

INTERAGENCY AGREEMENT

BETWEEN

COMMUNITY ACTION PARTNERSHIP
OF SAN LUIS OBISPO COUNTY, INC.

Providing Head Start, Early Head Start, Migrant and
Seasonal Head Start, and State Child Development
programs

&

SAN LUIS OBISPO COUNTY
SPECIAL EDUCATION LOCAL PLAN AREA

2019 - 2022

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LOCAL INTERAGENCY AGREEMENT

This agreement is between the Community Action Partnership of San Luis Obispo County, Inc., CAPSLO Early Education and Child Care Programs and the Special Education Local Plan Area (SELPA) of San Luis Obispo County.

The purpose of this local agreement is to provide guidelines and working procedures for staff and designees of the San Luis Obispo County SELPA, and the Community Action Partnership of San Luis Obispo County, Inc., CAPSLO Early Education and Child Care Programs; the grantees responsible for the implementation of the State Interagency Agreement. The State-level agreement is between the California Department of Education and the Administration for Children, Youth and Families (ACYF), California Region IX Head Start Programs.

The basic intent of this agreement is to coordinate services for individuals with exceptional needs, ages three to five years, inclusive, served by the agencies, and to delineate the responsibilities of these agencies for the delivery of services.

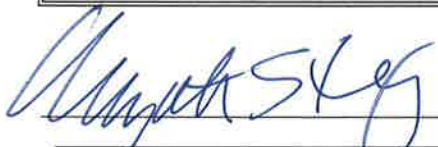
This agreement is entered into in order to provide a systematic, effective, continuum of service options to individuals with exceptional needs and their parents. The implementation of this agreement will ensure interagency coordination, smooth, timely transition of children from one agency to another and effective utilization of agency resources to meet the needs of individuals with exceptional needs.

Review of Interagency Agreement

It is our plan to review this agreement *every three years* and make changes, as necessary or as required by new legislation. No additions, deletions, or modifications may be made to this agreement without the joint, written approval of the parties to the agreement.

This document is in effect until replaced by a revised interagency agreement signed by all parties.

The current date of adoption is: July 2019



Elizabeth "Biz" Steinberg, Chief
Executive Office, Community Action
Partnership of San Luis Obispo County,
Inc.

9/4/19

Date
Liz Smith, Director
San Luis Obispo County SELPA

8/22/19

Date

PURPOSE STATEMENT

The purpose of this agreement is to provide guidelines and working procedures between local education agencies of San Luis Obispo County and the Community Action Partnership of San Luis Obispo County, CAPSLO Early Education and Child Care Programs for the provision of services to preschool children eligible for special education in compliance with federal and state laws and regulations under IDEA law of 2004 and the Head Start Law of 2007.

It is the intent of this agreement to:

1. Define which services will be provided by each agency, coordinate services for individuals with exceptional needs (ages three years to compulsory school age) in the most effective manner and to delineate the responsibilities of these agencies for the delivery of services;
2. Ensure that cooperative arrangements between local education agencies, SELPA and CAPSLO Early Education and Child Care Programs are developed, implemented and preserved.
3. Ensure that preschool children eligible for special education and related services receive a free, appropriate public education (FAPE), as required by law, in the least restrictive environment.
4. Ensure interagency coordination, smooth and timely transition of children from one agency to another;
5. Ensure that each agency maintains communication and shares leadership responsibility at the local level so that available resources are utilized in the most effective manner.

PROGRAM MANDATES

Responsibilities of Local Education Agencies

1. Mandated to serve eligible children with disabilities from birth through compulsory school age.
2. Provide assessment in all areas of suspected disability upon receipt of a written request for assessment.
3. Hold an Individualized Family Service Plan (IFSP) meeting within 45 days of written parental authorization for assessment or IEP team meeting within 60 days of receipt of written parental authorization for assessment. At this meeting, the assessment results are reviewed, eligibility determined and, if appropriate, special education services are determined.

Responsibilities of CAPSLO Early Education and Child Care Programs

1. Recruit, enroll and serve eligible children ages three to compulsory school age. A minimum of 10% of children with disabilities will be enrolled in the program, including severe disabilities if the IEP team deems Head Start as an appropriate placement for the child and the family is eligible for CAPSLO Early Education and Child Care Programs.
2. Screen children and begin needed services by 45 calendar days after the child enters the program. Screening consists of standardized health screening and developmental screening which includes speech, hearing and vision.
3. Refer children found to be “at risk” to the appropriate professionals for diagnostic evaluation.
4. Implement IEP, when appropriate, to provide the appropriate services for children with disabilities.
5. Work with other agencies in order to provide services for children with disabilities.

AGREEMENT TOPIC AREAS

1. **CHILD FIND/SCREENING/REFERRAL:**

All children with disabilities who require special education must be identified, located and evaluated. (California Education Code sections 56300-56302, IDEA Part B Regulations 34 CFR section 300.220, Head Start – 45 CFR 1304.20(b), 1308.4, 1308.6(b),(c),(e))

EDUCATION LEAs of San Luis Obispo County	CAPSLO Early Education and Child Care Programs
<ol style="list-style-type: none"> 1. Shall include CAPSLO Early Education and Child Care Programs in the child-find system. 2. The local LEA will assign a case carrier who will contact CAPSLO Early Education and Child Care Programs personnel as indicated on the referral. 3. Each LEA shall exchange with CFS Disabilities Coordinator or designated staff: <ol style="list-style-type: none"> a. Special education eligibility criteria and program information. The child's difficulties shall not be due primarily to unfamiliarity with the English language; temporary physical disabilities; social maladjustment; or environmental, cultural or economic factors. b. Procedures for request for consultation about program eligibility and referral for special education. c. Copies of all current IEP forms, parent rights and procedures. 	<ol style="list-style-type: none"> 1. Shall participate in the local education agency's (LEA's) child-find system. 2. CAPSLO Early Education and Child Care Programs will designate a coordinator of services for children with disabilities, who will ensure designated staff disseminates referrals to LEAs. 3. CAPSLO Early Education and Child Care Programs will exchange with LEA case carriers: <ol style="list-style-type: none"> a. CAPSLO Early Education and Child Care Programs eligibility criteria and program information; b. CAPSLO Early Education and Child Care Programs enrollment procedures, general eligibility requirements, slot sharing, dual enrollment, variations, and program options being offered; c. Procedures for identification of and provision of disability services for CAPSLO Early Education and Child Care Programs; d. Will Provide results of hearing, vision and developmental screenings as requested by LEAs

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| <p>4. Will coordinate with CAPSLO Early Education and Child Care Programs in screening activities. Appropriate district liaison participates, upon request, in CAPSLO Early Education and Child Care Programs pre-referral consultation.</p> <p>5. District of residence accepts referral for special education eligibility determination and within 15 days develops an Assessment Plan.</p> | <p>4. CAPSLO Early Education and Child Care Programs screens all children enrolled. For children suspected to be in need of special education, CFS Disabilities Coordinator, or designee, will refer to the LEA special education program.</p> <p>5. CFS Disabilities Coordinator, or designee, will notify/support the parent and follow referral procedures for the district of residence for assessment and consideration of special education eligibility. CAPSLO Early Education and Child Care Programs will provide a signed release of information with the referral enabling CAPSLO Early Education and Child Care Programs and the district of residence to exchange information.</p> |
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2. ASSESSMENT/EVALUATION:

Each child who is suspected of having a disability and needing special education who is referred for assessment shall have the benefits of a Tran disciplinary assessment process, and no single procedure shall be used as sole criterion for assessment. (California Education Code sections 56320-56321(a), IDEA PART B, 34 CFR Part 300.532, Head Start – 45 CFR 1308.6)

<p align="center">EDUCATION LEAs of San Luis Obispo County</p>	<p align="center"><u>CAPSLO Early Education and Child Care Programs</u></p>
<ol style="list-style-type: none"> 1. Coordinate with CAPSLO Early Education and Child Care Programs to ensure parents are informed of their rights. 2. District of residence shall develop an assessment plan and utilize screening results and additional information provided by CAPSLO Early Education and Child Care Programs in the development of the plan. 3. District of residence shall obtain written parental consent to Assessment Plan and implement the plan, providing a copy to the local CAPSLO Early Education and Child Care Programs. 4. District of residence shall be responsible for assessment, according to the Individuals with Disabilities Education Act, California Education Code, and corresponding regulations, of all children referred for assessment to determine eligibility for special education. The LEA is responsible to ensure: <ol style="list-style-type: none"> a. Shall respond and process referrals within applicable legal timelines. The parent or guardian of the pupil shall be given, in writing, a proposed assessment plan within 15 days of the referral for assessment not counting days between the pupil's regular school sessions or terms or days of school vacation in excess of five schooldays from the date of receipt of the referral, unless the parent or guardian agrees, in writing, to an extension. (EC 56321(a)) b. Shall conduct assessments using appropriately qualified personnel. (EC 56320) 	<ol style="list-style-type: none"> 1. Coordinate with LEA to ensure parents are informed of their rights. 2. CAPSLO Early Education and Child Care Programs shall provide additional information, including screening results to assist in the development of an assessment plan. 3. CAPSLO Early Education and Child Care Programs shall obtain written parental consent and participate with the LEA in implementation of the assessment plan, as appropriate. 4. CAPSLO Early Education and Child Care Programs shall be responsible for health screening/assessment (medical, dental, nutritional, and development) not performed by the LEA as part of the assessment for conditions resulting from a disability.

- c. Shall conduct assessments so as not to be racially, culturally, or sexually discriminatory.
(EC 56001(j) and 56320)
- d. Shall conduct assessment in all areas of suspected disability.
(EC 56320(f))
- e. Within 60 days of referral, shall conduct a meeting to review the assessment, determine eligibility and, if eligible, develop the IEP.
(EC 56344)

For children enrolled in Migrant Seasonal and Regional Head Start (Region XII) programs, develop the IEP, as soon as possible following the determination that the child needs special education related services.

- f. The assessment shall be conducted using a multidisciplinary team of professionals. (EC 56441.6 and 56426.6)
- g. The assessment shall be administered in the child's primary language unless it is clearly not feasible to do so.
(EC 56320(b)(1))

- 5. District of residence shall be responsible for informing parents of assessment results CAPSLO Early Education and Child Care Programs should be invited.
- 6. District of residence will release, with written parental consent, assessment information and the diagnostic summary to CAPSLO Early Education and Child Care Programs.

- 5. CFS Disabilities Coordinator or designee may assist parent(s) as appropriate and necessary when parent(s) receive assessment results.
- 6. CFS Disabilities Coordinator or designee will review assessment information and CFS staff will keep copy in Child's File, along with IEP copy to guide curriculum and individualization plans for child.

3. INDIVIDUALIZED EDUCATION PROGRAM (IEP):

An Individual Education Plan must be developed and implemented for each child with a disability to receive special education and related services in the least restrictive environment (California Education Code section 56340-56382 – section 56445 (a-d), IDEA PART B, section 300.550-300.554; 45 CFR 1304.20(f)(2)(iv), 1308.19)

NOTE: Both LEAs and CAPSLO Early Education and Child Care Programs have responsibilities for development and implementation of IEPs. When children are eligible for both LEA special education and MSHS/Regional HS, it is intended that the IEP process be collaborative between the two agencies. IEP procedures for the two systems are differentiated as follows:

Jointly developed IEPs

- ◆ When both agencies participate in the development and implementation of the IEP, it will be referred to as a jointly developed IEP.
- ◆ For children eligible for CA special education, LEA special education IEP forms and procedures are used.

EDUCATION LEAs of San Luis Obispo County	CAPSLO Early Education and Child Care Programs
<ol style="list-style-type: none"> 1. Shall develop an IEP for each child who has been assessed by the LEA within 60 days of receipt of the parents written consent for assessment. (EC 56344) 2. The LEA shall include CAPSLO Early Education and Child Care Programs personnel in the development of the IEP when the child is enrolled in CAPSLO Early Education and Child Care Programs or is being considered for enrollment in CAPSLO Early Education and Child Care Programs. (EC 56341 (b)(2) and (c)) 2. Send written notification to CAPSLO Early Education and Child Care Programs of IEPs for children enrolled or planning enrollment in Head Start. 3. Not applicable. 	<ol style="list-style-type: none"> 1. Not applicable. 2. CAPSLO Early Education and Child Care Programs shall participate in the development and implementation of the IEP for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19 (45 CFR 1304.20(f)(2)(iv)) 3. When the LEA develops the IEP, a representative from CAPSLO Early Education and Child Care Programs must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements. (45 CFR 1308.19 (c)) 4. Provide all comprehensive child development services to all children enrolled in CAPSLO Early Education and Child Care Programs. (45 CFR 1308.4(c))

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5. The IEP team shall meet at least annually to review the child's progress (EC 56343 (d)) and include the child's current teacher and parents.(EC 56341 (b)(1)(2)(3))	5. Shall participate at least annually in IEP reviews. (45 CFR 1308.19(e)(7))
6. The LEA will provide CAPSLO Early Education and Child Care Programs with a copy of the IEP with parent consent.	4. CAPSLO Early Education and Child Care Programs will ensure the confidentiality of LEA IEPs.

4. SERVICE DELIVERY:

Children with disabilities and their families shall receive educational and related services as identified in the IEP. (34 CFR 300.500(a), California Education Code, Chapter 4 and section 56441.1(a), Head Start – 45 CFR 1308.4(h))

<p>EDUCATION LEAs of San Luis Obispo County</p>	<p>CAPSLO Early Education and Child Care Programs</p>
<p>1. Shall consider as appropriate settings:</p> <ul style="list-style-type: none"> a. The regular public or private nonsectarian preschool program. b. The child development center or family day-care home. c. The child's regular environment, which may include the home. d. A special site where preschool children with disabilities and children who are not disabled are located close to each other and have an opportunity to share resources and programming. e. A special education program with children who are not disabled attending and participating. f. A public LEA setting which provides an age-appropriate environment, materials and services, and defined by the superintendent. (EC 56441.4(a-f)) 	<p>1. Shall include options of:</p> <ul style="list-style-type: none"> a. Joint placement of children with other agencies; b. Shared provision of services with other agencies; c. Shared personnel to supervise special education services, when necessary to meet state requirements on qualifications; d. Administrative accommodations such as having two children share one enrollment slot when each child's IEP calls for part-time service because of their individual needs; and e. Any other strategies to be used to ensure that special needs are met. These may include: <ul style="list-style-type: none"> i. Increased staff; ii. Use of volunteers; and iii. Use of supervised students in such fields as child development, special education, child psychology, various therapies and family services to assist the staff. (45 CFR 1308.4(j)(1-5))

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<p>2. Shall provide or ensure that services are provided in the child's primary language unless it is clearly not feasible to do so. (EC 56345(b)(2) and 5CCR 3001(s))</p> <p>3. The Local SELPA shall work to coordinate services with CAPSLO Early Education and Child Care Programs. (EC 56195.7(d))</p>	<p>2. Staff and program consultants must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency. (45 CFR 1304.52(b)(4)) CAPSLO Early Education and Child Care Programs can assist with identifying or providing interpreters.</p> <p>3. CAPSLO Early Education and Child Care Programs shall work to coordinate services with the LEA. (45 CFR 1308.4(a)(2), (1), and (m))</p>
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5. TRANSITION:

Young children with disabilities and their families shall be assessed and receive support in planning transitions between special education, Head Start and Kindergarten/elementary programs. (California Education Code (Chapter 4.45, section 56445(a-d)); Code – 45 CFR 1308, section 1308.21, subpart G and section 1308.4(g))

EDUCATION LEAs of San Luis Obispo County	CAPSLO Early Education and Child Care Programs
<ol style="list-style-type: none"> 1. Establish a system with the CAPSLO Early Education and Child Care Programs grantee to ensure a smooth transition of children with disabilities from LEA early intervention programs. 2. Procedures for immediate interim 30 day placement for children with an IEP moving into another LEA shall be implemented according to CA EC 56325. 3. Shall establish a system with CAPSLO Early Education and Child Care Programs to ensure a smooth transition of children with disabilities into the next placement. 	<ol style="list-style-type: none"> 1. Shall establish a system with the LEA to ensure a smooth transition of children with disabilities from infant toddler programs into CAPSLO Early Education and Child Care Programs . (45 CFR 1308.4(g)) 2. If a child enters CAPSLO Early Education and Child Care Programs with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance. (45 CFR 1308.19(k)) 3. Shall establish a system with the LEA to ensure a smooth transition of children with disabilities from CAPSLO Early Education and Child Care Programs into the next placement. (45 CFR 1308.3(g))

6. PROCEDURAL SAFEGUARDS:

Young children with disabilities and their families shall be afforded procedural safeguards and confidentiality of records requirements according to IDEA, (IDEA PART B, Regs. Section 300.500-300.515), California Education Code sections 56500.1 – 56507; and Head Start 45 CFR 1308.6, and 1308.21 (a)(6).

<p>EDUCATION LEAs of San Luis Obispo County</p>	<p>CAPSLO Early Education and Child Care Programs</p>
<p>1. Shall implement all rights and protections of IDEA, including procedural safeguards for IDEA (34 CFR 300.500-300.515), for all individuals with exceptional needs and their parents who are provided special education by the LEA according to California Education Code of Regulations, title 5 regulations, and federal law and regulations.</p> <p>2. Shall inform CAPSLO Early Education and Child Care Programs personnel and parents verbally and in writing of individual rights and protections under IDEA (in their primary language). (EC 56321(a)&(b))</p> <p>3. Shall inform CAPSLO Early Education and Child Care Programs verbally and in writing of procedural safeguards and due process hearing and complaint procedures for all children who are provided special education by the LEA and enrolled CAPSLO Early Education and Child Care Programs (HS) (EC 56500.1(a)&(b))</p>	<p>1. Shall ensure that all rights and protections of IDEA, including confidentiality of records requirements, prior notice, and placement in the least restrictive environment, are provided for all children with disabilities and their parents, according to appropriate state and federal laws and regulations. (45 CFR 1308.6(e)(3)&(4) and 1308.21 (a)(6))</p> <p>2. Shall inform parents verbally and in writing of individual rights and protections under IDEA in their primary language. (45 CFR 1308.21(a)(6)) Shall maintain confidentiality, inform parents of their rights to review their child's records and obtain informed parental consent for evaluation, and maintain other procedural safeguards in a manner to assure that parents understand. (45 CFR 1308.6(e)(4))</p> <p>3. Inform parents verbally and in writing of procedural safeguards, and participate in hearings when requested.</p>

7. TRAINING AND TECHNICAL ASSISTANCE:

Training and technical assistance shall be provided for the implementation of early education programs for preschool children with disabilities. (California Education Code sections 56441.13 – IDEA PART B Regs. (34 CFR section 300.382) – 45 CFR Ch 41, subpart B section 1306.23; 45 CFR 1308.4(0)(7))

<p>EDUCATION LEAs of San Luis Obispo County</p>	<p>CAPSLO Early Education and Child Care Programs</p>
<p>1. The Local SELPA or LEA shall notify CFS Disabilities Coordinator of training opportunities appropriate for special education, early education and due process.</p> <p>2. Appropriate LEA personnel shall participate in CAPSLO Early Education and Child Care Programs -sponsored training programs, as deemed appropriate.</p>	<p>1. CAPSLO Early Education and Child Care Programs shall notify the SELPA and LEA’s contact person of training opportunities being provided or sponsored by CAPSLO which are appropriate for special education, early education and due process.</p> <p>2. CAPSLO Early Education and Child Care Programs personnel as appropriate, shall participate in SELPA/District/County training programs, as deemed appropriate.</p>

8. FUNDING:

EDUCATION LEAs of San Luis Obispo County	CAPSLO Early Education and Child Care Programs
<ol style="list-style-type: none"> 1. Shall finance the cost of special education and related services for all individuals with exceptional needs as specified in the IEP, and for whom the LEA, in accordance with the Local Plan, is mandated to provide special education and related services. 2. May, by mutual agreement with CAPSLO Early Education and Child Care Programs, combine fiscal and service resources in a manner different than #1, above, provided the combination results in increased services to children with disabilities. 3. No agency shall presume or determine eligibility for another agency. 	<ol style="list-style-type: none"> 1. Shall pay for the cost of comprehensive child development services provided to all children enrolled in CAPSLO Early Education and Child Care Programs .* 2. May, by mutual agreement with LEAs, combine fiscal and service resources in a manner different than #1, above, provided the combination results in increased services to children with disabilities. 3. No agency shall presume or determine eligibility for another agency.

* Comprehensive child development services provided to all children enrolled in CAPSLO Early Education and Child Care Programs include: educational, social services, health (nutrition, medical, dental) mental health and disabilities, and parent involvement.

9. DISPUTE RESOLUTION:

Special education and Head Start staff at the state and local levels should address any disputes through a mutually agreed upon process (IDEA 34 CFR Part 300, section 300.142; CCR, title 2, Division 9, Article 9, section 60600).

EDUCATION LEAs of San Luis Obispo County	CAPSLO Early Education and Child Care Programs
<ol style="list-style-type: none"> 1. In the event that misunderstandings or disputes occur between agencies with regard to policies and procedures necessary to accomplish the objectives of this agreement, the staff of the LEA and CAPSLO Early Education and Child Care Programs will meet to develop a mutually agreeable solution. These disputes should be resolved at the lowest administrative level possible. 2. CAPSLO Early Education and Child Care Programs and SELPA agree to the principles and steps listed below to resolve disputes. Nothing in these dispute resolution procedures precludes a parent from initiating due process or complaint procedures. <ol style="list-style-type: none"> a. Case Manager: The first attempt at conflict resolution shall consist of the case/service managers involved in the situation meet in an attempt to resolve the conflict. b. Conflicts which cannot be resolved by the case managers shall be referred to the LEA Director of Special Education and the CAPSLO Early Education and Child Care Programs Deputy Director/ Director. They shall discuss the point(s) of difference. c. Any issue that is unresolved by Step B (above) shall be referred to the CAPSLO CFS Division Director, HS Director and/or Executive Director and to the SELPA Director (or his/her designee) for resolution. 	<ol style="list-style-type: none"> 1. In the event that misunderstandings or disputes occur between agencies with regard to policies and procedures necessary to accomplish the objectives of this agreement, the staff of the LEA and CAPSLO Early Education and Child Care Programs will meet to develop a mutually agreeable solution. These disputes should be resolved at the lowest administrative level possible. 2. CAPSLO Early Education and Child Care Programs and SELPA agree to the principles and steps listed below to resolve disputes. Nothing in these dispute resolution procedures precludes a parent from initiating due process or complaint procedures. <ol style="list-style-type: none"> a. Case Manager: The first attempt at conflict resolution shall consist of the case/service managers involved in the situation meet in an attempt to resolve the conflict. b. Conflicts which cannot be resolved by the case managers shall be referred to the LEA Director of Special Education and the CAPSLO CFS Division Director/HS Director. They shall discuss the point(s) of difference. c. Any issue that is unresolved by Step B (above) shall be referred to the CAPSLO CFS Division Director. HS Director and/or Executive Director and to the SELPA Director (or his/her designee) for resolution.

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3. During any dispute between agencies all children must continue to receive the appropriate services currently being provided.

3. During any dispute between agencies all children must continue to receive the appropriate services currently being provided.

APPENDIX A-1: DEFINITION LEA Definitions

Appropriate**Education**

EC 56001 and C56040

FAPE, as in 'free, appropriate, public education,' is an educational program and related service(s) as determined on an individual basis which meets the unique needs of each individual with exceptional needs. Such an educational program and related service(s) shall be based on goals and objectives as specified in an individualized education program (IEP) and determined through the process of assessment and IEP planning in compliance with state and federal laws and regulations. Such an educational program shall provide the equal opportunity for each individual with exceptional needs to achieve his or her full potential, commensurate with the opportunity provided to other individuals.

Dual Enrollment

Subchapter 1. Special Education 5 CCR 3001 (m)

"Dual enrollment" means the concurrent attendance of the individual in a public education agency and a nonpublic school and/or a nonpublic agency.

IEP

EC 56032

"Individualized education program" means a written document described in Sections 56345 and 56345.1 for an individual with exceptional needs that is developed, reviewed, and revised in a meeting in accordance with Sections 300.340 to 300.350, inclusive, of Title 34 of the Code of Federal Regulations and this part. It also means "individualized family service plan" as described in Section 1436 of Title 20 of the United States Code if the individualized education program pertains to an individual with exceptional needs younger than three years of age.

IEP Team

EC 56341 (g) A member of the individualized education program team may be excused from attending an individualized education program meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if both of the following occur: (1) The parent and the local educational agency consent to the excusal after conferring with the member. (2) The member submits in writing to the parent and the individualized education program team, input into the development of the individualized education program prior to the meeting.

Individual with Exceptional Needs

EC 56026 "Individuals with exceptional needs" means those persons who satisfy all the following: (a) Identified by an individualized education program team as children with disabilities, as that phrase is defined in subparagraph (A) of paragraph (3) of section 1401 of title 20 of the United States Code.

(b) Their impairment, as described by subdivision (a), requires instruction, services, or both, which cannot be provided with modification of the regular LEA program.

(c) Come within one of the following age categories:

(1) Younger than three years of age and identified by the district, the special education local plan area, or the county office as requiring intensive special education and services, as defined by the State Board of Education.

(2) Between the ages of three to five years, inclusive, and identified by the district, the special education local plan area, or the county office as requiring intensive special education and services, as defined by the State Board of Education; or between the ages of three and five years, inclusive, and identified by the district, special education local plan area, or county office pursuant to section 56441.11.

Interagency Agreement

2 CCR 60010 (I) "Local interagency agreement" means a negotiated written document which defines each agency's role and responsibilities for serving individuals with exceptional needs and assist in promoting coordination of these services.

Responsible LEA

EC 56030 "Responsible local agency" means the school district or county office designated in the local plan as the entity whose duties shall include, but are not limited to, receiving and distributing regionalized services funds, providing administrative support, and coordinating the implementation of the plan.

SELPA

EC 56195.1 (d) The service area covered by the local plan developed under this article shall be known as the special education local plan area.

Referral for Assessment

EC 56029 "Referral for assessment" means any written request for assessment to identify an individual with exceptional needs made by a parent, teacher, or other service provider.

Special Education

EC 56031 "Special Education" means specially designed instruction, at no cost to the parent, to meet the unique needs of individuals with exceptional needs, whose educational needs cannot be met with modification of the regular instruction program, and related services, at no cost to the parent, that may be needed to assist these individuals to benefit from specially designed instruction.

Established Medical Disability

EC 56441.11 (d) "Established medical disability" is defined as a disabling medical condition or congenital syndrome that the individualized education program team determines has a high predictability of requiring special education and services. This definition applies to preschool children between the ages of three and five years, and who need early childhood special education services.

Severely Disabled

EC 56030.5 "Severely disabled" means individuals with exceptional needs who require intensive instruction and training in programs serving pupils with the following profound disabilities: autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, severe mental retardation, and those individuals who would have been eligible for enrollment in a development center for handicapped pupils under Chapter 6.

CAPSLO Early Education and Child Care Program Information

Age of Children and Family Income Eligibility

45 CFR, Section 1305.4, (a) To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located, except in cases where the Head Start program's approved grant provides specific authority to serve younger children. Examples of such exceptions are programs serving children of migrant families and Early Head Start programs. (b)(1) At least 90 percent of the children who are enrolled in each Head Start program must be from low-income families. (2) Except as provided in paragraph (b)(3) of this section, up to ten percent of the children who are enrolled may be children from families that exceed the low-income guidelines but who meet the criteria that the program has established for selecting such children and who would benefit from Head Start services. To be eligible for Migrant Seasonal Head Start families must prove that 51% of their income comes from working in agriculture.

Selection Process

45 CFR, Section 1305.6(a) Each Head Start program must have a formal process for establishing selection criteria and for selecting children and families that considers all eligible applicants for Head Start services. The selection criteria must be based on those contained in paragraphs (b) and (c) of this section. (b) In selecting the children and families to be served, the Head Start program must consider the income of eligible families, the age of the child, the availability of kindergarten or first grade to the child, and the extent to which a child or family meets the criteria that each program is required to establish in Sec. 1305.3(c)(6). Migrant programs must also give priority to children from families whose pursuit of agricultural work required them to relocate most frequently within the previous two-year period. (c) At least 10 percent of the total enrollment in each grantee and each delegate agency during an enrollment year must be children with disabilities who meet the definition for children with disabilities in Sec. 1305.2(a). An exception to this requirement will be granted only if the responsible HHS official determines, based on such supporting evidence he or she may require, that the grantee made a reasonable effort to comply with this requirement but was unable to do so because there was an insufficient number of children with disabilities in the recruitment area who wished to attend the program and for whom the program was an appropriate placement based on their Individual Education Plans (IEP) or Individualized Family Service Plans (IFSP), with services provided directly by Head Start or Early Head Start in conjunction with other providers. (d) Each Head Start program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria to assure that eligible children enter the program as vacancies occur.

Eligibility Criteria: Health Impairment

Section 1308.7

(a) A child is classified as health impaired who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects learning.

(b) The health impairment classification may include, but is not limited to, cancer, some neurological disorders, rheumatic fever, severe asthma, uncontrolled seizure disorders, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, cystic fibrosis, heart disease and attention deficit disorder.

(c) This category includes medically fragile children such as ventilator dependent children who are in need of special education and related services.

(d) A child may be classified as having an attention deficit disorder under this category who has chronic and pervasive developmentally inappropriate inattention, hyperactivity, or impulsivity. To be considered a disorder, this behavior must affect the child's functioning severely. To avoid overuse of this category, grantees are cautioned to assure that only the enrolled children who most severely manifest this behavior must be classified in this category.

(1) The condition must severely affect the performance of a child who is trying to carry out a developmentally appropriate activity that requires orienting, focusing, or maintaining attention during classroom instructions and activities, planning and completing activities, following simple directions, organizing materials for play or other activities, or participating in group activities. It also may be manifested in overactivity or impulsive acts which appear to be or are interpreted as physical aggression. The disorder must manifest itself in at least two different settings, one of which must be the Head Start program site.

(2) Children must not be classified as having attention deficit disorders based on:

(i) Temporary problems in attention due to events such as a divorce, death of a family member or post-traumatic stress reactions to events such as sexual abuse or violence in the neighborhood;

(ii) Problems in attention which occur suddenly and acutely with psychiatric disorders such as depression, anxiety and schizophrenia;

(iii) Behaviors which may be caused by frustration stemming from inappropriate programming beyond the child's ability level or by developmentally inappropriate demands for long periods of inactive, passive activity;

(iv) Intentional noncompliance or opposition to reasonable requests that are typical of good preschool programs; or

(v) Inattention due to cultural or language differences.

(3) An attention deficit disorder must have had its onset in early childhood and have persisted through the course of child development when children normally mature and become able to operate in a socialized preschool environment. Because many children younger than four have difficulty orienting, maintaining and focusing attention and are highly active, when Head Start is responsible for the evaluation, attention deficit disorder applies to four and five year old children in Head Start but not to three year olds.

(4) Assessment procedures must include teacher reports which document the frequency and nature of indications of possible attention deficit disorders and describe the specific situations and events occurring just before the problems manifested themselves. Reports must indicate how the child's functioning was impaired and must be confirmed by independent information from a second observer.

Guidance for Paragraph (a): Many health impairments manifest themselves in other disabling

conditions. Because of this, particular care should be taken when classifying a health impaired child.

Guidance for Paragraph (b): Because AIDS is a health impairment, grantees will continue to enroll children with AIDS on an individual basis. Staff need to be familiar with the Head Start Information Memorandum on Enrollment in Head Start Programs of Infants and Young Children with Human Immunodeficiency Virus (HIV), AIDS Related Complex (ARC), or Acquired Immunodeficiency Syndrome (AIDS) dated June 22, 1988. This guidance includes material from the Centers for Disease Control which stresses the need for a team, including a physician, to make informed decisions on enrollment on an individual basis. It provides guidance in the event that a child with disabilities presents a problem involving biting or bodily fluids. The guidance also discusses methods for control of all infectious diseases through stringent cleanliness standards and includes lists of federal, state and national agencies and organizations that can provide additional information as more is learned. Staff should be aware that there is a high incidence of visual impairment among children with HIV and AIDS.

Guidance for Paragraph (c): Teachers or others in the program setting are in the best position to note the following kinds of indications that a child may need to be evaluated to determine whether an attention deficit disorder exists:

- (1) Inability of a child who is trying to participate in classroom activities to be able to orient attention, for example to choose an activity for free time or to attend to simple instructions;
- (2) Inability to maintain attention, as in trying to complete a selected activity, to carry out simple requests or attend to telling of an interesting story; or
- (3) Inability to focus attention on recent activities, for example on telling the teacher about a selected activity, inability to tell about simple requests after carrying them out, or inability to tell about a story after hearing it.

These indicators should only be used after the children have had sufficient time to become familiar with preschool procedures and after most of the children are able easily to carry out typical preschool activities.

Culturally competent staff recognize and appreciate cultural differences, and this awareness needs to include understanding that some cultural groups may promote behavior that may be misinterpreted as inattention. Care must be taken that any deviations in attention behavior which are within the cultural norms of the child's group are not used as indicators of possible attention deficit disorder.

A period of careful observation over three months can assure that adequate documentation is available for the difficult task of evaluation. It also provides opportunity to provide extra assistance to the child, perhaps through an aide or special education student under the teacher's direction, which might improve the child's functioning and eliminate the behavior taken as evidence of possible attention deficit disorder.

Attention deficit disorders are not the result of learning disabilities, emotional/behavioral disabilities, autism or mental retardation. A comprehensive psychological evaluation may be carried out in some cases to rule out learning disability or mental retardation. It is possible, however, in some instances for this disability to coexist with another disability. Children who meet the criteria for multiple disabilities (e.g., attention deficient disorder and learning disability, or emotional/behavioral disorder, or mental retardation) would be eligible for services as children with multiple disabilities or under their primary disability.

Teacher and parent reports have been found to provide the most useful information for assessment of children suspected of having attention deficit disorder. They are also useful in planning and providing special education intervention. The most successful approach may be a positive behavior modification program in the classroom, combined with a carryover program in the home. Prompt and clear response should be provided consistently. Positive reinforcement for appropriate behavior, based on rewards such as stickers or small items desired by the child has been found effective for children with this disorder, along with occasional withholding of rewards or postponing of desired activities in the face of inappropriate behavior. Effective programs suggest that positive interactions with the child after appropriate behavior are needed at least three times as often as any negative response interactions after inappropriate behavior. Consultants familiar with behavior modification should be used to assist teachers in planning and carrying out intervention which can maintain this positive to negative ratio while shaping behaviors. These behavior interventions can be provided in mainstream placements with sufficient personnel.

Suggested Primary Members of A Head Start Evaluation Team for Health Impaired Children:

Physician.

Pediatrician.

Psychologist.

Other specialists related to specific disabilities.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Family counseling.

Genetic counseling.

Nutrition counseling.

Recreational therapy.

Supervision of physical activities.

Transportation.

Assistive technology devices or services.

Eligibility Criteria: Emotional/Behavioral Disorders

Section 1308.8.

(a) An emotional/behavioral disorder is a condition in which a child's behavioral or emotional responses are so different from those of the generally accepted, age appropriate norms of children with the same ethnic or cultural background as to result in significant impairment in social relationships, self-care, educational progress or classroom behavior. A child is classified as having an emotional/behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention:

- (1) Seriously delayed social development including an inability to build or maintain satisfactory (age appropriate) interpersonal relationships with peers or adults (e.g., avoids playing with peers);
- (2) Inappropriate behavior (e.g., dangerously aggressive towards others, self-destructive, severely withdrawn, non-communicative);
- (3) A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g., frequent crying episodes, constant need for reassurance); or
- (4) Has a professional diagnosis of serious emotional disturbance.

(b) The eligibility decision must be based on multiple sources of data, including assessment of the child's behavior or emotional functioning in multiple settings.

(c) The evaluation process must include a review of the child's regular Head Start physical

examination to eliminate the possibility of misdiagnosis due to an underlying physical condition. Guidance for Paragraph (a): Staff should insure that behavior which may be typical of some cultures or ethnic groups, such as not making eye contact with teachers or other adults or not volunteering comments or initiating conversations are not misinterpreted. The disability, social service and parent involvement coordinators should consider providing extra attention to children at-risk for emotional/behavioral disorders and their parents to help prevent a disability. Members of the Council of One Hundred, Kiwanis, Urban League, Jaycees, Rotary, Foster Grandparents, etc. may be able to provide mentoring and individual attention. Suggested Primary Members of a Head Start Evaluation Team for Emotional/behavioral Disorders:

Psychologist, psychiatrist or other clinically trained and state qualified mental health professionals.

Pediatrician.

Possible Related Services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Behavior management.

Environmental adjustments.

Family counseling.

Psychotherapy.

Transportation.

Assistive technology.

Eligibility Criteria: Speech or Language Impairments

Section 1308.9

(a) A speech or language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's learning.

(b) A child is classified as having a speech or language impairment whose speech is unintelligible much of the time, or who has been professionally diagnosed as having speech impairments which require intervention or who is professionally diagnosed as having a delay in development in his or her primary language which requires intervention.

(c) A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including word meanings (semantics), the components of words (morphology), the components of sentences (syntax), or the conventions of conversation (pragmatics).

(d) A speech disorder occurs in the production of speech sounds (articulation), the loudness, pitch or quality of voice (voicing), or the rhythm of speech (fluency).

(e) A child should not be classified as having a speech or language impairment whose speech or language differences may be attributed to:

(1) Cultural, ethnic, bilingual, or dialectical differences or being non-English speaking; or (2)

Disorders of a temporary nature due to conditions such as a dental problem; or

(3) Delays in developing the ability to articulate only the most difficult consonants or blends of sounds within the broad general range for the child's age.

Guidance for Paragraph (a): Staff familiar with the child should consider whether shyness, lack of familiarity with vocabulary which might be used by testers, unfamiliar settings, or linguistic or cultural factors are negatively influencing screening and assessment results. Whenever possible, consultants trained in assessing the speech and language skills of young children should be selected.

The child's ability to communicate at home, on the playground and in the neighborhood should be determined for an accurate assessment. Review of the developmentally appropriate age ranges for the production of difficult speech sounds can also help reduce over-referral for evaluation.

Suggested Primary Members of a Head Start Evaluation Team for Speech or Language Impairment:

Speech Pathologist.

Language Pathologist.

Audiologist.

Otolaryngologist.

Psychologist.

Possible Related Services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Environmental adjustments.

Family counseling.

Language therapy.

Speech therapy.

Transportation.

Assistive technology devices or services.

Eligibility Criteria: Intellectual Disabilities

Section 1308.10.

(a) A child is classified as mentally retarded who exhibits significantly sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age-appropriate coping with the demands of the environment through independent skills in self-care, communication and play.

(b) Measurement of adaptive behavior must reflect objective documentation through the use of an established scale and appropriate behavioral/anecdotal records. An assessment of the child's functioning must also be made in settings outside the classroom.

(c) Valid and reliable instruments appropriate to the age range must be used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgment are to be used instead.

(d) Determination that a child is mentally retarded is never to be made on the basis of anyone test alone.

Guidance for Paragraph (a): Evaluation instruments with age-appropriate norms should be used. These should be administered and interpreted by professionals sensitive to racial, ethnic and linguistic differences. The diagnosticians must be aware of sensory or perceptual impairments that the child may have (e.g., a child who is visually impaired should not be tested with instruments that rely heavily on visual information as this could produce a depressed score from which erroneous diagnostic conclusions might be drawn).

Suggested primary members of a Head Start evaluation team for mental retardation:

Psychologist.

Pediatrician.

Possible related services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Environmental adjustments.

Family counseling.

Genetic counseling.

Language therapy.

Recreational therapy.

Speech therapy.

Transportation.

Nutrition counseling.

Eligibility Criteria: Hearing Impairment Including Deafness

Section 1308.11

(a) A child is classified as deaf if a hearing impairment exists which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hard of hearing who has a permanent or fluctuating hearing impairment which adversely affects learning; or

(b) Meets the legal criteria for being hard of hearing established by the State of residence; or

(c) Experiences recurrent temporary or fluctuating hearing loss caused by obits media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more. Problems associated with temporary or fluctuating hearing loss can include impaired listening skills, delayed language development, and articulation problems. Children meeting these criteria must be referred for medical care, have their hearing checked frequently, and receive speech, language or hearing services as indicated by the IEPs. As soon as special services are no longer needed, these children must no longer be classified as having a disability.

Guidance for Paragraph (a): An audiologist should evaluate a child who has failed rescreening or who does not respond to more than one effort to test the child's hearing. If the evaluation team determines that the child has a disability, the team should make recommendations to meet the child's needs for education and medical care or habilitation, including auditory training to learn to use hearing more effectively.

Suggested Primary Members of a Head Start Evaluation Team for Hearing Impairment:

Audiologist.

Otolaryngologist.

Possible Related Services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Auditory training.

Aural habilitation.

Environmental adjustments.

Family counseling.

Genetic counseling.

Language therapy.

Medical treatment.

Speech therapy.

Total communication, speech reading or manual communication.

Transportation.
Use of amplification.
Assistive technology devices or services.

Eligibility Criteria: Orthopedic Impairment

Section 1308.12

(a) A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect a child's learning. An orthopedic impairment involves muscles, bones, or joints and is characterized by impaired ability to maneuver in educational or non-educational settings, to perform fine or gross motor activities, or to perform self-help skills and by adversely affected educational performance.

(b) An orthopedic impairment includes, but is not limited to, spina bifida, cerebral palsy, loss of or deformed limbs, contractures caused by burns, arthritis, or muscular dystrophy.

Guidance for Paragraph (a): Suggested Primary Members of a Head Start Evaluation Team for Orthopedic Impairment:

Pediatrician.
Orthopedist.
Neurologist.

Occupational Therapist. Physical Therapist. Rehabilitation professional. Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Environmental adjustments.
Family counseling.
Language therapy.
Medical treatment.
Occupational therapy.
Physical therapy.
Assistive technology.
Recreational therapy.
Speech therapy.
Transportation.
Nutrition counseling.

Eligibility Criteria: Visual Impairment Including Blindness

Section 1308.13

(a) A child is classified as visually impaired when visual impairment, with correction, adversely affects a child's learning. The term includes both blind and partially seeing children. A child is visually impaired if:

(1) The vision loss meets the definition of legal blindness in the State of residence; or
(2) Central acuity does not exceed 20/200 in the better eye with corrective lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

(b) A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts, etc.

Guidance for Paragraph (a): Primary Members of an Evaluation Team for Visual Impairment

including Blindness:

Ophthalmologist.

Optometrist.

Possible Related Services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Environmental adjustments.

Family counseling.

Occupational therapy.

Orientation and mobility training.

Pre-Braille training.

Recreational therapy.

Sensory training.

Transportation.

Functional vision assessment and therapy.

Eligibility Criteria: Learning Disabilities

Section 1308.14

(a) A child is classified as having a learning disability who has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak or, for preschool age children, acquire the precursor skills for reading, writing, spelling or doing mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, and aphasia.

(b) An evaluation team may recommend that a child be classified as having a learning disability if:

(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in (a) above when provided with appropriate learning experiences for the age and ability; or

(2) The child has a severe discrepancy between achievement of developmental milestones and intellectual ability in one or more of these areas: oral expression, listening comprehension, pre-reading, pre-writing and pre-mathematics; or

(3) The child shows deficits in such abilities as memory, perceptual and perceptual motor skills, thinking, language and non-verbal activities which are not due to visual, motor, hearing or emotional disabilities, mental retardation, cultural or language factors, or lack of experiences which would help develop these skills.

(c) This definition for learning disabilities applies to four and five year old children in Head Start. It may be used at a program's discretion for children younger than four or when a three year old child is referred with a professional diagnosis of learning disability. But because of the difficulty of diagnosing learning disabilities for three year olds, when Head Start is responsible for the evaluation it is not a requirement to use this category for three year olds.

Guidance for Paragraph (a): When a four or five-year-old child shows signs of possible learning disabilities, thorough documentation should be gathered. For example, specific anecdotal information and samples of the child's drawings, if appropriate, should be included in the material given to the evaluation team.

A Master's degree level professional with a background in learning disabilities should be a member of the evaluation team.

Possible Related Services: (Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Vision evaluation.
Neurology.
Psychology.
Motor development.
Hearing evaluation.
Child psychiatry.
Pediatric evaluation.

Eligibility Criteria: Autism

Section 1308.15

A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction, that is generally evident before age three and that adversely affects educational performance.

Guidance: A child who manifests characteristics of the condition after age three can still be diagnosed as having autism. Autism does not include children with characteristics of serious emotional disturbance.

Suggested possible members of a Head Start evaluation team:

Psychologist.
Pediatrician.
Audiologist.
Psychiatrist.
Language pathologist.

Possible related services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Family support services.
Language therapy.
Transportation.

Eligibility Criteria: Traumatic Brain Injury

Section 1308.16

A child is classified as having traumatic brain injury whose brain injuries are caused by an external physical force, or by an internal occurrence such as stroke or aneurysm, with resulting impairments that adversely affect educational performance. The term includes children with open or closed head injuries, but does not include children with brain injuries that are congenital or degenerative or caused by birth trauma.

Guidance: Traumatic brain injury does not include congenital brain injury. Suggested possible members of an evaluation team included:

Psychologist.
Physical therapist.

Speech or language pathologist. Possible related services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Rehabilitation professional.
Occupational therapy.
Speech or language therapy.

Assistive technology.

Eligibility Criteria: Other Impairments

Section 1308.17

(a) The purposes of this classification, "Other impairments," are:

(1) To further coordination with LEAs and reduce problems of recordkeeping;
 (2) To assist parents in making the transition from Head Start to other placements; and (3) To assure that no child enrolled in Head Start is denied services which would be available to other preschool children who are considered to have disabilities in their state.

(b) If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are "preschool disabled," "in need of special education," "educationally handicapped," and "non-categorically handicapped."

(c) Children ages three to five, inclusive, who are experiencing developmental delays, as defined by their state and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development, and who by reason thereof need special education and related services may receive services as children with disabilities in Head Start programs.

(d) Children who are classified as deaf-blind, whose concomitant hearing and visual impairments cause such severe communication and other developmental problems that they cannot be accommodated in special education programs solely for deaf or blind children are eligible for services under this category.

(e) Children classified as having multiple disabilities whose concomitant impairments (such as intellectual disability and blindness), in combination, cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for recordkeeping purposes.

Guidance: This category was included to ensure that any Head Start child who meets the State eligibility criteria as developmentally delayed or state-specific criteria for services to preschool children with disabilities is eligible for needed special services either within Head Start or the State program.

Suggested primary members of an evaluation team for other impairments meeting state eligibility criteria for services to preschool children with disabilities.

Pediatrician. Psychologist.

Other specialists with expertise in the appropriate area(s). Possible Related Services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.)

Occupational therapy.

Speech or language therapy.

Family Counseling.

Transportation.

Information on assistance or joint services for deaf-blind children can be obtained through LEA's.

A child who is deaf and has speech and language impairments would not be considered to have multiple disabilities, as it could be expected that these impairments were caused by the hearing loss.

Suggested primary members of a Head Start evaluation team:

Audiologists.
Special educators.
Speech, language or physical therapists.
Psychologists or psychiatrists.
Rehabilitation professional.

Possible related services:

(Related services are determined by individual need. These "possible related services" are merely examples and are not intended to be limiting.) Speech, language, occupational or physical therapists as needed.

Assistive technology devices or services.
Mental health services.
Transportation.

APPENDIX A-2: TERMINOLOGY

SPECIAL EDUCATION

- CAC - Community Advisory Committee: A mandated advisory group consisting of parents, LEA personnel and other interested community members.
- CDE California Department of Education.
- DIS - Designated Instruction and Services: specific support services (related services) that allow a student to benefit.
- FAPE - Free and appropriate education: appropriate special services provided to the student at no cost to the family.
- IEP - Individualized Education Program: a written statement of the specific special education and related services required by the student, including educational goals and short-term instructional objectives.
- LEA - Local Education Agency: a public school district or county office of education.
- LRE - Least Restrictive Environment: an educational setting which provides for maximum integration with non-disabled peers, consistent with the instructional needs of the child.

Interagency Agreement: CAPSLO Early Education and Child Care Programs/SELPA

- NSH - Non-Severely Handicapped (Disabled).
- RSP - Resource Specialist Program: an educational placement option providing support from a Resource Specialist within the regular classroom or in a separate room for less than a majority of the instructional day.
- SCC - Special Class or Center: a group of separated special day classes on one site or facility.
- SDC - Special Day Class: a separate class placement option for the majority of the school day, serving students with more intensive educational needs.
- SEA - State Education Agency: the Department of Education in each state.
- SELPA - Special Education Local Plan Area: an administrative governance structure established by the California Department of Education to ensure adequate size and scope of special education services within a region, often involving a consortium of LEAs.
- SH - Severely Handicapped (Disabled): referring to special education programs for students with intensive instructional needs.
- SST - Student Study Team: a group of people at the LEA who meet together to look at students who are presenting a problem in the classroom. The purpose of the Team is to assist teachers to modify the regular classroom program to meet the students' individual needs.

SPECIAL EDUCATION

- CAC - Community Advisory Committee: A mandated advisory group consisting of parents, LEA personnel and other interested community members.
- CDE - California Department of Education.
- Related Services - Related Services: specific support services (related services) that allow a student to benefit from their education.
- FAPE - Free and appropriate education: appropriate special services provided to the student at no cost to the family.
- IEP - Individualized Education Program: a written statement of the specific special education and related services required by the student, including educational goals and short-term instructional objectives.
- LEA - Local Education Agency: a public school district or county office of education.
- LRE - Least Restrictive Environment: an educational setting which provides for maximum integration with non-disabled peers, consistent with the instructional needs of the child.
- NSH - Non-Severely Handicapped (Disabled).
- RSP - Resource Specialist Program: an educational placement option providing support from a Resource Specialist within the regular classroom or in a separate room for less than a majority of the instructional day.

Interagency Agreement: CAPSLO Early Education and Child Care Programs/SELPA

- SAI
 - Specialized Academic Instruction: adapting as appropriate, to the needs of the child with a disability the content, methodology, or delivery of instruction to ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children (32 CFR 300.39 (b) (3))
- SDC
 - Special Day Class: a separate class placement option for the majority of the school day, serving students with more intensive educational needs.
- SEA
 - State Education Agency: the Department of Education in each state.
- SELPA
 - Special Education Local Plan Area: an administrative governance structure established by the California Department of Education to ensure adequate size and scope of special education services within a region, often involving a consortium of LEAs.

APPENDIX A-2: TERMINOLOGY

HEAD START

- ACYF - Administration for Children, Youth and Families: the Federal agency administering Head Start programs.
- ACYF/IX - Region IX (the local region) Office of ACYF.
- CHDP - Child Health and Disability Prevention Program: state-administered, federal program for health screening and preventative activities for children 0-5 years of age.
- Grantee - Government agency, non-profit organization or other legal entity to which a grant and funding is awarded to directly or indirectly provide for Head Start programs, including monitoring, staff training and technical assistance to delegate agencies, the agency accountable to ACYF for program operation.
- IEP - Individualized Education Program: a written statement of specific special education and related services required by the student, including educational goals and short-term instructional objectives.
- PIR - Program Information Report: bi-annual statistical survey.
- PPC - Parent Policy Council: Head Start Administration – Parent Council at grantee level.
- RAP - Resource Access Project: part of a national network of support services, such as training and technical assistance to local Head Start programs.
- RSP - Resource Specialist Program: an educational placement option providing support from a Resource Specialist within the regular classroom or in a separate room for less than a majority of the instructional day.
- SCC - Special Class or Center: a group of separated special day classes on one site or facility.
- SEA - State Education Agency: the Department of Education in each State.
- HS - Regional Head Start
- MSHS - Migrant Seasonal Head Start
- CFS - Child Family Services