

IFSPs, IEPs, & Childcare


By Inclusion Support Coaches

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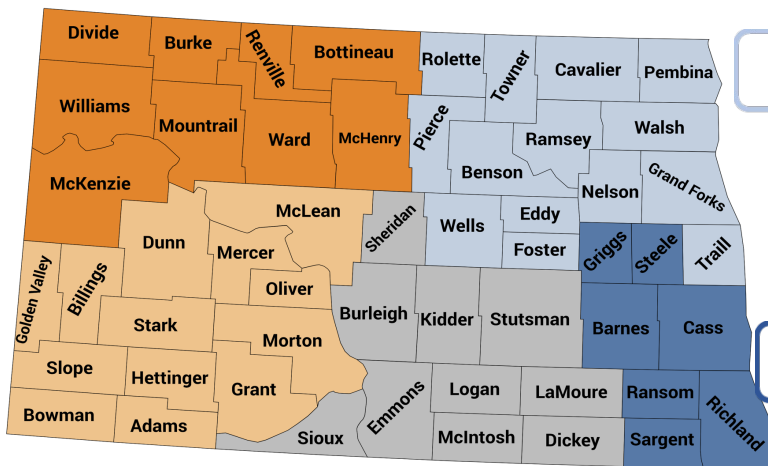
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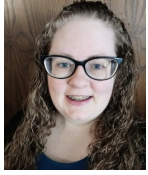


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Resources here



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Individual Family Service Plan (IFSP)
IDEA Law - Part C
<https://files.eric.ed.gov/fulltext/ED500000/ED500000.pdf>

Pathfinder Resource
<https://pathfinder.nd.org/resources/28.pdf>

Developmental Disabilities Regional Office
<https://www.hhs.nd.gov/early-childhood-services/early-intervention>

Individualized Education Program (IEP)
Special Education Units in North Dakota
<https://www.nd.gov/ndoe/special-education/districts>

North Dakota Education Map
<https://inside.shinyaces.com/educationmap/>

IDEA Law Part B
<https://files.eric.ed.gov/fulltext/ED500000/ED500000.pdf>

Resources

Stimuli Video
<https://youtu.be/10wJ0hQadw>

CDC Milestones
www.cdc.gov/ncbddd/actearly/milestones/index.html

IEP vs IFSP
<https://pathfinder.nd.org/resources/24.pdf>

Adapting the Child Care Environment for Children with Special Needs
<https://childcare.extension.oregonstate.edu/adapting-the-child-care-environment-for-children-with-special-needs/>


Inclusion Support

Website
<https://www.uspirend.org/inclusion-support>

Find us on Facebook!
<https://www.facebook.com/inclusionSupportND/>

Inclusion Support Referral Form
<https://www.uspirend.org/inclusion-support/referral-form>

North Dakota Early Childhood Care
 April 15-17, 2023



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Inclusion

Inclusion is intentional.

It is about identifying and removing barriers so that everyone can participate to the best of their ability.



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Objectives

- Learn about and understand:
 - the purpose of IFSP and IEPs
 - the IFSP and IEP process
 - contents of IFSP and IEP
 - the childcare providers' role in the IFSP and IEP

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What is an IFSP?

Individual Family Service Plan

A written plan created to meet the individual needs, concerns, and priorities of individual children and families with developmental delays or disabilities, from birth to age 3.

[IDEA Law- QR sheet](#)

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Key Facts

Services are selected with parents


No cost to parents/families

Provided by qualified personnel

In the natural environment – which includes child care

The Individualized Family Service Plan (IFSP)

PATHFINDER SERVICES OF ND



An IFSP is a road map identifying the family's role and involvement with early intervention services. It is meant to identify what services their child (birth to three) should receive, and what results the family and the Early Intervention (EI) team hope to achieve for the family's child.

It is essential that early intervention services occur in a natural setting. This would be where the family and their child feel most comfortable. A natural environment is typically at home, but it can also be at a child care program or at a local community center.


An IFSP will look at a child's current level of functioning and needs. It focuses on what a family needs to best support their child.

What are the priorities for the child and the family?
What are the family's concerns?
What are the family's resources?

The IFSP builds on individual strengths of each family member. The EI team will then take everyone's strengths and create a personalized IFSP to meet everyone's needs.

Parents must give a written consent before the plan goes into action.

Parents know their child best. If a parent feels a certain service isn't right for their child, they can decline it at any time.



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Who Qualifies for an IFSP?

Children who have or are at risk of having developmental delays

25% delay in 2 or more areas of development


50% delay in 1 area of development

A parent is eligible for Developmental Disability Program Management

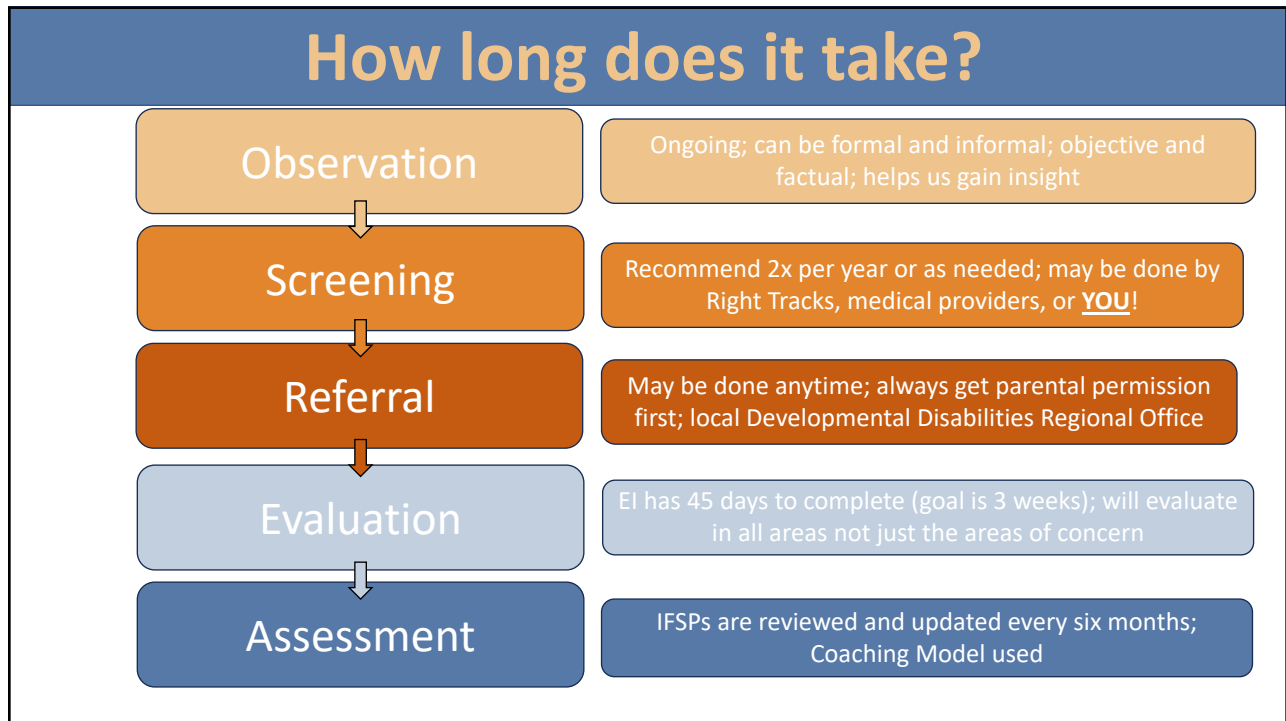
Professional opinion

Automatic Eligibility for High-Risk Diagnoses & Conditions examples:

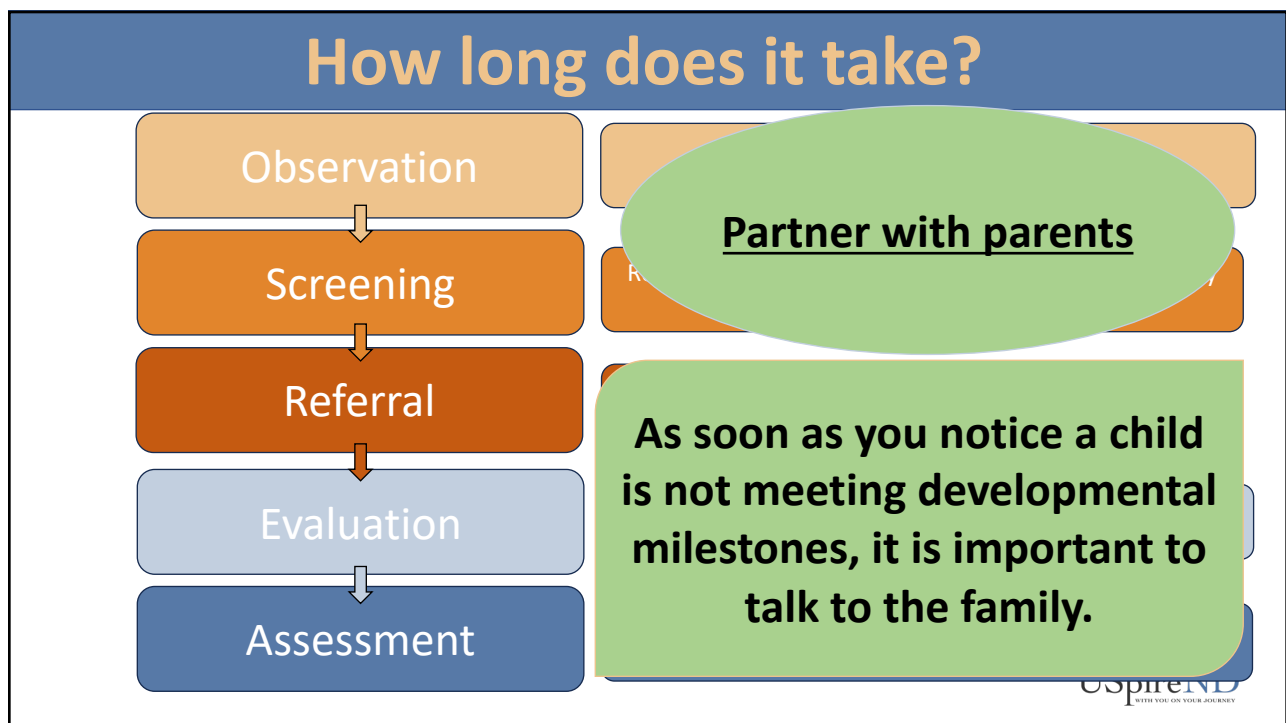
cardiovascular conditions, pulmonary conditions, craniofacial conditions, renal conditions, reproductive abnormalities, musculoskeletal conditions, blood disorders, neurologic disorders, behavioral health disorders, chronic medical illness, congenital infectious disease, genetic conditions



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What is in an IFSP?

- Child & Family information (with family consent)
- **Information about the child's developmental status or present levels of development**
 - **Family's strengths and needs**
- **Outcomes your child and family will achieve and how progress will be measured**
 - Specific services to meet the needs of the child and family
- Funding source, Payment arrangements, if any, and Service coordinator's name
 - Projected start date of services
 - Length of each session
 - Frequency (number of days or sessions)
 - Intensity (individual or group setting)
- Method (how services will be delivered: direct, indirect, consultative, etc.)
- Location (statement of natural environments in which services will be provided)
 - Anticipated duration of the service (usually one year)
 - Risks to participation (choking, falling, spitting, etc.)
 - Transition planning activities (once child is 2 years old)
- Required signatures (parents and authorized persons for agencies providing services)

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What does an IFSP look like?

Early Literacy

Strengths [redacted] is exposed to books when his family reads to him and his brother.

Challenges [redacted] does not yet attend to the pictures on each page.

Accommodation [redacted] parents frequently read to his brother while he is around, even though he is not attending to the books they read.

Expressive Language

Strengths [redacted] is learning to make different sounds and is pretty vocal throughout the day. He babbles with consonant-vowel combinations and some non-speech sounds like blowing raspberries. He is learning to imitate things when told 'say ____'. [redacted] has different cries for different needs.

Challenges [redacted] is still learning to use sounds/words consistently and spontaneously. He also does not use specific gestures to meet his needs.

Accommodation N/A

Functional Skill Areas

Cognitive

Strengths [redacted] is learning as he interacts with toys and people. He explores toys using his senses, such as by mouthing, dropping, shaking, and tossing toys. He reaches for what he is interested in. He is learning about cause and effect with toys. He will imitate some play actions. [redacted] understands object permanence as he watches toys as they leave his sight.

Challenges [redacted] is not yet engaging functionally with any toys, such as to drive a toy car. He does not consistently release objects into a container.

Accommodation N/A

Challenges [redacted] does not like to spend time on his tummy and will quickly roll off once he gets there. He does not spend time playing on his tummy. When rolling, [redacted] tends to fling his upper body rather than rolling in a fluid motion. He is not consistently pushing up on his hands when playing on his tummy. [redacted] does not get into a 4-point position on hands and knees and gets upset if placed in this position. [redacted] is not consistently taking his weight through his feet when standing. He is also not pulling to stand or playing in a standing position. Although [redacted] sits, he uses a wide base of support and is still developing his balance and core strength. [redacted] has to keep his arms out when reaching for things to try and balance himself upright. [redacted] is not yet catching himself from falling backward out of sitting. [redacted] is not able to side sit and is only comfortable sitting with his legs straight and wide apart.

Functional Skill Areas

- Cognitive
- Early Literacy
- Expressive Language
- Fine Motor
- Gross Motor
- Health
- Hearing, Vision
- Receptive Language
- Self-Help/Adaptive
- Social/Emotional
- "Other" example: oral motor

Each Area will have

- Strengths, Challenges, Accommodations

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Summary of Family Concerns, Priorities and Resources	
<p>Question</p> <p>1. This section includes information about family routines, including child engagement, social relationships and independence.</p> <p>2. Family Strengths & Interests, including enjoyable activities for child and family</p>	<p>_____ is a happy boy who loves spending time with his family. They enjoy watching movies & sporting events, as well as taking road trips as a family. _____ does well on road trips, traveling well in the car, often sleeping most of the trips. At this point, _____ is content to just go with the flow of whatever their family is doing. _____ reports _____ is still learning to interact and participate in activities they do as a family. Particularly, she thinks about _____ ability to move. _____ does not like to stay on his tummy for too long. If he rolls to his tummy, he quickly rolls off. He gets upset if he is forced to stay and play on his tummy. He is therefore not making any attempts to move forward. _____ is looking forward to _____ spending more time playing on his tummy so he can eventually learn to scoot and crawl toward toys he wants to play with in the evening. _____ enjoys playing with his Little People toys and anything that makes crinkly sounds or sings. _____ reports _____ primarily explores toys by throwing, banging them, or chewing on them. He is not intentionally playing with toys, such as to drive a car or pretend to drink from a cup. His big brother _____ really enjoys cars & monster trucks and he would love it if _____ could play with him. _____ would like _____ to learn to intentionally play with toys so he & _____ can play together. _____ is learning to use his voice. _____ reports _____ babbles and is starting to occasionally imitate them. _____ is looking forward to _____ using gestures and single words to make requests, such as when he wants a certain toy to play with during family time. _____ only imitates saying mama & dada at this time. He also has no way of calling out to _____ typically just cries when he wants attention from his family. _____ would like _____ to call out to them by name, so he can let them know when he wants out of his crib in the morning. _____ has no way of letting his family know when he is done eating and just cries to get out of his highchair. They eat later in the evening, so sometimes it seems that _____ may be getting tired at dinner, which further adds to him not trying to communicate when he is done. _____ would like _____ to spontaneously sign/say "all done" when he wants out of his highchair. _____'s family provides him with opportunities to play in a variety of positions throughout the day. _____ reports they've been working on sitting and playing on his tummy quite often. When they work on standing with _____, they are often met with resistance as _____ puts his legs up and refuses to take weight through his feet/legs. This has made it difficult to work on helping him gain strength for learning to stand and eventually walk. _____ would like _____ to learn to take weight through his feet so he can also learn to pull to stand near solid surfaces and eventually walk to his highchair when it is time to eat dinner in the evening.</p> <p>3. Family Challenges during routines/activities</p> <p>_____ does well with the routine his family has established each morning. _____ reports there are days _____ wakes on his own and days they have to wake him; he does best on the days he wakes on his own. Once awake, _____ is usually happy and goes with the flow of the morning. He gets to eat breakfast at daycare, so the only thing they really have to do for _____ in the morning is change his diaper and get him ready to go. He usually gets a bottle in the morning, which he holds on his own. _____ is not yet able to drink from any other cups. His family recently re-introduced _____ to a sippy cup, which he is not as adverse to as he was the first time they tried. However, he has not learned to suck any liquid from it. They have not tried any other cups, such as a straw or open cup. _____ would like _____</p>

What does an IFSP look like?

➤ Narrative of Family Interests, Concerns, Challenges, Priorities and Resources

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<p>4. Resources (People, agencies, and developmental resources supporting the family.)</p> <p>5. Priorities (Directly linked to family strengths, concerns, and interests described)</p>	<p>_____ 's parents own their home and both have reliable vehicles to get their family around. _____ attends _____ daycare while his parents are working. He has insurance through BCBS and his parents have also chosen to access ND Medicaid to pay for infant development services. _____ 's parents work hard to provide him with everything he needs. _____ reports they are watching his weight. This is not something that Dr. _____ has n _____ something _____ herself is aware of and watching. She reports when _____ went to the doctor at the end of November he was about 22 pounds and this remained the same when he was recently there for a follow-up appointment. This is not a priority at this time, but something she wants to continue tracking herself, especially since _____ has not been eating food and they switched his formula. _____ feels eating has somewhat become a whole family problem as they are working to establish better habits and routines around mealtime. _____ reports they get home from work and _____ wants to have a snack while she decides what to make and then starts cooking. This often causes dinner to get pushed back to a later time and they then end up eating around 7:30pm, which is now pushing into _____ 's bed time. _____ knows that with their schedules, it is difficult to get dinner done earlier, especially if she doesn't pull something out that morning. _____ would like to work on establishing a meal plan for at least 2 nights a week, so they can spend more time as a family relaxing in the evening before bedtime. _____ 's health is monitored by Dr. _____ They are currently watching _____ for a need for referral to an ENT for possible PE tube placement. _____ reports if _____ has one more ear infection this referral will be made. _____ had his InfantSEE vision screening at Eyewear Concepts on 10/31/2022. _____ sees no other specialists at this time.</p> <p>1. _____ to start eating food during meals.</p> <p>2. _____ to learn to drink from a straw and/or sippy cup at meals.</p> <p>3. _____ to play on his tummy longer to learn to crawl and play with toys.</p> <p>4. _____ to have a meal plan a few days during the week and them all to have more family time.</p> <p>5. _____ to show interest in books and start interacting when reading at bedtime.</p>
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What does an IFSP look like?

➤ Narrative of Family Interests, Concerns, Challenges, Priorities and Resources, cont.

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<p>Summary (Routine/Focus) Early Childhood Outcome Type Outcome Summary Rating Transition Outcome Priority</p> <p>Outcome (What will happen or change? Embed routine for child outcomes.) Criteria for Measurability (How will the team know this is met?)</p> <p>Strategies (What will happen within the child and family's everyday routines; include early literacy and strategies as appropriate.)</p>	<p>Eating dinner</p> <p>Child Outcome</p> <p>New Outcome</p> <p>No</p> <p>1</p> <p>We want [redacted] to start eating more foods, so that he can eat the same food as his family at dinner each night.</p> <p>1. [redacted] tries at least one new food each week by the next review of this plan.</p> <p>2. [redacted] eats the same food as his family at dinner each night by the annual review of this plan.</p> <p>-Schedule two initial SLP consults (start date of 3/31/23) to provide family with any information related to oral motor development that they can use to support [redacted].</p> <p>-PEIP can come to visits when [redacted] will be eating to brainstorm additional feeding ideas, since she has a background in occupational therapy and feeding support.</p> <p>-Provide [redacted] with 1-2 bites of foods at a time, so he does not become overwhelmed with too many choices.</p> <p>-Talk about the qualities of foods, describing what you are eating to help [redacted] learn more about the foods.</p> <p>-Encourage [redacted] to eat in front of a mirror. This will allow him to see himself while he is eating. This may help him to learn to chew while watching what he is doing. Model chewing your food so he can see this as well. This will help him to learn to chew and be able to break up the bites of food he places in his mouth, moving them around as needed before swallowing them, rather than just trying to let food melt in his mouth before swallowing it.</p> <p>-Play games where [redacted] can copy your facial expressions, including opening and closing his mouth; this may help him to learn to open his mouth for the spoon when you offer him bites from a spoon at meals.</p> <p>-Watch for any signs of gagging or choking on foods [redacted] tries. This will help to develop an idea of any oral sensory needs [redacted] may have. PEIP can assist family with addressing these and coming up with a plan related to them.</p> <p>-Explore different textures of foods with [redacted] to find what he likes best and ones he has more trouble with – crunchy, soft, grainy, chewy, etc.</p> <p>-Progress will be discussed during home visits. PEIP can assist family in keeping a list of the foods [redacted] eats and refuses to track how he is doing with exploring/eating new foods.</p>	<h1>What does an IFSP look like?</h1> <p>➤ Outcomes</p> <p>Example 1</p> <p>USpireND WITH YOU ON YOUR JOURNEY</p>
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<p>Summary (Routine/Focus) Early Childhood Outcome Type Outcome Summary Rating Transition Outcome Priority</p> <p>Outcome (What will happen or change? Embed routine for child outcomes.) Criteria for Measurability (How will the team know this is met?)</p> <p>Strategies (What will happen within the child and family's everyday routines; include early literacy and strategies as appropriate.)</p>	<p>Book time</p> <p>Child Outcome</p> <p>New Outcome</p> <p>No</p> <p>5</p> <p>We want [redacted] to show more interest in books, so that he can interact more when his family reads to him at bedtime.</p> <p>1. [redacted] sits to listen to a story read to him for at least three minutes each weeknight before bed for two weeks.</p> <p>2. [redacted] imitates patting pictures in a book three times while his family reads to him each weeknight for two weeks.</p> <p>3. [redacted] points to three familiar named pictures when looking at books with his family each weeknight for two weeks.</p> <p>-Schedule two initial SLP consults (start date of 3/31/23) and one initial ECSE consult (start date of 4/30/23) to provide family with additional strategies they can use to help [redacted] learn to attend to books and interact while being read to.</p> <p>-Singing songs is a great way to get [redacted] to attend, because the up/down inflection of your voice may be more interesting for him to tune into when you are reading books. Choose books that have songs/rhymes associated with them to help increase [redacted]'s attention.</p> <p>-Choose books that have a consistent picture on each page to look for, such as a book all about puppies. This may help [redacted] to start attending to what he sees on each page. You can then expand to books with more pictures.</p> <p>-Name pictures in books, as well as relate them to familiar objects he may see around his house. PEIP could assist family in creating a picture book of [redacted]'s things to help him learn to attach meaning to familiar objects/toys.</p> <p>-Model pointing to pictures in books to help [redacted] learn to imitate pointing to them and eventually start pointing to them on his own when they are named.</p> <p>-Keep books in a place when [redacted] can get to them when he is playing. This will allow him to explore books on his own and start engaging with them more consistently.</p> <p>-PEIP and family can discuss progress during home visits, keeping track of how long [redacted] will attend to a story read to him, as well as when he is pointing to pictures in books.</p>	<h1>What does an IFSP look like?</h1> <p>➤ Outcomes</p> <p>Example 2</p> <p>USpireND WITH YOU ON YOUR JOURNEY</p>
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Priority Outcome (What will happen or change? Embed routine for child outcomes.) Criteria for Measurability (How will the team know this is met?)	1 We want [redacted] to start eating more foods, so that he can eat the same food as his family at dinner each night. 1. [redacted] tries at least one new food each week by the next review of this plan. 2. [redacted] eats the same food as his family at dinner each night by the annual review of this plan.
Priority Outcome (What will happen or change? Embed routine for child outcomes.) Criteria for Measurability (How will the team know this is met?)	5 We want [redacted] to show more interest in books, so that he can interact more when his family reads to him at bedtime. 1. [redacted] sits to listen to a story read to him for at least three minutes each weeknight before bed for two weeks. 2. [redacted] imitates patting pictures in a book three times while his family reads to him each weeknight for two weeks. 3. [redacted] points to three familiar named pictures when looking at books with his family each weeknight for two weeks.

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What is an IEP?

Individualized Education Program

- A legally binding document for each child with a disability that is developed, reviewed, and revised
- Developed by school & parents together
- Lays out the special education instruction, supports, and services a student needs to succeed in school
- Part of Pre-K through 12th grade public education (ages 3-21)
- Part B of IDEA Law

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Who Qualifies?

A child is eligible for special education if they have a qualifying disability and need special education and related services because of such disability

Specific Learning Disability (SLD)

Emotional Disturbance

Speech or language impairment

Visual Impairment

Developmental Delay

Deafness

Autism Spectrum Disorder (ASD)

Hearing Impairment

Intellectual Disability

Deaf-Blindness

Traumatic Brain Injury

Orthopedic Impairment

Other Health Impairment

Multiple Disabilities

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How long does it take?

Observation

Ongoing; can be formal and informal; objective and factual; helps us gain insight

Screening

Recommend 2x per year or as needed; may be done by Right Tracks, medical providers, or YOU! Makes us curious and can identify red flags

Referral

May be done anytime; always get parental permission first; local Special Education unit for child

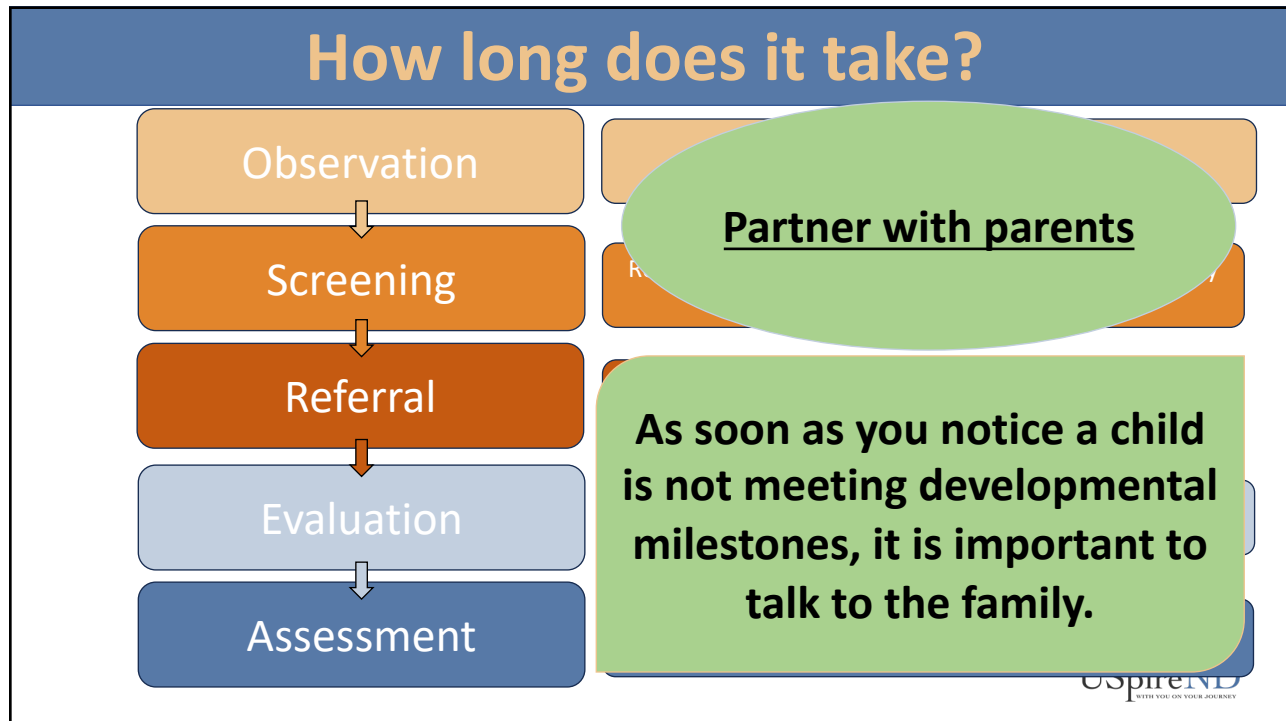
Evaluation

ECSE has 60 days to complete; will typically only evaluate the areas of concern

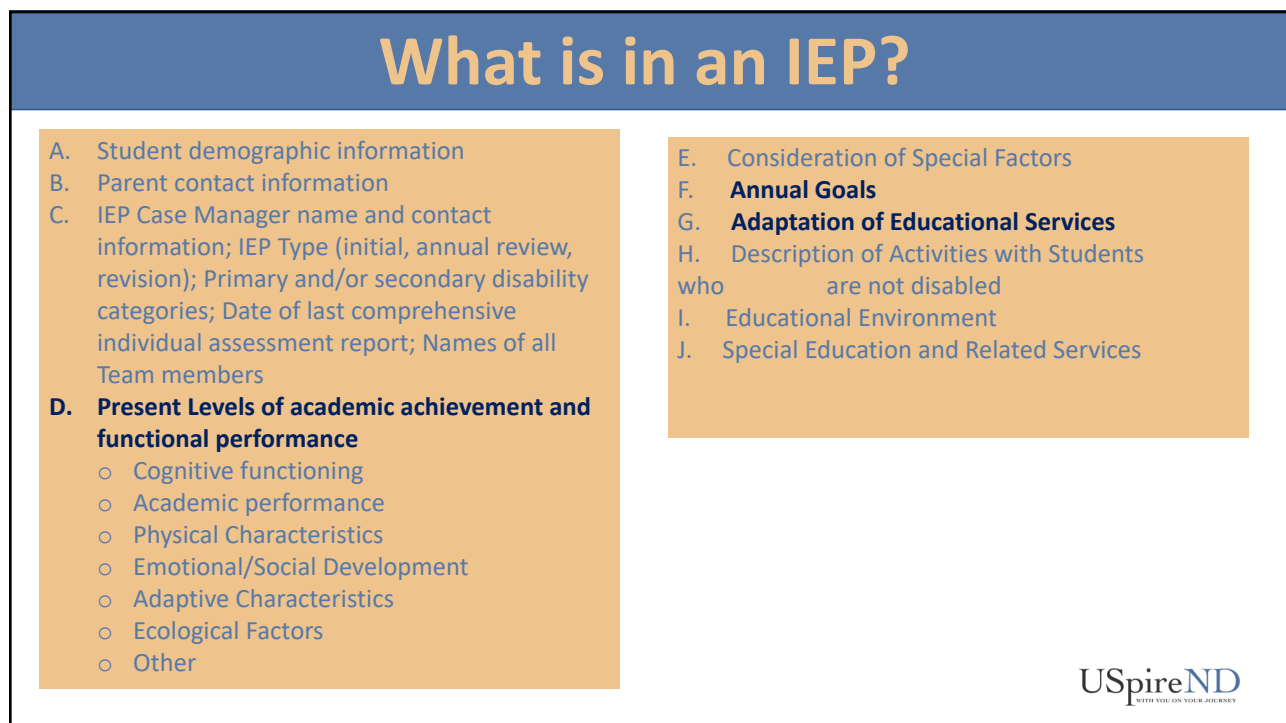
Assessment

IEPs are reviewed annually, and eligibility is determined every 3 years; tests/classwork/checkpoints

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What does an IEP look like?

➤ D. Present Levels of Academic Achievement and Functional Performance

D. Present Levels of Academic Achievement and Functional Performance for Students 3-5 years

The present levels of academic achievement and functional performance (PLAAFP) is an integrated summary of data from all sources including parents. The statement should include information about the student's specific strengths and weaknesses, unique patterns of functioning, and implications of the problem areas on the student's total functioning. The information should also include how the child's disability affects the child's involvement and progress in the general education curriculum. Performance areas to be considered are: Cognitive Functioning, Academic Performance, Communicative Status, Physical Characteristics, Emotional/Social Development, Adaptive Characteristics, Ecological Factors, and Other.

ENVIRONMENTAL CHARACTERISTICS ECOLOGICAL INFORMATION COMMUNITY ACTIVITIES

Student lives at home with his mom. Student attends daycare and is in teacher's morning classroom at the Early Childhood Program with the Dickinson Public Schools.

OUTCOME #1 POSITIVE SOCIAL EMOTIONAL SKILLS

At school, Student likes to play with a variety of toys. He plays cooperatively with his peers, whether it is cars, blocks, or trucks. He maintains a very positive outlook and can find a friend in all his classmates. He is high energy and likes to play movement games in the gym or outside. He takes turns and will include everyone in whatever game is being played. Student is very busy; however, he will play with a set of toys (cars, blocks) for the whole 45-minute work time. He incorporates other items into his play, while continuing with his first choice. Student will seek assistance when wanting something. He will ask for the desired item, wait a couple seconds and ask again. He will accept an answer of "no" from an adult, but does show disappointment. Student is appropriately affectionate; he is kind to his peers and recognizes when they are upset. Student continues to work on a task even when he is unsure, he is quick to learn what is expected and enjoys praise for good choices. The team discussed the need to improve Student's articulation skills in order for him to effectively communicate his wants, needs, feelings and ideas with others.

OUTCOME #2 ACQUIRING AND USING KNOWLEDGE AND SKILLS

At school, Student is eager to learn new things and complete tasks. Although Student is working on being strong in his body, he does his best to remain focus during circle time. Student has many words and likes to tell stories about what he did at home, his parents, and things he is playing with. However, his speech is difficult to understand, and he has a hard time having conversations with adults (other than his parents) and his peers. That does not hinder him in wanting to share his ideas, thoughts and feelings. Student is currently able to sort by color, practicing writing his name with a model, and is identifying 5 uppercase letters. He also knows that his friends' names start with a certain letter, but is not yet able to identify the letters. He is rote counting to 4, can copy a simple pattern, and expressively names two colors consistently. Student can follow the classroom routine, but requires multiple reminders to remain on task. The team agreed Student's attention appears to be impacting his ability to show what he knows and possibly gain new skills.

Student has made wonderful progress in the area of speech since the last IEP. Student is following one-step directions consistently, but is not yet following two-step directions with consistency. He has increased his vocabulary, but is still not yet at the 100 word level for naming or identifying. Student uses phrases of 2-3 words to communicate with peers and adults. At home, family is able to understand almost all of his speech. They know his words for most items and context of what he is talking about. In the classroom, his teacher reports they understand very little of his speech. Even when others don't understand him, he is very happy and not showing frustration. Student becomes even more difficult to understand when his rate of speech increases. The family is interested in teaching Student strategies to help him slow his speech rate. He will continue to communicate with others even when others do not understand him. Student's intelligibility is impacting other goals, as it is not always able to be determined how many words he is producing in a phrase. Goals will continue in the area of articulation to target vowel errors, consonant errors of all age typical speech sounds.

OUTCOME #3 TAKING APPROPRIATE ACTION TO MEET NEEDS

At school, Student can take care of his needs. He will ask to use the restroom and is independently able to go to the bathroom and wash his hands. Student will eat whatever snack is offered and ask for more of what he likes. Student is very eager to be part of his classroom, sharing information and ideas. He is able to follow routine and one-step directions with few verbal reminders necessary. With two-step or novel directions, Student does need multiple reminders in order to follow directions. He is behavior is not so much disruptive as it is distracting.

Student has age-level fine motor skills. He is able to hold his pencil with a tripod grasp, copy beginning shapes (vertical/horizontal line, circle, cross and draw figures. Student maintains cutting on a straight line and attempts to cut on curved and zig-zag lines. The team has no concerns regarding Student's fine motor skills at this time.

Student enjoys active play in the gym and on the playground. He is able to run, jump, hop, balance on each foot and catch/throw a ball. Student is beginning to skip. At this time the team does not have concerns with Student's gross motor abilities.

PHYSICAL CHARACTERISTICS (VISION, HEARING, MEDICAL/HEALTH)

Student has been healthy with no medical concerns noted by parent. The team has no vision concerns at this time as it appears he uses his vision appropriately in all environments. A hearing screening was completed and Student passed the screening in both ears.

- Cognitive Functioning
- Academic Performance (reading, math, learning styles, etc.)
- Communicative Status (receptive and expressive language)
- Physical Characteristics (medical, vision, hearing, motor)
- Emotional/Social Development (social skills, leisure)
- Adaptive Characteristics (including adaptive behavior, self-care, independent living, self-direction, health and safety, work)
- Ecological Factors
- Other

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What does an IEP look like?

➤ D. Present Levels of Academic Achievement and Functional Performance

OUTCOME #2 ACQUIRING AND USING KNOWLEDGE AND SKILLS

At school, Student is eager to learn new things and complete tasks. Although Student is working on being strong in his body, he does his best to remain focus during circle time. Student has many words and likes to tell stories about what he did at home, his parents, and things he is playing with. However, his speech is difficult to understand, and he has a hard time having conversations with adults (other than his parents) and his peers. That does not hinder him in wanting to share his ideas, thoughts and feelings. Student is currently able to sort by color, practicing writing his name with a model, and is identifying 5 uppercase letters. He also knows that his friends' names start with a certain letter, but is not yet able to identify the letters. He is rote counting to 4, can copy a simple pattern, and expressively names two colors consistently. Student can follow the classroom routine, but requires multiple reminders to remain on task. The team agreed Student's attention appears to be impacting his ability to show what he knows and possibly gain new skills.

Student has made wonderful progress in the area of speech since the last IEP. Student is following one-step directions consistently, but is not yet following two-step directions with consistency. He has increased his vocabulary, but is still not yet at the 100 word level for naming or identifying. Student uses phrases of 2-3 words to communicate with peers and adults. At home, family is able to understand almost all of his speech. They know his words for most items and context of what he is talking about. In the classroom, his teacher reports they understand very little of his speech. Even when others don't understand him, he is very happy and not showing frustration. Student becomes even more difficult to understand when his rate of speech increases. The family is interested in teaching Student strategies to help him slow his speech rate. He will continue to communicate with others even when others do not understand him. Student's intelligibility is impacting other goals, as it is not always able to be determined how many words he is producing in a phrase. Goals will continue in the area of articulation to target vowel errors, consonant errors of all age typical speech sounds.

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What does an IEP look like?

➤ F. Annual Goals, Short-Term Objectives, and Periodic review of services

F. Annual Goals, Short-Term Objectives, and Periodic review of services

Reference From: Early Learning Standards

Domain: Language, Communication, and Literacy

Sub-Domain: Language-Communicating and Speaking

Standard: 4.1.2.3 Child expresses self in increasingly long, detailed, and sophisticated ways.

Annual Goal

Intent/purpose:

To improve Student's communication skills to the preschool level in order for him to be more successful when interacting with adults and peers in a variety of settings.

Behavior:

Student will increase his expressive and receptive language skills to be more intelligible to others.

Ending Level:

1. When engaged in play with toys, food, or story with pictures, [redacted] will use a 4+ word phrase to comment on his play or actions 20 times during a speech session, over 3 sessions.
2. [redacted] will increase his receptive language skills to following 2 step directions with the use of a visual with 80% accuracy, over 3 sessions.
3. [redacted] will name and identify 100 vocabulary words consisting of nouns and verbs, by the end of the IEP.
4. [redacted] will learn strategies to help him reduce his fast rate of speech, he will demonstrate 2 strategies (pacing board, turtle speech) during speech and use them each given a model over 3 sessions.
5. [redacted] will produce the correct vowel sounds in CVC words with 90% accuracy, over 3 sessions.
6. [redacted] will produce the final consonant sound in words when given a model with 80% accuracy, over 3 sessions.

Characteristics of services:

Performance of this goal can be expected during speech sessions and transferred to other environments.

How and when periodic progress reports will be provided:

Progress reports will be completed and shared with parents each trimester.

Will a graph be used to report progress toward the annual goal and associated objectives? ☐ Yes ☒ No

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What does an IEP look like?

➤ F. Annual Goals, Short-Term Objectives, and Periodic review of services

F. Annual Goals, Short-Term Objectives, and Periodic review of services

Reference From: Early Learning Standards

Domain: Approaches to Play and Learning

Sub-Domain: Cognitive Self-Regulation

Standard: 1.1.2.4 Child holds information in mind and manipulates it to perform tasks.

Annual Goal

Intent/purpose:

To increase Student's attention and persistence during activities.

Behavior:

Student will receive specially designed instruction from an Early Childhood Special Educator and support from adults in the classroom.

Ending Level:

Baseline: Student is beginning to work in a small group with attention ranging between 3-5 minutes and independently complete activities on 2/5 opportunities.

During small group activities, Student will increase his attention to 5-7 minutes with a maximum of two redirections and complete activities on 4/5 opportunities.

Characteristics of services:

Performance of this goal can initially be expected with individual adult support utilizing specially designed instruction and then transferred to small group, maximum of 4 students, adult support.

How and when periodic progress reports will be provided:

Progress toward goals will be documented and shared at conference times occurring in November, February and May. This schedule corresponds with the reporting schedule for all preschoolers attending the Early Childhood Program.

Will a graph be used to report progress toward the annual goal and associated objectives? ☐ Yes ☒ No

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What does an IEP look like?

➤ G. Adaptation of Educational Services

G. Adaptation of Educational Services

Describe changes in educational services that will be made to permit successful accommodation and education of this student (e.g. grading, credits, staff, transportation, facilities, materials, Braille, equipment, technology, adaptive devices, curriculum, methods, and other services). Include procedures for monitoring equipment, if applicable. Consideration must be given to the special factors indicated in section E of the IEP.

An IEP goal has been written in this plan addressing Student's communication needs.

A mirror will be used to help Student see/copy the correct mouth formation (lips/tongue) when needing to produce specific articulation sounds during speech sessions.

When mispronouncing specific articulation sounds, Student will be provided a correct model and asked to repeat the word using correct articulation.

Paraprofessional support will be provided during small group activities as needed.

Does the student need instructional and related core materials in an accessible specialized format? ☐ Yes ☒ No

Describe the student's participation in North Dakota State Assessment. When completing this section consider the next scheduled NDSA testing window.

☒ Student's current grade does not participate.

Describe the student's participation in district-wide assessments.

☒ The team has discussed and considered the student's participation in regular district-wide assessment. If the student will not participate in the regular district-wide assessment, describe why the child cannot participate and why the particular alternate assessment selected is appropriate.

At this time, preschool age students do not participate in state and/or district-wide assessments.

This section includes the accommodations needed to provide support to the child.

Examples may include:

- Access to audiobooks for on level, grade level, and textbook reading
- Modified handles on paintbrushes, writing utensils, and all hand instruments
- Boundaries/lines provided for spatial awareness in gross motor activities

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Screening vs Evaluation vs Assessment

Identifies developmental concerns "red flags"

Alone cannot be used to determine eligibility

All children can be screened

Formal testing

Used to determine eligibility for services

Completed by a professional in the field

May identify concerns not identified in screening

Provides information on planning for individualization

Used to monitor progress over time

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IFSP	IEP
Birth through age 2	Ages 3-21
Inclusive of the family's needs	Focuses on child's needs
Provided in natural environments	Provided at school
Assigned a service coordinator	No service coordinator
Reviewed every 6 months	Reviewed 1x per year
IFSP Team makes decisions	IEP Team makes decisions
Governed by Part C of IDEA	Governed by Part B of IDEA

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The Role of the Childcare Provider

- ✓ Observations & Documentation
- ✓ Providing Referrals
- ✓ Being Team Member
- ✓ Creating access to early childhood environment
- ✓ Modifications and accommodations

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Observations & Documentation

- ❖ Can be formal or informal
- ❖ Objective & Factual
- ❖ Variety of settings
- ❖ Different times of day
- ❖ Share observations with families

As soon as you notice a child is not meeting developmental milestones, it is important to talk to the family.

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How to be part of the team

- ✓ Partner with parents
- ✓ Attend IEP meetings
- ✓ Learn more about the child's disability
- ✓ Be a good listener; ask questions
- ✓ Share what you know about the child
- ✓ Get a copy of the IEP
- ✓ When you don't agree, talk about it
- ✓ Open Communication

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Access & Modifications

- ❖ Plan together
- ❖ Modify toys and equipment
- ❖ Model appropriate behaviors
- ❖ Teach specific words and skills to promote friendship
- ❖ Teach typically developing peers how to talk and play with children who have a disability
- ❖ Look for strengths
- ❖ **Partner with parents** and professionals

Need Help?

Reach out!

- Parents
- Early Interventionists
- Special Educators
- Medical Provider
- USpireND Inclusion Coaches
- Health & Safety Specialists
- Adaptive Equipment Services

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USpireND Resources and Trainings

❖ Inclusion Support Website

<https://www.uspirend.org/inclusion-support>

- Example Behavior Plan
- Care Plan Template
- Consent Forms
- Resources

❖ Ages and Stages Questionnaire Training - July 2025

Growing Futures Title - "Ages and Stages Questionnaire Implementation Training"

❖ Care Plan Training

Growing Futures Title – "Care Plan: Understand and Creating"


❖ IFSP and IEP Trainings

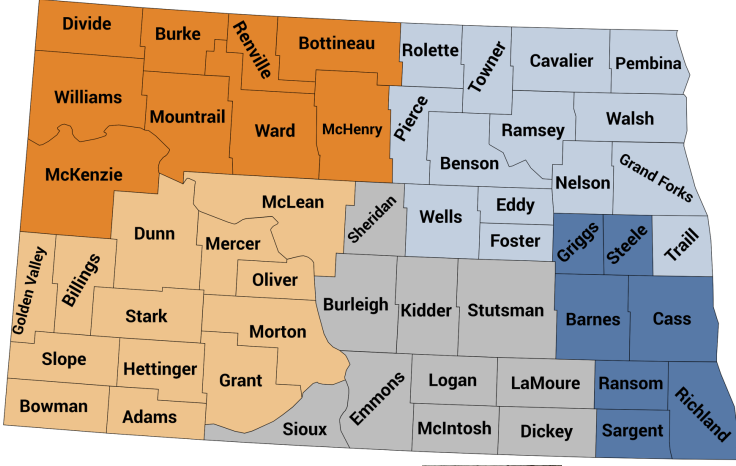
Growing Futures Title – "Understanding IFSP's (Individualized Family Service Plans) and Childcare" or "Understanding IEP's" (Individualized Education Plans) and Childcare"

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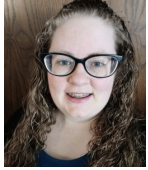
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Resources here







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INCLUSION SUPPORT



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