general education program as indicated in the IEP (for ages 6–22 or grade K or higher) (NN)
This data field will be deleted in 2000-01 school year.				
28	OUT_REGCLS	Character	3	Percentage of time student is outside regular class for special education instruction or services (for ages 6–22 or grade K or higher) (NNN)
29	GRADE	Character	2	Student's grade level 01 First grade 02 Second grade 03 Third grade 04 Fourth grade 05 Fifth grade 06 Sixth grade 07 Seventh grade 08 Eighth grade 09 Ninth grade 10 Tenth grade 11 Eleventh grade 12 Twelfth grade 13 Community college 14 Other postsecondary 15 Ungraded 16 Infant 17 Preschool 18 Kindergarten
30	TRAN_DATE	Date	8	<b>Date of transition planning meeting (for ages 0–2 only)</b> (MM/DD/CCYY) (CCYYMMDD) in ASCII

<i>Field Number</i>	<i>Field Name</i>	<i>Type</i>	<i>Column Width (Number of Characters)</i>	<i>Field Description, Format, and Codes</i>
31	WORKAB	Character	1	<p>If the student is participating in the WorkAbility program</p> <p>T or Y True or Yes, if participating in WorkAbility program</p> <p>F or N False or No, if not or leave blank</p>
32	DIS1	Character	2	<p>A DIS or related service received by the student, if any (for ages 3–22 only)</p> <p>50 Language and speech</p> <p>51 Home and hospital</p> <p>52 Adapted physical education</p> <p>53 Audiological services</p> <p>54 Individual counseling</p> <p>55 Group counseling</p> <p>56 Guidance services</p> <p>57 Occupational therapy</p> <p>58 Physical therapy</p> <p>59 Orientation and mobility</p> <p>60 Parent counseling</p> <p>61 (Do not use)</p> <p>62 Social work services</p> <p>63 Vocational education training</p> <p>64 Recreation services, includes therapeutic recreation</p> <p>65 Individual and small group instruction</p> <p>66 Vision services</p> <p>67 Specialized driver training</p> <p>68 Psychological services</p> <p>69 (Do not use)</p> <p>70 (Do not use)</p> <p>71 Specialized services for low-incidence disabilities</p> <p>72 Health and nursing—specialized physical health care services</p> <p>73 Health and nursing—other services</p> <p>74 Interpreter services</p> <p>75 Education technology services</p> <p>76 Behavior management services</p> <p>77 Assistive services</p> <p>78 Braille transcription</p> <p>79 Reader services</p> <p>80 Note-taking services</p> <p>81 (Do not use)</p> <p>82 (Do not use)</p> <p>83 (Do not use)</p> <p>84 Adult transition services</p>

<i>Field Number</i>	<i>Field Name</i>	<i>Type</i>	<i>Column Width (Number of Characters)</i>	<i>Field Description, Format, and Codes</i>
<i>(#32 continued)</i>				85 Vocational counseling 86 Deaf and hard-of-hearing services 87 Respite care services 90 Transportation 91 Resource services 92 Special day class services 93 Nonpublic school services 99 Other special education services
33	DIS2	Character	2	A second DIS or related service received by the student, if any (for ages 3–22 only) (CC) Use the list of codes in field #32.
34	DIS3	Character	2	A third DIS or related service received by the student, if any (for ages 3–22 only) (CC) Use the list of codes in field #32.
35	DIS4	Character	2	A fourth DIS or related service received by the student, if any (for ages 3–22 only) (CC) Use the list of codes in field #32.
36	DIS5	Character	2	A fifth DIS or related service received by the student, if any (for ages 3–22 only) (CC) Use the list of codes in field #32.
37	DIS6	Character	2	A sixth DIS or related service received by the student, if any (for ages 3–22 only) (CC) Use the list of codes in field #32.
38	DIS7	Character	2	A seventh DIS or related service received by the student, if any (for ages 3–22 only) (CC) Use the list of codes in field #32.
39	DIS8	Character	2	An eighth DIS or related service received by the student, if any (for ages 3–22 only) (CC) Use the list of codes in field #32.

Field Number	Field Name	Type	Column Width (Number of Characters)	Field Description, Format, and Codes
<b>E. Assessment Data</b>				
40	PARTICIP	Character	2	Student's status of participation in Standardized Testing and Reporting Program (STAR) Participated in <i>full</i> : 10 Without any accommodations 11 With accommodations Participated in <i>part</i> with: 20 IEP exemption(s) 21 Parent exemption(s) 22 No exemption(s) Did <i>not</i> participate at all with: 90 IEP exemption(s) 91 Parent exemption(s) 92 No exemption(s)
41	ALTERNATE	Character	1	If the student participated in alternate assessment T or Y True or Yes, if participated in alternate assessment F or N False or No, if not or leave blank
<b>F. Exit Data</b>				
42	EXIT_DATE	Date	8	Date student exited special education program or from district or SELPA (MM/DD/CCYY) (CCYYMMDD) in ASCII
43	EXIT_RESON	Character	2	Reason for exiting special education program or from district or SELPA 70 Returned to regular education or no longer eligible for special education or successful completion of IFSP 72 Graduated from high school with differential proficiency standards or certificate of completion 73 Reached maximum age 74 Dropped out, includes attempts to contact unsuccessful 75 Expelled 76 Moved and known to be continuing (transferred), includes transfer to another program 77 Deceased 78 Parent withdrawal 79 (Do not use) 80 Moved and <i>not</i> known to be continuing 81 Received high school proficiency certificate through General Educational Development (GED) test

**Table G2**  
**CASEMIS Infant Services Data Table 1999-00 School Year (Final)**

Field Number	Field Name	Type	Column Width (Number of Characters)	Field Description, Format, and Codes
<b>A. Report Identification</b>				
1	REPT_DATE	Date	8	Date of report (MM/DD/CCYY) (CCYYMMDD) in ASCII
<b>B. LEA Identification</b>				
2	SELPA_CODE	Character	4	SELPA or state-operated program reporting data (CCCC)  Use four-digit SELPA code from the SELPA code list.
<b>C. Student Demographics</b>				
3	STUDENT_ID	Character	16	Student identification code (CCCCCCCCCCCCCCCC)  Use Social Security number or any combination of alphanumeric characters currently used by SELPA or the local educational agency.  <i>Note:</i> This is the same code as the student identification code in CASEMIS Student Data Table (see Table G1, Field #10).
<b>D. DIS/Related Service Information</b>				
4	SERVICE	Character	2	A DIS or related service received by the student 30 Family training, counseling, and home visits 31 Medical services (for evaluation only) 32 Nutrition services 33 Service coordination 34 Special instruction 35 Special education aide in regular development class child care center or family child care home 50 Language and speech 53 Audiological services 57 Occupational therapy 58 Physical therapy 59 Orientation and mobility 62 Social work services 66 Vision services

*Note:* Numbered data fields in bold pertain to infants, toddlers, and preschoolers.

<i>Field Number</i>	<i>Field Name</i>	<i>Type</i>	<i>Column Width (Number of Characters)</i>	<i>Field Description, Format, and Codes</i>
<i>(#4 continued)</i>				
			68	Psychological services
			71	Specialized services for low-incidence disabilities
			72	Health and nursing—specialized physical health care services
			73	Health and nursing—other services
			75	Education technology services
			76	Behavior management services
			77	Assistive services
			86	Deaf and hard-of-hearing services
			87	Respite care services
			90	Transportation
			99	Other special education services
5	AGENCY	Character	2	Agency that provides the DIS or related service
			10	District of service/enrollment
			11	County office of education
			12	SELPA
			13	Another district, county, or SELPA
			20	Regional Center
			21	Alcohol and drug programs
			22	Child Development-funded program
			23	Head Start
			30	Department of Mental Health
			31	California Children Services
			32	Department of Social Services
			33	Department of Rehabilitation
			34	Employment Development Dept.
			40	Nonpublic agency under contract with SELPA or district
			50	Other public program
			60	Other private program
6	LOCATION	Character	3	Location where the student receives the service
			210	Program designed for children with developmental delay or disabilities
			220	Program designed for typically developing children
			420	Residential facility
			430	Home
			440	Hospital (inpatient)
			520	Service provider's location
			900	Any other location or setting

<i>Field Number</i>	<i>Field Name</i>	<i>Type</i>	<i>Column Width (Number of Characters)</i>	<i>Field Description, Format, and Codes</i>
7	FREQUENCY	Character	2	Frequency with which child receives the DIS or related service 11 Daily, once a day 12 Daily, twice a day 13 Daily, three times a day 14 Daily, four times a day 15 Daily, five or more times a day 21 Weekly, once a week 22 Weekly, twice a week 23 Weekly, three times a week 24 Weekly, four times a week 25 Weekly, five or more times a week 31 Monthly, once a month 32 Monthly, twice a month 33 Monthly, three times a month 34 Monthly, four times a month 35 Monthly, five or more times a month 41 Yearly, once a year 42 Yearly, twice a year 43 Yearly, three times a year 44 Yearly, four times a year 45 Yearly, five or more times a year 90 Any other frequency or as needed
8	DURATION	Character	4	Number of minutes per session (NNNN)

# Glossary

**T**his glossary provides definitions of terms and categories as they are provided in federal and state laws. *CFR* refers to *Code of Federal Regulations*, *EC* refers to *Education Code*, *CCR* refers to *California Code of Regulations*, *GC* refers to *Government Code*, *B&PC* refers to *Business and Professions Code*, and *W&IC* refers to *Welfare and Institutions Code*.

## Disability Categories

**autism (AUT).** A developmental disability significantly affecting verbal and nonverbal communication and social interaction that adversely affects a child’s educational performance and is generally evident before age three.

Characteristics of autism include irregularities and impairments in communication, engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

If a child manifests characteristics of the disability category “Autism” after age three, that child still could be diagnosed as having autism if the criteria cited above are satisfied (34 *CFR* Part 300.7).

**deaf.** A hearing impairment so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance (34 *CFR* Part 300.7).

**deaf-blind (DB).** Concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children (34 *CFR* Part 300.7).

**emotionally disturbed (ED).** A condition exhibiting one or more of the following characteristics over a long period and to a

marked degree, which adversely affects a child’s educational performance:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
3. Inappropriate types of behavior or responses under normal circumstances
4. A general pervasive mood of unhappiness or depression
5. A tendency to develop physical symptoms or fears associated with personal or school problems

The term includes children who are schizophrenic but does not include those who are socially maladjusted unless it is determined that they exhibit one or more of the characteristics previously listed (34 *CFR* Part 300.7).

**hard of hearing (HH).** A hearing impairment, whether permanent or sporadic, that adversely affects a child’s educational performance and is not included under the definition of “deaf” in this section (34 *CFR* Part 300.7).

**hearing impaired (HI).** A federal category of disability that includes both hard of hearing and deaf individuals as previously defined.

**mentally retarded (MR).** Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental

period. The condition adversely affects a child's educational performance (34 *CFR* Part 300.7).

***multihandicapped (MH)***. A combination of concomitant impairments (such as mentally retarded blind, mentally retarded orthopedically impaired, etc.) that causes such severe educational problems that students cannot be accommodated in special education programs for solely one of the impairments. The term does not include deaf-blind children (34 *CFR* Part 300.7).

***orthopedically impaired (OI)***. A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures) (34 *CFR* Part 300.7).

***other health-impaired (OHI)***. Limited strength, vitality, or alertness due to chronic or acute health problems, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affect a child's educational performance (34 *CFR* Part 300.7).

***specific learning disability (SLD)***. A disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems that are primarily the result of visual, hearing, or motor handicaps; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage (34 *CFR* Part 300.7).

***speech and language impaired (SLI)***. A communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects

a child's educational performance (34 *CFR* Part 300.7).

***traumatic brain injury (TBI)***. An injury to the brain caused by an external physical force or by an internal occurrence, such as a stroke or an aneurysm, resulting in total or partial functional disability or psychosocial maladjustment that adversely affects a child's educational performance. The term includes open or closed head injuries resulting in mild, moderate, or severe impairments in one or more areas, including cognition, language memory, attention, reasoning, abstract thinking, judgment, problem solving, psychosocial behavior, physical functions, information processing, speech, and sensory, perceptual, and motor abilities. The term does not include brain injuries that are congenital or degenerative or those induced by birth trauma (34 *CFR* Part 300.7).

***visually impaired (VI)***. A visual impairment that, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children (34 *CFR* Part 300.7).

### State Placement Categories

***designated instruction and services (DIS)***. A placement setting where services and instruction are necessary for the pupil to benefit educationally from his or her instructional program. The instruction and services shall be provided by the regular class teacher, the special class teacher, or the resource specialist if the teacher or specialist is competent to provide such instruction and services and if the provision of such instruction and services by the teacher or specialist is feasible. If not, the appropriate DIS specialist shall provide such instruction and services (*EC* 5636[a]).

***nonpublic school (NPS)***. Also known as nonsectarian school, it is a placement setting in California (under the data field ***PLACEMENT***) that provides appropriate special education services or facilities to pupils under an individualized education program (IEP), under contract with the district, special education local plan area (SELPA), or county office when no appropriate public education program is available (*EC* 56365 [a]).

**resource specialist program (RSP).** A placement setting that provides instruction and services for those students whose needs have been identified in an IEP and are assigned to regular classroom teachers for most of a school day.

Resource specialists shall not enroll a pupil for most of a school day without prior approval by the superintendent (EC 56362[e]).

**special day classes (SDC).** In a **regular school facility** it is a placement setting that provides intensive instruction and services to pupils when the nature or severity of the disability precludes their participation in the regular school program for most of a school day.

This category includes children placed in self-contained special classrooms with part-time instruction in a regular class or children placed in self-contained special classrooms full time on a regular school campus (EC 56364).

In a **public separate facility** it is a placement setting in which disabled children and youths receive special education and related services for most of the school day in a public separate (isolated) facility.

**state-operated program (SOP).** A program for disabled individuals, administered by a state agency, such as the Department of Developmental Services (DDS) through various state hospitals, development centers, and community projects; the Department of Education through the state special schools; and the California Youth Authority.

### Federal Placement Categories

**home/hospital program.** This category includes students with disabilities who receive special education services in hospital programs or who are placed in homebound programs.

It includes state hospitals, developmental centers, community projects operated by the state agency of developmental services, and teaching hospitals such as UCLA Neuropsychiatric Institute.

**other private school.** Under federal placement categories, this is an option when students with disabilities are placed by their parents or guardians in regular parochial or other private

schools and whose basic education is paid through private resources and who receive special education services at public expense from a local educational agency or SELPA. This definition is not the same as a nonpublic placement setting in California.

**private day school.** Under the federal placement categories, a nonpublic day school, program, or agency where students with disabilities receive special education services for most of the school day at public expense. It does *not* include private residential schools. This definition is not the same as a nonpublic placement setting in California.

**private residential school.** Under federal placement categories, a nonpublic residential facility where students with disabilities receive special education services for most of the school day at public expense. It does *not* include private day schools. This definition is not the same as a nonpublic placement setting in California.

**public residential school.** A public residential facility where students with disabilities receive special education services for most of the school day.

**regular class.** A placement category in which students with disabilities receive special education services 80 to 100 percent of the time on average in a regular education program with nondisabled students.

This category may include (a) a regular class with special education and related services within the regular class; (b) a regular class with instruction within the regular class and with special education services provided outside the regular class; or (c) a regular class with special education services provided in a resource room.

**resource room.** A placement category in which students with disabilities receive special education services 40 to 79 percent of the time on average in a regular education program with nondisabled students. It may include (a) a resource room program with special education services provided in the resource room; or (b) a resource room program with part-time instruction in a regular class.

**separate class.** A placement category in which students with disabilities receive special education services 0 to 39 percent of the time on average in a regular education program with nondisabled students. This may include (a) self-contained special classrooms with part-time instruction in a regular class; or (b) self-contained special classrooms full time on a regular school campus.

This category does *not* include pupils who receive special education services in public or private separate day programs or residential facilities.

**separate school.** Separate school means public separate day school facilities where students with disabilities receive special education services for most of the school day. These facilities are physically separate from the facilities for the regular class students.

### Reasons for Exiting Special Education

**deceased.** Students who exited the education system as a result of death.

**moved and known to be continuing (transfer).** Students who exited the system by formally or informally transferring to another education agency, within or outside the SELPA, where the student is known to be enrolled in special education programs.

**moved and not known to be continuing.** Students who exited from the special education program as a result of moving from their reported place of residence and for whom no information on continuation of special education services is available.

**parent withdrawal.** Students who exited the special education program as a result of withdrawal from the program by the parent.

**returned to regular education or no longer eligible for special education.** Students who returned to the regular education program and did not exit from the education system. This includes infants and preschoolers who are no longer eligible to receive special education and related services.

### Selected DIS Services

**assistive services.** The term includes providing a functional analysis of the student's

needs; selecting, designing, fitting, customizing, or repairing appropriate devices; coordinating services with assistive technology devices; providing training or technical assistance for a student with a disability, the student's family, individuals providing education or rehabilitation services, and employers (34 *CFR* Part 300.6).

**audiological services.** These services include measurements of acuity, monitoring amplification, and frequency modulation system use. Consultation services with teachers, parents, or speech pathologists must be identified in the IEP as to reason, frequency, and duration of contact; infrequent contact is considered assistance and would not be included (*CCR* Title 5, Section 3051.2).

**behavior management services.** A systematic implementation of procedures designed to promote lasting, positive changes in the student's behavior resulting in greater access to a variety of community settings, social contacts, public events, and placement in the least restrictive environment (*CCR* Title 5, Section 3001[d]).

**deaf and hard of hearing services.** These services include speech therapy, speech reading, auditory training and/or instruction in the student's mode of communication. It may include rehabilitative and educational services; adaptations of curricula, methods, and the learning environment; and special consultation to students, parents, teachers, and other school personnel (*CCR* Title 5, sections 3051.16 and 3051.18).

**education technological services.** Any specialized training or technical support for incorporating assistive devices, adapted computer technology, or specialized media with educational programs to improve access for students.

**group counseling.** Counseling in a group setting, provided by a qualified individual under an IEP. Group counseling typically involves social skills development but may focus on educational, career, or personal aspects or be conducted with parents or staff members regarding learning problems or guidance programs for students. Group counseling that is required under an IEP is

expected to supplement the regular guidance and counseling program (34 *CFR* 300.16[b][2]; *CCR* Title 5, Section 3051.9).

***guidance services.*** Guidance services include interpersonal, intrapersonal, or family interventions performed in an individual or group setting by a qualified individual in accord with an IEP. Specific programs include social skills development, self-esteem building, parent training, and assistance to special education students supervised by staff credentialed to serve special education students. These services are expected to supplement the regular guidance and counseling program (34 *CFR* 300.16[b][2] and 300.306; *CCR* Title 5, Section 3051.9).

***health and nursing—other services.*** Services that are provided to individuals with exceptional needs by a qualified individual in accord with an IEP when a student has health problems that require nursing intervention beyond basic school health services. Services include managing the health problem, consulting with staff, providing group and individual counseling, making appropriate referrals, and maintaining communication with agencies and health care providers. These services do not include any physician-supervised or specialized health care service.

Health and nursing services required under an IEP are expected to supplement the regular health services program (34 *CFR* 300.16[b][2] and 300.306; *CCR* Title 5, Section 3051.12).

***health and nursing—specialized physical health care services.*** Services provided under an IEP, such as catheterization, nebulizer treatments, blood glucose monitoring, administration of oxygen, and other specialized services, in an education setting; the service may be provided by a trained staff member and does not require the direction or supervision of a physician.

***home and hospital.*** Services delivered in the home or hospital to a student when the student, for medical reasons (including psychiatric reasons) or any other reason is unable to attend school.

***individual and small-group instruction.***

Instruction delivered one-to-one or in a small group, as specified in an IEP, enabling the individual(s) to participate effectively in the total school program.

***individual counseling.*** One-on-one counseling provided by a qualified individual under an IEP. Counseling may focus on educational, career, or personal issues or be conducted with parents or staff members regarding learning problems or guidance programs for students. Individual counseling is expected to supplement the regular guidance and counseling program (34 *CFR* 300.16[b][2]; *CCR* Title 5, Section 3051.9).

***interpreter services.*** Sign language interpretation of spoken language to individuals whose communication is normally sign language by a qualified sign language interpreter.

This includes conveying information through the sign system of the student or consumer and tutoring students regarding class content through the sign system of the student (34 *CFR* Part 300.12).

***itinerant services.*** Services provided by an individual who travels from site to site providing services in language and speech development and remediation; audiological services; orientation and mobility instruction; physical or occupational therapy; psychological services; services other than assessment or development of the IEP; health and nursing services; and vision services.

***language and speech.*** Language and speech services provide remedial intervention for eligible individuals with difficulty understanding or using spoken language. The difficulty may result from problems with articulation (excluding abnormal swallowing patterns, if that is the sole assessed disability); abnormal voice quality, pitch, or loudness; fluency; hearing loss; or the acquisition, comprehension, or expression of spoken language. Language deficits or speech patterns resulting from unfamiliarity with the English language and from environmental, economic, or cultural factors are not included.

Services include referral and assessment, specialized instruction and services, monitoring, reviewing, and consultation. They may be direct or indirect, including the use of a speech consultant.

**occupational therapy (OT).** Occupational therapy includes services to improve the student's educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social and play abilities, and fine-motor muscle abilities.

Both direct and indirect services may be provided within the classroom, other educational settings, or the home and may be provided in a group or individually. They may include therapeutic techniques to develop abilities, adaptations to the student's environment or curriculum, and consultation and collaboration with other staff and parents. Services are provided under an IEP by a qualified occupational therapist registered with the American Occupational Therapy Certification Board (*CCR* Title 5, Section 3051.6; *EC* Part 30, Section 56363).

**orientation and mobility.** Students with identified visual impairments are trained in body awareness and in an understanding of how to move. Students are trained to develop skills so they can travel safely and independently around the school and in the community. Orientation and mobility may include consultation services provided to parents whose children require such services under an IEP.

**parent counseling.** Individual or group counseling provided by a qualified individual under an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs; it may include parenting skills or other pertinent issues. Parent counseling that is required under an IEP is expected to supplement the regular guidance and counseling program (34 *CFR* 300.16[b][2] and 300.306; *CCR* Title 5, Section 3051.11).

**physical therapy.** Services provided under an IEP by a registered physical therapist, or

physical therapist assistant, when assessment shows a discrepancy between gross motor performance and other educational skills. Physical therapy includes, but is not limited to, motor control and coordination, posture and balance, self-help, functional mobility, accessibility, and use of assistive devices. Services may be provided within the classroom, other educational settings, or the home and may be provided in groups or individually. These services may include adaptations to the student's environment and curriculum, selected therapeutic techniques and activities, and consultation and collaborative interventions with staff and parents (*B&PC* Chapter 5.7; *CCR* Title 5, Section 3051.6; *EC* Part 30, Section 56363; *GC-Interagency Agreements* Chapter 26.5, Section 7575[a][2]).

**psychological services.** Services provided by a credentialed or licensed psychologist in accord with an IEP that include interpreting assessment results to parents and staff in implementing the IEP; obtaining and interpreting information about child behavior and conditions related to learning; and planning programs of individual and group counseling and guidance services for children and parents.

These services may include consulting with other staff in planning school programs to meet the special needs of children as indicated in the IEP (*CFR* Part 300, Section 300.17).

Psychological services required under an IEP are expected to supplement the regular guidance and counseling program (34 *CFR* 300.16[b][2] and 300.306; *CCR* Title 5, Section 3051.10).

**recreational services.** Therapeutic recreation programs assist the student in becoming as independent as possible in leisure activities and recreation programs in schools and community agencies (*CCR* Title 5, Section 3051.15).

**social work services.** Services provided under an IEP by a qualified individual include, but are not limited to, preparing a social or developmental history of a child with a disability; providing group and

individual counseling with the child and family; working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program. Social work services are expected to supplement the regular guidance and counseling program (34 *CFR* 300.16[b][2] and 300.306; *CCR* Title 5, Section 3051.11).

***specialized services for low-incidence disabilities.*** Those services provided to students who are orthopedically impaired (OI), visually impaired (VI), deaf, hard of hearing (HH), or deaf-blind (DB). Typically, services are provided in education settings by an itinerant teacher or the itinerant teacher/specialist. Consultation is provided to the teacher, staff, and parents as needed. These services, including frequency and duration of the services to the student, must be clearly written in the student's IEP (*CCR* Title 5, Sections 3051.16 and 3051.18).

***vision services.*** This is a broad category of services provided to students with visual impairments. It includes assessment of functional vision; curriculum modifications necessary to meet the student's educational needs, including braille, large type, and aural media; instruction in areas of need; concept development and academic skills; communication skills (including alternative modes of reading and writing); social, emotional, career, vocational, and independent living skills.

It may include coordination with other personnel providing services to the students (such as transcribers, readers, counselors, orientation and mobility specialists, career/vocational staff, and others) and collaboration with students' classroom teachers (*CCR* Title 5, Section 3030[d]; *EC* 56364.1).

### **Selected School Types**

***adult education program.*** This category includes programs such as parenting, basic education, high school diploma, English as a second language, citizenship, short-term vocational education, programs for older adults and adults with disabilities, home

economics education, and health and safety to provide or improve the skills of adults (e.g., Mommy and Me parenting classes).

***charter school.*** A public school organized by a group composed of teachers, parents, and community members and sponsored by an existing local public school board or a county board of education. The specific goals and operating procedures for the charter school are spelled out in the agreement between the board and the organizers. The school is free from the constraints of most state statutes and regulations.

***child development or child care facility.*** Any residence or building or part thereof in which child care and development services are provided. The facility must be licensed by the State Department of Social Services.

***community college.*** This includes specialized services and educational programs in academics, reading and mathematics labs, vocations and careers, and community development skills offered by the community colleges for students over high school age.

***extended day care.*** An extended school day program that provides educational activities that are appropriate to the ages of the students and that capture the students' interests and needs (*EC* 58752).

***Head Start program.*** A part-day comprehensive child development program for children three to five years of age from low-income families. This program provides four types of services: education, social services, parent involvement, and health. Head Start is mandated to reserve a minimum of 10 percent of its enrollment to preschool-age children with disabilities.

***home school at parent's home.*** An alternative to classroom instruction when a medical report states and certifies that the student's diagnosed condition prevents him or her from attending a school setting. Instruction may be delivered individually, in small groups, or by teleclass (*CCR* Title 5, Section 3051.4).

***hospital facility.*** The educational needs of students who are placed or who reside in a public hospital, state-licensed children's

hospital, psychiatric hospital, proprietary hospital, or a health facility for medical purposes are the responsibility of and are provided by the school district or county office of education in which the hospital or facility is located (*EC* 56167–56168).

***juvenile court schools.*** An alternative program that serves the educational needs of students who are under the protection or authority of the juvenile court or local school district. The county office of education provides for the education programs in juvenile ranches, camps and schools, and juvenile halls. Students are placed in juvenile court schools when referred by the juvenile court or a deputy probation officer. These programs seek to shift the students to an appropriate educational, training, or employment setting upon their release or after the court terminates jurisdiction (*W&IC* Section 202 et seq.; *EC* 1980 et seq.).

***nonpublic day school.*** A nonpublic, nonsectarian day school (under the field *SCH\_TYPE*) that enrolls individuals with exceptional needs under an IEP, employs at least one special educator, and is certified by the Department (*EC* 56034). This definition is not the same as that of a nonpublic placement setting under the field *PLACEMENT*.

***nonpublic residential school.*** A nonpublic, nonsectarian school (under the field *SCH\_TYPE*) that enrolls individuals with exceptional needs under an IEP, employs at least one special educator, and is certified by the Department. This school provides an educational program at the same location where the student resides (often a licensed children’s institution) (*EC* 56034). This definition is not the same as that of a nonpublic placement setting under the field *PLACEMENT*.

***parochial school.*** A school that is affiliated with or run by a religious organization.

***private day school (not certified by special education).*** A school, sectarian or nonsectarian, that is not administered by a public agency and does not provide special education services. Students attending this school do not reside on the school premises. The public school district where the private day

school is located is responsible for the provision of special education to any eligible student attending this school. This definition is not the same as that of a nonpublic placement setting under the field *PLACEMENT*.

***private preschool.*** A preschool program (under the field *SCH\_TYPE*) operated by a private agency that provides basic supervision, age-appropriate activities, nutrition for children ages three to five, and parent education. This definition is not the same as that of a nonpublic placement setting under the field *PLACEMENT*.

***private residential school (not certified by special education).*** A school, sectarian or nonsectarian, that is not administered by a public agency and does not provide special education and services. The student resides at this school, although a private residential school may provide a combination of residential and day programs. The status of a student (whether day or residential) will depend on where the student resides. The public school district in which the private residential school is located is responsible for providing appropriate special education and services for eligible students attending the school. This definition is not the same as that of a nonpublic placement setting under the field *PLACEMENT*.

***public day school.*** A school operated or administered by a public agency in daytime to provide instruction in general education. This category includes schools listed in the *California Public School Directory* published by the California Department of Education. It does not include residential schools or other types of schools listed under this field.

***public residential school.*** A school operated or administered by a public agency to provide instruction in general education and one where students reside at the same location. This category does not include any other types of schools listed under this field.

***State Preschool program.*** Part-day comprehensive developmental programs for children three to five years of age from low-income families. The programs include educational development, health services, parent education

and participation, program evaluation, and staff development.

### Infant Placement Categories

**Early Intervention center/classroom.** An organized program lasting at least one hour provided regularly for a group of children. The program usually addresses several developmental areas.

**family child care.** Services provided to the child in a home, but where the home is *not* the principal residence of the child's family.

**home.** The principal residence of the child's family or caregivers where services are provided.

**hospital (inpatient).** A residential medical facility in which the child receives services on an inpatient basis.

**outpatient service facility.** A center, clinic, or hospital that provides outpatient services for infants or toddlers for short periods (e.g., 45 minutes). These services may be provided to individuals or to a small group of children.

**regular nursery school or child care center.** A facility in which services are provided and

that is regularly attended by a group of children, most of whom do not have disabilities.

**residential facility.** A treatment facility that is not primarily medical in nature but one in which the infant or toddler currently resides in order to receive early intervention services.

**other setting.** Any service setting not described by the settings or programs listed previously. For example, if the only component of the infant's early intervention services is parent counseling during which the child is not present and the child receives no direct services, the setting counts as "Other."

Children should be reported according to the type of *program* being operated at a facility, not by the type of facility. For example, children in an early intervention classroom program operated at a hospital should be counted under "Early Intervention Classroom or Center Program." Children who receive physical therapy at a hospital on an outpatient basis should be counted under "Outpatient Service Facility." Children who are patients in a hospital are counted under "Hospital."



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## Publications Available from the Department of Education

This publication is one of over 600 that are available from the California Department of Education. Some of the more recent publications or those most widely used are the following:

Item no.	Title (Date of publication)	Price
1379	Assessing and Fostering the Development of a First and a Second Language in Early Childhood—Training Manual (1998) .....	19.00
1356	Best Practices for Designing and Delivering Effective Programs for Individuals with Autistic Spectrum Disorders (1997) .....	10.00
1436	California Department of Education Early Start Program Guide (1998) .....	10.00
1285	Continuity for Young Children (1997) .....	7.50
1431	Early Identification/Early Intervention of Young Children with Emotional and Behavioral Issues: Trainer of Trainers Manual (1998) .....	30.00
1410	Ear-Resistible: Hearing Test Procedures for Infants, Toddlers, and Preschoolers, Birth Through Five Years of Age (1998) ....	10.00
1430	Every Little Bite Counts: Supporting Young Children with Special Needs at Mealtime (1998) .....	14.75
1475	First Class: A Guide for Early Primary Education (1999) .....	12.50
1388	First Look: Vision Evaluation and Assessment for Infants, Toddlers, and Preschoolers, Birth Through Five Years of Age (1998) .....	10.00
1378	Fostering the Development of a First and a Second Language in Early Childhood: Resource Guide (1998) .....	10.75
1365	Fresh Fruit and Vegetable Photo Cards (1997) .....	30.00
1464	Handbook on Family Involvement in Early Childhood Special Education Programs (1999) .....	11.25
0737	Here They Come: Ready or Not—Report of the School Readiness Task Force (summary report) (1988) .....	\$5.00
1252	Just Kids: A Training Manual for Working with Children Prenatally Substance-Exposed (1996) .....	22.25
1227	Keeping Kids Healthy: Preventing and Managing Communicable Disease in Child Care (1995) .....	15.00
1384	Observing Preschoolers: Assessing First and Second Language Development (video) (1998) .....	12.00
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1032	Program Guidelines for Individuals Who Are Severely Orthopedically Impaired (1992) .....	10.00
1289	Program Guidelines for Students Who Are Visually Impaired, 1997 Revised Edition .....	10.00
1256	Project EXCEPTIONAL: A Guide for Training and Recruiting Child Care Providers to Serve Young Children with Disabilities, Volume 1 (1996) .....	20.00
1257	Project EXCEPTIONAL: A Guide for Training and Recruiting Child Care Providers to Serve Young Children with Disabilities, Volume 2 (1996) .....	30.75
1399	Ready to Learn—Quality Preschools for California in the 21st Century: The Report of the Superintendent’s Universal Preschool Task Force (1998) .....	8.00
1315	Reducing Exceptional Stress and Trauma: Curriculum and Intervention Guidelines (1997) .....	17.00
1316	Reducing Exceptional Stress and Trauma: Facilitator’s Guide (1997) .....	18.00
1318	Room at the Table: Meeting Children’s Special Needs at Mealtimes (video and guide) (1997) .....	17.00
1383	Talking with Preschoolers: Strategies for Promoting First and Second Language Development (video) (1998) .....	12.00
1255	Taking Charge: A Disaster Preparedness Guide for Child Care and Development Centers (1996) .....	10.25
1260	Today’s Special: A Fresh Approach to Meals for Preschoolers (video and guide) (1996) .....	17.00*

\* Also available in a Spanish edition of both video and guide (item no. 1262) at same price.

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