



This file is available for use as an easy reference to the OCDEL bulletins, Philadelphia Policy Statements and other guides that are a part of the Unit. It does not include all of the content and learning activities that complete the Policies and Procedures online course. Go to the TLC Home page and click on "TLC Courses" to access "Policies and Procedures."

## **Contents**

Sample Family Welcome Letter

Service Agreement – Service Coordinator

Service Agreement – Service Provider

Good Faith Efforts Policy and Procedures with Letters - Service Delay

Good Faith Efforts Policy and Procedures with Letters - Service Interruption

Phila County Infant/Toddler Early Intervention: Supporting Family's Questions/ Concerns about IFSP Services (2010)

Childlink Guideline: Parent Consent, Rights and Confidentiality (1/10/05)

Parents Rights Agreement

Childlink Guideline: Conflict Resolution, Mediation and Due Process (1/10/05)

County Complaints Resolution Form

Transition Policy

Transition Planning Guide

Transition Stages

Key Policies - Timeline

**D-1**  
SAMPLE FAMILY WELCOME LETTER  
Agency Letterhead

RE: Child's Name and ChildLink #

Date:

Dear \_\_\_\_\_

Welcome to Early Intervention!

Our agency has been authorized to work with you on your child's IFSP outcomes.  
We have enclosed a brochure about our agency for your review.

If we have not already begun service(s), please call the service(s) provider(s) listed below as soon as possible to schedule an appointment.

\_\_\_\_\_  
Name of Service Provider

\_\_\_\_\_  
Service(s)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Service Provider

\_\_\_\_\_  
Service(s)

\_\_\_\_\_  
Telephone Number

If you have begun your service(s), use this information above to contact your service(s) providers if you are unable to keep a scheduled appointment. We ask that you use these numbers to cancel and reschedule your appointment at least 24 hours in advance.

If you are unable to reach your service(s) provider or if you have any questions about the delivery of service(s) to your family, the person to call is: [Other contact persons, at agency, their name and phone # \_\_\_\_\_;] Our office hours are: \_\_\_\_\_, however you may leave messages after office hours at any of the numbers listed, by following the telephone directions.

Your Child Link service coordinator is also available to you if you have questions about your service or other issues you would like to discuss.

\_\_\_\_\_  
Name of Service Coordinator

\_\_\_\_\_  
Telephone Number

We look forward to working with you to enhance the development of your child.

Sincerely,

Copy: Service Coordinator

## SERVICE AGREEMENT

Between

\_\_\_\_\_  
Name of Parent/Caregiver

And

Service Coordinator

Regarding \_\_\_\_\_ ChildLink # \_\_\_\_\_  
Child's Name

ChildLink serves young children with developmental needs and their families. We do this by first talking with you regarding concerns you have about your child's development. We then bring together a team of early intervention specialists to evaluate your child's development and physical health. If these specialists find your child eligible for early intervention services, the team writes the Individualized Family Service Plan (IFSP) that describes the steps that will lead to the changes that you would like to see happen for your child and family. Your service coordinator tells you about services in your community and works to make sure that you receive these services in a smooth and timely way. Because you know your child best and are truly his/her best teacher, it is very important that you work closely with the early intervention and ChildLink staff.

This agreement and its provisions relative to missed visits will clarify for all participants the expectations for open and frequent communication. The Agreement:

- Outlines the responsibilities of the family/caregiver and provider
- Establishes the ChildLink's commitment to provide careful planning of uninterrupted services and anticipation of need whenever possible
- Is a tool for open discussion regarding your ability to keep scheduled appointments

### **I. We want to make sure that each family understands that:**

1. Services will be delivered in the natural environment and in most situations this will likely be in your home.
2. There will be no make-up for visits missed when parents/caregivers do not inform service coordinator in advance of cancellation or unavailability.
3. In the case of three consecutive visits missed (with the service coordinator and/or service provider), without advance notice, your child may be discharged from the specific service missed, or from Early Intervention services overall (in cases where visits are missed for all services provided).

4. If you are unhappy with a specific provider offering services to your child, you have the right to request a change of providers or a change in your service coordinator.

**II. You, parent/family member/caregiver of \_\_\_\_\_, agree to:**

1. Keep scheduled appointments and actively participate in them.
2. Call me at (service coordinator #) if you are not able to keep a scheduled appointment. Please call as soon as you know this. You have the responsibility to inform us about your availability. We understand that emergencies come up, and we are glad to be as flexible as possible to meet your needs. Remember that you can leave a message 24 hours a day for your service coordinator or their supervisor (supervisor's name) at 215-731-2100.
3. Promptly tell your ChildLink service coordinator of any changes in phone number or address.
4. Provide ChildLink with health reports, the "Child Health Appraisal", and other forms (such as prescriptions) that are necessary to receive services in a timely manner.

**III. ChildLink and the Service Coordinator agree to:**

1. Work closely with you to make sure that, if your child is found eligible for early intervention services, the IFSP is completed within 45 days of intake and services are obtained in a timely manner after the IFSP.
2. Keep all information about your child and family confidential. We will give no such information to others without your permission, and you can take back your permission at any time by telling your service coordinator.
3. Set up appointments with you for home visits, evaluations and service planning (IFSP) meetings. The appointment dates and times will be worked out with you to best meet your schedule.
4. Work with you to make other arrangements so you will know ahead of time that your service coordinator or other ChildLink staff is not going to be able to keep an appointment or is going to be away for a while.
5. If we are unable to establish contact after the first and second visits are missed, we will:
  - A. Contact you through phone calls, letters, and other means in order to talk with you about your interest in continuing Early Intervention Services.

B. If we do not hear from you within 5 working days from the date of our first letter and phone calls, or 5 working days from the date of the second letter (with no contact in between), we will discharge your child from the service provided (or Early Intervention Services if all services are affected). We will notify you in writing of the discharge.

C. Your service coordinator will contact you separately to determine if, perhaps, you are interested in changing service providers, or whether or not you are interested in receiving early intervention services at all at this time. You and your child may want to participate in EI services in the future.

**I understand that all ChildLink staff and EI service providers are mandated reporters of child abuse and neglect according to the Child Protective Services Law (23 Pa.C.S. Chapter 63) and regulations in Chapter 3490 (relating to protective services). If at any time, the Service Coordinator or early intervention service provider suspects that child abuse or neglect has, or is occurring, or that my child is at imminent risk for abuse and/or neglect, they are required by law to report this suspicion. In every situation, the service providers will share their suspicion or concern in advance with me, and the necessity to report. My initials below indicate that this has been discussed with me.**

Parent Initials \_\_\_\_\_

Date: \_\_\_\_\_

*NOTE: The ChildLink representative has carefully reviewed this agreement with the parent/family member/caregiver, and made certain that the person signing the agreement understands all of it. A copy of the signed agreement will be given to the parent/caregiver and a copy will be retained for the ChildLink file.*

\_\_\_\_\_  
PARENT//CAREGIVER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILDLINK SERVICE COORDINATOR

\_\_\_\_\_  
DATE

## SERVICE AGREEMENT

Between

\_\_\_\_\_  
Name of Parent/Caregiver

And

Service Provider

Regarding \_\_\_\_\_  
Child's Name ChildLink Number

We at (Name of Provider Agency) serve young children with developmental needs and their families. Through our services, we want to guide and support you so that you can help your child grow and develop in the best ways possible. Teachers (special instructors), therapists, and other early intervention personnel will make regular appointments with you to come to your home or the community setting in which your child spends his or her time. Because you know your child best and are truly his/her best teacher, it is very important that you work closely with the early intervention service providers and participate in the services your child receives through early intervention.

This agreement and its provisions will clarify for all participants the expectations for open and frequent communication. The Agreement:

- Outlines the responsibilities of the family/caregiver and provider
- Establishes the provider's commitment to provide uninterrupted services through careful planning and anticipation of need whenever possible
- Is a tool for open discussion regarding a family's ability to keep scheduled appointments

### **I. We want to make sure that each family understands that:**

1. Services will be delivered in the natural environment and in most situations this will likely be in your home.
2. There will be no make-up for visits missed when parents/caregivers do not inform service providers in advance of cancellations or unavailability.
3. In the case of three consecutive visits missed (with the service coordinator and/or service provider), without advance notice, your child may be discharged from the specific service missed, or from early intervention services overall (in cases where visits are missed for all services provided).

*(continued on next page)*

4. If you are unhappy with a specific provider offering services to your child, you have the right to request a change of providers.

**II. You, parent/family member/care giver of \_\_\_\_\_ agree to:**

1. Keep scheduled appointments and actively participate in them.
2. Call me at \_\_\_\_\_ if you are not able to keep a scheduled appointment. Please call as soon as you know this. We understand that emergencies come up, and we are glad to be as flexible as possible to meet your needs. Remember that you can leave a message with my supervisor \_\_\_\_\_ (supervisor's name) at \_\_\_\_\_ or at our agency's general number \_\_\_\_\_ hours a day.
3. Promptly tell the service provider and your ChildLink Service Coordinator of any changes in phone number or address.

**III. The ABC Provider agrees to:**

1. Set up appointments with you for (relevant EI services) that are on your child's Individualized Family Service Plan (IFSP). The appointment dates and times will be worked out with you to best meet your schedule.
2. Keep regular appointment times with you. We will let you know of any changes as soon as possible, such as a therapist being ill or a teacher taking vacation time.
3. Plan to provide services without any interruptions. If we know ahead of time that a therapist, teacher or other home visitor is not going to be able to keep an appointment or is going to be away for a while, we will work with you to make other arrangements.
4. Help you find other services for your child, when your child's team agrees that this is best for him/her.
5. Work closely with your ChildLink service coordinator.

We very much want to provide support and services to you and your child. We can only do this, however, with your regular participation. We may not be able to continue services if there are two missed appointments that you did not cancel ahead of the appointment time. If this should happen, the following will occur:

- A. We will contact you through phone calls, letters, and other means in order to talk with you about your interest in continuing the specific service(s) noted on your IFSP.
- B. If we do not hear from you within 7 calendar days from the date of our first letter and phone calls, or 7 calendar days from the date of the second letter (with no contact in between), your child may be discharged from the service provided (or early intervention services overall if all services are affected). We will notify you in writing of the discharge.
- C. Your service coordinator will contact you separately to determine if, perhaps, you are interested in changing service providers, or whether or not you are interested in receiving early intervention services at all at this time. You and your child may want to participate in EI services in the future.

**I understand that all ChildLink staff and EI service providers are mandated reporters of child abuse and neglect according to the Child Protective Services Law (23 PA.C.S. Chapter 63) and regulations in Chapter 3490 (relating to protective services). If at any time, the Service Coordinator or any early intervention service provider suspects that child abuse or neglect has, or is occurring, or that my child is at imminent risk for abuse and/or neglect, they are required by law to report this suspicion. In every situation, the service providers will share their suspicion or concern with me in advance, and the necessity to report. My initials below indicate that this has been discussed with me.**

Parent/Caregiver Initials \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: The provider representative has carefully reviewed this agreement with the parent/family member/caregiver, and made certain that the person signing the agreement understands all of it. A copy of the signed agreement will be given to the parent/family member/caregiver and a copy will be retained for the provider file.*

\_\_\_\_\_  
PARENT/CAREGIVER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROVIDER REPRESENTATIVE

\_\_\_\_\_  
DATE

## Good Faith Efforts Policy and Procedures – Service Delay

CITY OF PHILADELPHIA  
MENTAL RETARDATION SERVICE

INFANT/TODDLER EARLY INTERVENTION

GOOD FAITH EFFORT POLICY AND PROCEDURES  
SERVICE(S) DELAY

(Loss of family contact before early Intervention service(s) are initiated)

### *Introduction*

It is the policy of Philadelphia Early Intervention Services, that children and families receive the service(s) and supports as specified on their Individualized Family Support Plan.

The purpose of the good faith effort process is to:

- Enable early intervention service(s) to begin quickly.
- Insure that all early intervention providers use consistent, complete and documented efforts to establish contact with families.
- Use the resources in the community and within the early intervention system to support a family who is having difficulty accessing early intervention service(s) for their child.
- Enable the release of resources in early intervention once it has been ascertained that a family cannot be contacted.

### *Service(s) Delay*

*NOTE: The process outlined below also applies when service(s) coordinators experience a delay in starting service(s) with families. In those situations, the service(s) coordinator must follow the process as "the service(s) provider". The GFE letters for service(s) coordinators will be slightly different. (see sample DS-5).*

### *Process*

Each service(s) provider must insure that every family to whom they will be providing service(s) receives a Family Welcome Letter (see Family Welcome Letter Guidelines and Sample D-1). The letter serves as both an introduction to the service provider(s)/provider agency and as written documentation of key contact persons within the agency and at ChildLink. The letter also requests that the family contact the provider agency or assigned service provider to schedule an appointment (*See Family Welcome Letter Guidelines for the required contents of the Welcome Letter. Please make certain that Philadelphia MRS reviews and approves the letter before it is used.*)

1. If the service(s) provider makes face-to-face contact with the family within the first 3 working days of receiving authorization to provide service(s), then he/she must take the Welcome Letter to the first meeting with the family.
2. If the service provider is unable to establish contact with the family within 3 working days of receiving authorization to provide service(s), then the service provider must mail the family the Welcome Letter within 5 working days of the authorization.
3. Once contact is established with a family, the Family/Service Provider Agreement must be discussed and signed at the first meeting. The Agreement should be used to clarify for all participants the expectations for open and frequent communication in order to receive uninterrupted service(s). These key areas on the Agreement must be reviewed and affirmed/reaffirmed when the Agreement is signed:
  - The responsibilities of family/caregiver and service provider to communicate in advance about appointments that need to be cancelled and rescheduled.
  - The provider agency/service(s) provider's commitment to provide uninterrupted service(s) through careful planning and anticipation of need whenever possible.
  - Alternative ways that the family can communicate with a service provider(s)/provider agency when appointments are unable to be kept.
4. If the service provider has been unable to contact the family to schedule the start of service(s), he/she must inform the ChildLink service(s) coordinator of this fact. The service coordinator and the service provider must then both begin simultaneous attempts to contact the family to discuss the importance of scheduling the start of service(s).
5. If the family does not contact the service provider within 5 working days of the date that the Welcome Letter is mailed, then the service provider must send the **1st Good Faith Letter** (sample DP-2) indicating that he/she has been unable to contact the family to schedule the start of service(s). The letter must indicate the name and telephone number of the service provider(s) and a contact at the provider agency. (*\*SEE NOTE*)
6. Both the service provider and service coordinator must continue attempts to contact the family by telephone. Each must follow up with a minimum of three (3) phone calls within the next 5 working days in an effort to establish contact with the family. Each telephone call attempt must be documented in the child's file.
7. If another service provider has begun providing service(s) to the family, the service coordinator and both service providers must work together with the family to schedule the start of the 'unstarted' service(s). The service provider who has not yet started service(s) might actually accompany the service provider who has started service(s) on their next visit. The purpose of such collaboration would be

to gain access to the family and to schedule an appointment, not to stay for the full visit to simultaneously serve the child.

8. If contact at any point is established, the service(s) coordinator and service(s) provider must discuss with the family the reason(s) why there was a delay in contacting the service(s) provider to schedule the start of service(s). When scheduling the next appointment to start the service(s), the service(s) coordinator and service(s) provider must remind the family to call at least 24 hours in advance to cancel a prescheduled appointment if it cannot be kept. They must also verify that the family has received the contact information for the provider and that the family knows where they can find it.
9. If the family has not contacted the service provider or service coordinator within 5 working days of the date of the **1st Good Faith Letter**, the provider must send **the 2nd Good Faith Letter** (see sample DP-3) to the family. (*\*SEE NOTE*)

---

**NOTE:**

*\*Correspondence: A copy of all GFE correspondence to the family must be copied to the service(s) coordinator, and service(s) provider agency (if sent by the service(s) coordinator).*

10. The service provider and service coordinator must also continue attempts, which need to be documented, to contact the family with follow up phone calls and communication with emergency contacts to ascertain the family's whereabouts and discuss the family's intervention to start service(s).
11. If the family does not contact the service provider or service coordinator by the date indicated in the **2nd Good Faith Letter**, the service provider must notify the service coordinator of the continued delay. The service(s) coordinator will immediately send a **Letter of Discharge** to the family (see sample DS-6), affecting a discharge from Early Intervention Service(s) (see #'s 12 and 13 for conditions of this termination). The service provider must also send a **Good Faith Provider Discharge Letter** (see sample DP-4) discharging the service from their agency.
12. If there is more than one service provider involved but the service delay exists only with a specific service provider, the child WILL NOT be discharged from Early Intervention Service(s). However, continued efforts must be made to start the delayed service through joint visits, telephone calls and unannounced home visits (by the service coordinator) until contact is established to start this particular service. If after continuous attempts (as defined above in #10) by the provider to communicate with the family fail, then the service will be terminated.

At the next team meeting with the family, the unstarted service will be exited from the IFSP if the family has not started or is unwilling to set up an appointment for that service to begin during that meeting. If the family schedules the appointment they will be informed at that time if they miss the appointment

(barring a family emergency – *\*\*SEE NOTE*) and do not call the service provider or provider agency to cancel in advance and reschedule the service will be exited from their child's IFSP.

13. If the family contacts the service provider, provider agency, and/or service coordinator by telephone prior to the actual discharge and requests an appointment, it may be scheduled. The importance of confirming and committing to this scheduled time must be discussed with the family at the time of contact. The family must be clearly informed that if this appointment is missed [without a prior call to cancel and reschedule], Early Intervention discharge would become effective the day of the appointment. An exception to this is a family emergency as defined in (*\*\*SEE NOTE*).

---

**NOTE:**

*\*\*Family Emergency is defined as an unexpected event that threatens the health and safety of an individual in the immediate family or compromises the family member's basic human needs and prohibits the individual from contacting the service(s) provider in advance of the appointment to cancel and/or reschedule. [Example: a fire, someone needing emergency care, etc.]*

If the visit is scheduled 5 working days or more from the telephone conversation, a confirmation letter must be sent (*\*SEE NOTE*) which must state this discharge policy [exception to this, please refer to #12 above].

Because the service coordinator is involved with the GFE process from step #4, a separate GFE process for service(s) coordination is not necessary.

If the family makes contact but misses the appointment without a call to cancel/reschedule, a **Letter of Discharge** from Early Intervention is sent out immediately. If the family does call to cancel and reschedule this appointment, this will be the final time that the appointment will be rescheduled.

---

**NOTE:**

*\*Correspondence A copy of all GFE correspondence to the family must be copied to the service(s) coordinator, and service(s) provider agency (if sent by the service(s) coordinator).*

**DP-2**  
PROVIDER FIRST GOOD FAITH LETTER  
(Service Delay)

Agency Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

We are writing to request that you contact us by \_\_\_\_\_ (5 working days from this letter's date) to discuss your child's early intervention service(s).

We have made several attempts to reach you to schedule the initial appointment. The dates we tried to reach you are:

(List dates of attempts to contact family: i.e.: Welcome Letter, phone calls...)

Please contact the service provider(s) listed below so that they can schedule an appointment with you to provide the service(s) listed on your child's IFSP.

Agency Name

Service Provider

Telephone number

Service(s) for the child

If you do not contact the service provider by \_\_\_\_\_ (insert the date indicated above), your child may be discharged. Additionally, we are willing to work with you to resolve any problems you may be experiencing regarding scheduling an appointment for your child to begin service(s). If there are other family issues keeping you from communicating with us, please let us know how we can assist you so your child does not miss the opportunity to receive Early Intervention service(s).

Your service coordinator is also available to you if you have questions about your service(s) or other issues you would like to discuss [Service coordinator name and telephone #]. If there is a problem and you cannot continue the service(s) now, please be aware that you can always come back and restart early intervention service(s) by calling 215-731-2110.

Please contact us as soon as possible to start your service(s).

Sincerely,

Copy: Service(s) Coordinator

**DP-3**  
PROVIDER SECOND GOOD FAITH LETTER  
(Service(s) Delay)

Agency Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

We are writing this second letter to request that you contact us by \_\_\_\_\_ (5 working days from the date of the letter). Please contact:

Agency Name

Service(s) Provider from Agency

Telephone number

Service(s) for the child

We have made several attempts to reach you to schedule an appointment:

(List dates of attempts to contact family: i.e.: Welcome Letter, phone calls and date of First Good Faith Letter...)

EXAMPLE: On 4/1/04, we left a telephone message on your voice mail...

We want to inform you that your child may be discharged by the County from Early Intervention service(s) if we do not hear from you by \_\_\_\_\_ (insert date indicated at the top of the letter).

If you are facing any challenges that prevent you from arranging an appointment to begin service(s) please let us know so that we can assist you. Please note, in the event that you are unable to continue service(s) for your child at the present time, you can always restart early intervention service(s) by calling ChildLink at 215-731-2110.

Sincerely,

Copy: Service Coordinator

(Service(s) Delay)

Agency Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

After numerous attempts we have been unable to contact you to schedule an appointment for the start of service(s). Effective\_\_\_\_\_, we have discharged your referral for service(s) from our agency. This means that even if you make contact with your service coordinator within the next few days, we will most likely not be your service provider, and we will not initiate any further attempts to make contact with you.

We strongly urge you to contact your service coordinator \_\_\_\_\_ (SC name) immediately at \_\_\_\_\_ (SC Phone Number). Without immediate contact from you, your service coordinator will be forced to discharge your family from Early Intervention.

Sincerely,

Copy: service coordinator

**DS-5**

SERVICE COORDINATOR FIRST AND SECOND GOOD FAITH LETTER  
(Service(s) Delay)

ChildLink Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

I am writing to request that you contact me by \_\_\_\_\_ (5 working days from this letter's date), to discuss your child's early intervention service(s).

I have made several attempts to reach you to schedule an appointment without success.

(List dates of attempts to contact family: i.e.: Welcome Letter, phone calls...)

Please contact me at the number below to arrange an appointment so that you can access the early intervention service(s) that your child may need. If I am not in when you call, you may call my supervisor whose number is also listed below.

Supervisor's Name:

Supervisor's Number:

I want to inform you that your child may be discharged from Early Intervention if we cannot contact you to begin service(s) .If you are facing any challenges that prevent you from arranging an appointment to begin service(s), please let me know, so that I can assist you and your child does not miss the opportunity to receive Early Intervention service(s)

Sincerely,

Service Coordinator

Service Coordinator Telephone Number

[procedural safeguards attached]

**DS-6**  
SERVICE COORDINATOR DISCHARGE LETTER  
(Service(s) Delay)

ChildLink Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

I am writing to inform you that I have discharged your child from early intervention service(s) because we were unable to contact you to schedule an appointment for the start of service(s). This discharge is effective\_\_\_\_\_.

If for any reason you are not comfortable with this decision you may:

- Request a meeting with the Philadelphia Office of Behavioral Health and Mental Retardation for a further exploration of your concerns and answers to your questions. Please contact Denise Taylor Patterson, Director of Early Intervention Services at 215-685-5905.
- Request mediation services through the Pennsylvania Office of Dispute Resolution 1800-222-3353 or 1-800-992-4334. This mediator and neutral party will be familiar with early intervention laws and practices.
- To file a grievance or request a due process hearing through the Southeast Pennsylvania Office of Mental Retardation (OMR) call 215-560-2244). The OMR Early Intervention Coordinator (Diane Jones) will explore your concerns.

If you decide that you would like to resume early intervention service(s) for your child and you are ready to make a commitment to be available for the scheduled visits by the service(s) provider(s), you may restart early intervention service(s) by calling ChildLink at 215-731-2110.

Sincerely,

Service Coordinator

Service Coordinator Telephone Number:

## Good Faith Policy and Procedures – Service Interruption

CITY OF PHILADELPHIA  
MENTAL RETARDATION SERVICE(S)

EARLY INTERVENTION

GOOD FAITH POLICY AND PROCEDURES  
SERVICE(S) INTERRUPTION

(Loss of Family Contact After Early Intervention Service(s) are Initiated)

### *Introduction*

It is the policy of Philadelphia Mental Retardation Service(s), Early Intervention Service(s), that children and families receive the service(s) and supports as indicated on their Individualized Family Support Plan.

The purpose of the good faith effort process is to:

- Enable early intervention service(s) to restart quickly.
- Insure that all early intervention providers use consistent, complete and documented efforts to reestablish contact with families.
- Use the resources in the community and within the early intervention system to support a family who is having difficulty sustaining early intervention service(s) for their child.
- Enable the release of resources in early intervention once it has been ascertained that family contact cannot be resumed.

The Family/Service(s) Provider Agreement is a tool that can be used throughout service(s) provision to review the expectations for open and frequent communication between the family and service(s) provider. This Agreement supports the good faith effort process because it:

- Articulates the responsibility of family/caregiver and provider to be available for service(s).
- Affirms and reaffirms provider's commitment to provide uninterrupted service(s) through careful planning and anticipation of absences and needs.
- Serves as a vehicle for discussion and specifies how the family and service(s) provider should communicate when appointments are unable to be kept.

### *Interruption of Service(s)*

*NOTE: The process outlined below also applies when service(s) coordinators experience an interruption in service(s) with families. In those situations the service(s) coordinator must follow the process as "the service(s) provider". The GFE letters for service(s) coordinators will be slightly different and samples are attached. The purpose of the GFE process for the service(s) coordinator is to document efforts to contact the family in a clear and concise manner. If another agency is involved with and actively seeing the family, the family cannot be discharged from early intervention service(s) by the service(s) coordinator even when they have exhausted the GFE process. In those situations, the service(s) coordinator must repeat steps # 6 and 7 below until contact has been reestablished with the family. If the child's other service(s) are also interrupted due to a lack of family contact or service(s) coordination is the only service(s) on the IFSP, then the service(s) coordinator may discharge the child from EI after the GFE process has been followed and documented.*

#### *Process:*

If a family is unavailable for ongoing service(s) (and has not cancelled in advance) when the service(s) provider arrives at the service(s) location for a prescheduled (*\*See NOTE for definition*) appointment the following steps must be taken:

1. The service(s) provider leaves a contact note at the family's home indicating that the family missed their prescheduled appointment (i.e. 1st missed visit). The contact note includes the next proposed appointment date and time as well as the name and phone number of the service(s) provider. The note also requests family contact.
2. The service(s) provider calls the service(s) coordinator (or sends copy of the contact note) informing them that the family missed their prescheduled appointment.
3. If the service(s) provider does not hear from the family within 2 working days after the first missed visit, he/she attempts to reach the family by telephone. If the visit that was proposed via the contact note is at least 5 working days away, a confirmation letter must be sent to the family for this 2nd appointment with a copy to the service(s) coordinator.

---

#### *NOTE:*

*\* "Prescheduled" indicates that there was a conversation and agreement with the family/caregiver within 10 working days prior to the visit in order to establish the agreed upon date and time for the visit.*

1. The service(s) provider attempts to contact the family by telephone to confirm (\*\*see NOTE) the 2nd proposed appointment.
2. If the family is unavailable for the 2nd proposed appointment (i.e. 2nd missed visit) and has not contacted the service(s) provider to cancel the appointment, the service(s) provider must leave a contact note requesting family contact. The service(s) provider should not plan a third visit to the family if there is no contact by the family and must inform the service(s) coordinator of this 2nd missed visit. The service(s) provider must also send the family/caregiver the 1st Good Faith Letter (see sample IP-1).
3. Once the service(s) coordinator receives a copy of the **1st GFE Letter** indicating that the second proposed visit was missed, the service(s) coordinator must call other providers involved with the family to determine if there are any other service(s) providers who are successful with this family regarding the provision of service(s).

One option that must be considered is for the service(s) provider for the interrupted service(s) to accompany the other service(s) provider(s) on their next visit in order to make face-to-face contact with the family. The goal of this joint visit is for the service(s) provider to gain access to the family and schedule their next appointment, and not to stay for the full visit to simultaneously serve the child.

4. The service(s) coordinator must also attempt to reach the family or, if they are unavailable, their emergency contact person to ask them to have the family call the service(s) provider to schedule an appointment for service(s) as soon as possible.
5. If the service(s) provider or service(s) coordinator is in the neighborhood where the family resides, they must attempt an unannounced visit at the family's home to confirm the date and time for the next appointment. As this is an unplanned visit, neither service(s) providers nor the service(s) coordinator should plan to enter the home unless invited by the family, but rather should ask the family/caregivers to come to the door to arrange a time for a home visit. If the family is not home, a contact note must be left in the door identifying the date and time of the next visit.

---

**NOTE:**

*\*\* Calling ahead to confirm an appointment is an appropriate step but does not substitute for actually going to a family's home at the time of the scheduled appointment, and is not considered a 'missed home visit.'*

9. If there is contact with the family after the **1st GFE Letter** is sent, the service(s) coordinator and service(s) provider must discuss with the family the importance of keeping appointments or calling in advance to cancel them. The 3rd appointment is scheduled and confirmed in writing.
10. If there is no contact within 5 working days of the **1st GFE Letter**, then the service(s) provider must send the **2nd GFE** (see sample IP-2). If there is no response to this **2nd GFE Letter** by the time frame indicated, then the service(s) will be closed with the provider agency. The provider must send the "Provider Discharge Letter" (see sample IP-3) to the family. (*\*See NOTE*)
11. If the family calls after receiving the provider's **2nd GFE Letter** and an appointment is scheduled but missed by the family without a call to cancel/reschedule (i.e. 3rd missed visit), the service(s) will be discharged that day. Only a family emergency (*\*\*See NOTE*) is considered an exception to this policy. The provider must send the "PROVIDER DISCHARGE LETTER" to the family.

---

**NOTE:**

*\*All Provider Good Faith Effort/Intent to Discharge Letters must be copied to the ChildLink service(s) coordinator. This is critical so that the service(s) coordinator's GFE period is not prolonged and follows the documented steps of the provider agency.*

*\*\*Family Emergency is defined as an unexpected event that threatens the health and safety of an individual in the immediate family or compromises the family member's basic human needs and prohibits the individual from contacting the service(s) provider in advance of the appointment to cancel and/or reschedule. [Example: a fire, someone needing emergency care, etc.]*

## *Concurrent Service(s) Coordination Good Faith Effort Process*

12. The service(s) coordinator must also begin the Good Faith Effort process once he/she receives a copy of the service(s) provider's **1st GFE Letter**. Although the Service(s) Coordinator's first GFE letter is the start of the process for service(s) coordination, the letter does not restart the provider process. Once the service(s) coordinator has documentation that the provider has indeed made 2 unsuccessful attempts to see the family, they must continue the Good Faith Effort process concurrently with the provider with the Service(s) Coordinator letter additionally emphasizing that:
  - There may be a potential change in provider;
  - There may be a discharge from the Early Intervention System, if no contact is initiated by family within the given time frame; and
13. If the family does not contact the service(s) coordinator by the date indicated in the **Service(s) Coordinator 1st Good Faith Letter** (see sample IS-4), then the service(s) coordinator must again attempt to make contact with the family by taking the following steps:
  - Call the emergency contact person.
  - Attempt an unannounced visit (see parameters for unannounced visits in #8 above).
  - Ascertain if other service(s) providers are delivering service(s) and join them for a visit for the purpose of gaining access to the family and scheduling an appointment.
14. If there is contact from the family within 5 working days of the **Service(s) Coordinator's 1st Good Faith Letter**, the service(s) coordinator must discuss with the family the importance of keeping this appointment or calling in advance to cancel the appointment. The appointment is scheduled and then confirmed in writing to the family. (\*SEE NOTE)

---

**NOTE:**

*\*All Service(s) Coordination Good Faith and Discharge Letters are copied to the provider agency.*

15. If the family does not contact the service(s) coordinator by the date indicated in the **Service(s) Coordinator's 1st Good Faith Effort Letter**, then the service(s) coordinator must send a **2nd GFE Letter** (see sample IS-4) with another date by which the family must make contact. The Service(s) Coordinator must first make contact with the provider to insure that the family has not made contact with them.
16. If the family does not make contact by the date indicated in the Service(s) Coordinator's **2nd GFE Letter**, then the SC must first make contact with the provider to insure that the family has not made contact with them. Only then is the child discharged from early intervention. The Service(s) Coordinator must send a Letter of Discharge (see sample IS-5) to the family. Only a family emergency (\*\*SEE NOTE) is considered an exception to this policy.
17. If the family makes contact but misses the appointment without a call to cancel/reschedule, a Letter of Discharge from Early Intervention is sent out immediately. If the family does call to cancel and reschedule this appointment, this will be the final time that the appointment will be rescheduled.

---

**NOTE:**

**\*\*Family Emergency** is defined as an unexpected event that threatens the health and safety of an individual in the immediate family or compromises the family member's basic human needs and prohibits the individual from contacting the service(s) provider in advance of the appointment to cancel and/or reschedule. [Example: a fire, someone needing emergency care, etc.]

**IP-1**  
**PROVIDER FIRST GOOD FAITH LETTER**  
**(Interruption)**

Agency Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

We are writing to request that you contact us by \_\_\_\_\_ (within 5 working days). Please make contact with:

Service(s) Provider name:

Telephone # of service(s) provider:

Service(s) type:

There have been several attempts to contact you since \_\_\_\_\_. (Date of first missed.)  
Our attempts to reach you were:

(List dates of attempts to provide service(s) and to contact them: Example: On 4/1/04 we came to your house as agreed to provide special instruction, no one was home. A note was left for you rescheduling the appointment and requested contact....

On 4/1/04, we left a telephone message on your voice mail requesting you to contact)

It is very important for us to discuss your child's early intervention service(s). If you do not make contact with us or your ChildLink service(s) coordinator,

- Your child will be considered for discharge from Early Intervention Service(s), or
- You may experience a change in provider.

We want to assure you that we are willing to work with you in resolving any problems you may be experiencing regarding the appointments and the service(s) for your child. If there are other family issues prohibiting you from communicating with us, please know that we can help so your child does not miss the opportunity to receive Early Intervention service(s).

Sincerely,

Copy: ChildLink Service(s) Coordinator

**IP-2**  
PROVIDER SECOND GOOD FAITH EFFORTS LETTER  
(Interruption)

Agency Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

We are writing to request that you contact us by \_\_\_\_\_. Please make contact with:

Service(s) Provider name:

Telephone # of service(s) provider:

Service(s) type:

There have been several attempts to contact you since \_\_\_\_\_. (Date of first missed.)  
Our attempts to reach you were:

(List dates of attempts to provide service(s) and to contact them: Example: On 4/1/04 we came to your house as agreed to provide special instruction, no one was home. A note was left for you rescheduling the appointment and requesting contact....;

On 4/1/02, we left a telephone message on your voice mail requesting you to contact)

It is very important that you contact me if you wish to continue receiving service(s) with this agency. Without contact from you by the date indicated above,

- Your child will be discharged from the service(s) and could be discharged from Early Intervention service(s).

Again, I encourage you to contact me by \_\_\_\_\_ (use date @ top of letter) concerning any problems or challenges you are facing that might be an obstacle in your child receiving appropriate service(s). If there is a problem and you cannot continue the service(s) now, please be aware that you can always come back and restart service(s) with us in the future.

Sincerely,

Copy: ChildLink service(s) coordinator

**IP-3**  
PROVIDER DISCHARGE LETTER  
(Interruption)

Agency Letterhead

Today's Date  
RE: Child's Name

Dear (Family, Caretaker):

We have been unable to make contact with you to provide our service(s) to your child despite the numerous letters and visits that have been made. Therefore, we regret to inform you that your child is being discharged from the service(s) of our agency.

If you wish to continue with this service(s), and can make a commitment to be available for visits, please contact your service(s) coordinator\_\_\_\_\_ (SC name and number). They will identify another agency that can provide this service(s) for your child.

If you would like to restart this service(s) at a later time, let your service(s) coordinator know this when you call them and they will arrange for another provider to work with you to schedule a visit.

Sincerely,

Copy: service(s) coordinator

**IS-4**  
SERVICE(S) COORDINATOR FIRST and SECOND GOOD FAITH LETTER  
(Interruption)

ChildLink Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

I am writing to request that you contact me by \_\_\_\_\_ (within 5 working days).  
If I am not here when you call, please ask for my supervisor at the number below:

Supervisor's name:

Telephone #:

There have been several attempts to contact you since \_\_\_\_\_. (Date of first missed.)  
Our attempts to reach you were:

(List dates of attempts to provide service(s) and to contact them: Example: On 4/1/04 we came to your house as agreed to provide special instruction but no one was home. A note was left for you rescheduling the appointment and requesting contact....;

On 4/1/04, we left a telephone message on your voice mail requesting you to contact)

It is very important for us to discuss your child's early intervention service(s). If you do not make contact with me by \_\_\_\_\_ (use date identified above):

- There may be a potential change in provider;
- There may be discharge from the Early Intervention System, if no contact is initiated by family within the given time frame; and

We are willing to work with you in resolving any problems you may be experiencing regarding the appointments and the service(s) for your child. If there are other family issues that prevent you from communicating with us, please let us know so we can help and your child does not miss the opportunity to receive Early Intervention service(s).

Sincerely,

Service(s) Coordinator

Service(s) Coordinator Telephone Number

Copy: service(s) provider

**IS-5**  
SERVICE(S) COORDINATOR DISCHARGE LETTER  
(Interruption)

ChildLink Letterhead

Today's Date

RE: Child's Name      ChildLink #

Dear (Family, Caretaker):

We have been unable to make contact with you to provide early intervention service(s) to your child despite the numerous letters and visits that have been made. Therefore, we regret to inform you that your child is being discharged from Early Intervention service(s).

If you wish to continue with the service(s), and can make a commitment to be available for visits, please contact me. If you would like to restart early intervention service(s) at a later time, you may call 215-731-2110 when you are ready and someone will work with you to schedule an intake.

Sincerely,

Service(s) Coordinator  
Service(s) Coordinator Telephone Number

Copy: service(s) provider

# **Philadelphia County Infant/Toddler Early Intervention**

## **SUPPORTING FAMILY'S QUESTIONS/CONCERNS ABOUT IFSP SERVICES**

### **Policy:**

All early intervention staff should routinely support the family to express their opinions about services provided on their Individualized Family Service Plan (IFSP). Early Intervention staff should maximize opportunities to support families in this area throughout the process of providing early intervention services. For the Service Coordinator, opportunities to elicit family input occur during the first home visit, after completing MDE's and IFSP's, during quarterly review meetings and during other interactions with the family. At these times the Service Coordinator should routinely encourage the family to bring any concerns and questions they have about services planned on their IFSP (those delivered as well as missed) to the attention of their Service Coordinator.

All other team members should routinely encourage and support the family to express their opinions, concerns and questions at team meetings, during individual sessions and at other times when they interact with the family.

### **Procedure:**

Support families to ask questions, give feedback and share concerns:

- Families should be supported to ask questions, express concerns and give feedback about areas such as the methods being used by Interventionists; difficulties in communicating with early intervention staff including their Service Coordinator; and any concerns or questions they may have about delays or interruptions that may have occurred in receiving services. The family should also be encouraged to describe and voice their satisfaction with the services being provided.
- The Service Coordinator and Early Interventionists must inform families of their procedural rights and the process they should follow regarding any complaints they may have.
- The Service Coordinator and Early Interventionists should seek support as needed from their supervisor and MRS Program Analyst depending on the nature and complexity of the concerns or questions that families may pose.

### **Issues related to delays and/or interruptions in service.**

The family may raise questions about a service that was planned on their IFSP but was either delayed or interrupted, because of a family or system reason.

- If the concern is expressed to the early intervention service provider, the service coordinator should be informed.
- If the family expresses a concern to the service coordinator, the service coordinator should discuss with the family any need for make up services after all services on the IFSP have been started and delivered to the child. At that point the child's progress should be noted along with the status of addressing the outcomes on the IFSP.

- In these instances, the Service Coordinator will consult with the IFSP team to evaluate the potential clinical benefits to the child of providing additional IFSP services.
- If the child's transition meeting has already occurred, a service coordinator from Elwyn should be invited to the discussion about proposed changes to the IFSP.
  
- NO individual service provider on the team should 'offer' (at a team meeting or when meeting with a family) to provide make up services to a family. Provider Agencies will determine if they can pickup a service and only after the team determines that additional services are needed to help the child and family reach their IFSP outcomes, and then those additional services will be posted to the master referral list.
  
- If the team consider a change to the IFSP either at the next annual IFSP meeting , the next 6 month review or one of the next interim quarterly review meetings; that will be the best time to add the additional hours if additional services in either of these areas are suggested. And the team feels there is a clinical benefit to providing additional services for a short period of time, in addition to those already on the IFSP.
  
- As a general guideline, we should make every effort to provide all IFSP services, (including these additional services), prior to the child's third birthday. All IFSP services provided by the infant/toddler early intervention system should stop the day before the child's third birthday and no IFSP services are continued after age 3.
  
- If the team feels that there would be no benefit in adding extra services for a short period of time, this should be documented in the case file/case note and no change will be made to the child's IFSP
  
- The Service Coordinator will send a letter to the family explaining the outcome of the discussion with the family's team about adding extra services to the IFSP (make-up).

ChildLink Guideline: Parental Consent, Rights and Confidentiality  
(Revised and draft 1/10/2005)

All children referred for early intervention services are entitled to receive a timely and comprehensive Multidisciplinary Evaluation (MDE), with the permission of the parent, guardian or surrogate parent. In order to proceed with the MDE, the Service Coordinator needs the family's written permission to begin collecting health and developmental information about the child and information about the family. The information is used to understand the child's developmental needs and to identify areas where the family may need additional supports and services. It is voluntary for families to provide this information.

- During the initial home visit, the SC will review certain information with the family and will document the family's decision to proceed on various levels in the "*Consent to begin the Early Intervention Assessment Process*".

This Consent form consists of three areas:

1. The first area asks the family to initial and sign acknowledging their receipt of the ChildLink brochure, Civil Rights and Nondiscrimination Policy, Family Education Rights and Privacy Act of 1974, "Your Right to Disagree" and a copy of Philadelphia Health Management Corporation's Notice of Privacy Practices.
  2. The second area asks the family to initial and sign to verify the family's request and consent for ChildLink to:
    - Begin the EI Process which will include: completing a Child Assessment Questionnaire, a Family Assessment Questionnaire, provide up to 15 hours of service coordination and request and/or send information to the family's referral source and the child's physician as appropriate
    - Exchange information with the Department of Human Service (DHS), if they are receiving services from DHS, for the purposes of monitoring the referral process and providing early intervention services
    - Not begin the early intervention assessment process
  3. The third area asks the family to initial and sign indicating that they are giving permission for their child's physician to complete and return to ChildLink the *Child's Health Appraisal and Prescription for Early Intervention*.
- When families express their option to proceed with an MDE, they are asked to sign the "*Consent for Referral for a Multidisciplinary Evaluation (MDE)*" and will be given the corresponding materials for this option.

- When families express their option NOT to proceed with an MDE, they are asked to sign the *“Consent Not to Have a Multidisciplinary Evaluation completed”* and will be given the corresponding materials for this option.
- When families express their option NOT to proceed with an MDE, they have the right to request At Risk Monitoring if their child meets the five At Risk criteria. In this case, they will be asked to sign the *“Consent to Make A Referral for the At Risk Monitoring, if eligible”* and will be given the corresponding materials for this option.
- At the conclusion after each Initial, Annual or Addendum to the IFSP the SC will also ensure that the family is informed of their procedural rights and obtains the signature of the family on a Parent’s Rights Agreement.
- All families will be given notices of their rights and confidentiality, whether they choose to have an MDE or not. The SC will give this information via:
  - Civil Rights And Nondiscrimination notice – includes families rights, nondiscrimination policies, and a list of agencies to contact if families believe their rights have been violated or if they feel they have been discriminated against.
  - Family Education Rights and privacy Act of 1974 and Procedural Safeguards for Children in Early Intervention Services (FREPA) notice – Includes excerpts of the law and families’ rights regarding their child’s records, types of agencies who are authorized to view the records, conflict resolution procedures regarding the records; as well as other places where families can find additional protections.
  - HIPPA notice – describes how families’ protected health information may be used and disclosed and how families can obtain access to their protected health information. Families are given this notice and are asked to sign for their receipt of this information. The SC must sign as witness for the family.

Event/Reason for Agreement: \_\_\_\_\_  
\_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Yes    N/A

I/we participated in the meeting(s) which included the MDE (Multidisciplinary Evaluation) and/or IFSP (Individual Family Service Plan) to discuss, plan, and implement early intervention services or tracking activities.

I/we received information explaining early intervention, rights and procedural safeguards.

I/we understand that when a child is eligible, an evaluation should be completed (if a current evaluation is not available) and an IFSP meeting held within 45 days from the date of referral to the county MH/MR.

I/we understand that parents have the right to accept or decline any or all of the proposed services and activities.

I have been informed that information gathered is confidential (Family Educational Rights and Privacy Act).

I/we request:

Another meeting to continue to discuss the issues presented today.

All tracking activities.

All activities and services listed on the IFSP.

All recommended activities and services be delayed.

Only the following IFSP listed activities or services to start:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we are dissatisfied with the proposed services and activities and request:

A discussion with the county MH/MR administrator.

A mediation session conducted by Office for Dispute Resolution.

A due process hearing conducted by the Office for Dispute Resolution.

Parent Signature(s): \_\_\_\_\_  
\_\_\_\_\_

*ChildLink Guideline: Conflict Resolution, Mediation and Due Process*  
**(Revised and Draft 1/10/2005)**

During the initial home visit Service Coordinators will inform all families of their Procedural Safeguards and give them the *"Problem Solving in Early Intervention birth to age three"* pamphlet. Families acknowledge the receipt of this document by signing the *"Consent to begin the Early Intervention Assessment Process"*. The document informs families of the options parents/caregivers have when they disagree with any aspect of the early intervention process. In addition, Service Coordinators will also inform families of their procedural safeguards every time the family participates in the following meeting(s): Multidisciplinary Evaluation, Individualized Family Service Plan and Addendum to the child's IFSP by signing the *"Parents Right Agreement"* document.

Families may disagree at any time with either the process or the outcome of evaluation(s), IFSP development or services. Families have a variety of options available that they may choose to resolve their concerns/issues. These options are:

**1. Request a meeting with the Philadelphia County Office of Mental Retardation Services**

- Families may request this meeting via their Service Coordinator or may contact the County directly to express their concern/complaint. Besides expressing their concerns verbally, families may choose to do so in writing via the *"Parent's Right Agreement"* document, where they have the option to check if they would like to Request a Meeting with a County, Mediation or Due Process.
- Families may express their written or verbal concern/complaint directly to the Commonwealth
- An advocate or lawyer may contact the County or ChildLink on behalf of the family regarding their concern/complaint.

**When the family requests such meeting, the SC will follow these steps:**

- a. Notify their immediate Supervisor and EIP Director within twenty-four hours of family's request for a meeting. SC must be prepared with information/history leading up to the family's request for a meeting.
  
- b. The County will assign a Program Analyst on the same day it is informed of the family's request for a meeting. The Program Analyst will immediately contact the family to schedule a meeting within seven days of their request. After speaking to the family via

phone and receiving pertinent information from the County EIP Director, the Program Analyst may obtain additional information from the child's IFSP team and should then complete the "*County Complaint Resolution Form*".

- c. The Program Analyst will document the nature of the conversation in a letter to the family (after speaking with the them). If the concerns are resolved in the initial phone conversation, this will be outlined in the letter. The Program Analyst will provide weekly updates to the County EIP Director regarding the status of the complaint and any resolutions.
- d. The meeting with the family regarding the issues/complaint/concerns will be completed with the Service Coordinator and the Program Analyst. The Program Analyst will summarize the outcome of the meeting in a letter to the family within five working days of the meeting. Copies of the letter to the EIP Director will serve as updates for that week regarding the status of the complaint.
- e. Parent/guardian will be reminded that at any time in the process they may make a formal complaint, request mediation or due process by following the steps outlined in the problem solving in early intervention pamphlet.

## **2. Request Mediation**

Service Coordinator will initiate the following within 24 hours of the family's request:

- Notify their Supervisor and County EIP Director
- Notify OMR/SE Regional Office (Diane Jones)
- Contact the PA Special Education Mediation Service (PaSEMS) at 1-2800-992-4334

## **3. Request Due Process**

Service Coordinator will initiate the following within 24 hours of the family's request:

- Notify their Supervisor and County EIP Director
- Notify OMR/SE Regional Office (Diane Jones), with a request for a due process hearing

## **4. File a complaint directly with the Commonwealth**

The following actions will be taken:

- Complaints are filed with the PA OMR office, who will investigate them within thirty days
- Complaints will be directed to the Southeast Regional EI Coordinator, Diane Jones
- When the Commonwealth requests that the County follow up on a meter, steps b., c., d. under 1 will be followed.

**If an advocate on behalf of a family contacts the County or ChildLink staff, s/he MUST have a release form, signed by the family giving permission to share information with the Advocate. Without the release, no details of the family situation may be released.**

The County EI staff may be contacted for consultation regarding a difficult or questionable situation with a family that might lead to a complaint. The ChildLink Assistant Director of Services will contact the EIP Director (or designee) to discuss it. The EIP Director will identify a county EI staff to support the ChildLink staff and provide guidance for decision making until the details of the difficulties are worked through. In this situation, it will not be necessary for the County to make direct contact with the family.

COUNTY COMPLAINTS RESOLUTION FORM  
PHILADELPHIA EARLY INTERVENTION SYSTEM

Family: \_\_\_\_\_

Date: \_\_\_\_\_

Child: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

ChildLink Number: \_\_\_\_\_

ChildLink SC: \_\_\_\_\_

Date received request from Childlink: \_\_\_\_\_

**Description of Issue/Concern/Complaint**

Option(s) Family Member Selected (check all that apply):

\_\_\_\_\_ Meeting (with) MRS

\_\_\_\_\_ Mediation

\_\_\_\_\_ Due Process

\_\_\_\_\_ System (formal) Complaint

Person filling out this form: \_\_\_\_\_

Signature

-----  
**Actions Taken/Date of Contacts**

**Date:**

Date Actions Implemented: see above dates

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

Office of Child Development and Early Learning



*Serving Children with Developmental Delays*

## Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

- The IFSP and IEP are plans that identify services and supports so that family members and early education programs are actively engaged in promoting the child's learning and development.
- The IFSP/IEP team determines the skills/abilities and appropriate supports and services either in the natural environment or the least restrictive environment to accomplish the established goals and outcomes.
- These decisions are not made by matching the child's areas of delay with a particular Early Intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- The IFSP and IEP are plans that consider: the strengths of the child; concerns of the parent/guardian; most recent evaluation results; academic, developmental and functional needs of the child; communication needs of the child; and will incorporate revisions to the plan to address lack of progress.

<b>Date meeting(s) held</b>						
<b>Purpose Of Meeting(s)</b> (Ex.: Initial IFSP/IEP, Annual, Revisions)						

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

## I. Demographics and IFSP/IEP Team Membership

Child Information	Family Information
Child's Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Name: _____ Relationship: _____
Date of Birth: _____ Age: _____	Address: _____
MA Recipient #: _____	City/State/Zip: _____
Have parents approved billing of Medical Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone (home): _____ Phone (cell): _____
Private insurance <input type="checkbox"/> YES <input type="checkbox"/> NO	Phone (work): _____ Email: _____
Referral Date: _____	Name: _____ Relationship: _____
Referral Source: _____	Address: _____
Child's Address: _____	City/State/Zip: _____
City/State/Zip: _____	Phone (home): _____ Phone (cell): _____
Phone #: _____	Phone (work): _____ Email: _____
Primary Language: _____	Primary Language: _____
	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
School District of Residence: _____	School District of Residence: _____
County of Residence: _____	County of Residence: _____
Other: _____	

### IFSP/IEP Team Membership:

Members shall include: parent and others as requested by the parent (if feasible); the County Designee/Service Coordinator (infant/toddler) or Local Education Agency Representative (preschool) must be present for the meeting; a person directly involved with evaluation and assessment results who can interpret instructional implications; a person who will be providing services, as appropriate (infant/toddler); a regular education and a special education teacher (preschool).

Role	Printed Name	Attendance Signature
Parent/Guardian		
Parent/Guardian		

**The following individuals provided information to the IFSP/IEP team but did not attend or were excused from the meeting.**

Role	Printed Name

Parent(s) received copy of Procedural Safeguards/Parents Rights Agreement  Yes  No

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

## II. Child and Family Information

### Summary of the Child's Present Performance

Provide a summary from the Evaluation Report, if current, or update with current information. This summary describes the child's strengths (including strengths that exist in areas of concern) and the child's needs. Include developmental, academic achievement (preschool), and functional performance. Describe how the child's developmental delay or disability affects the child's involvement in everyday routines and appropriate activities. Describe instructional strategies that have been successful and how they can be incorporated into the child's educational program and curriculum that will support the child. Describe the child's favorite activities and materials, and factors that motivate the child to participate and learn.

### Summary of Family Information

Provide a summary from the Evaluation Report, if current, or update with current information.

**With parent consent, list assistance to the family in helping them access community, medical or other non-EI funded services.  
If the parent does not want to address this item, document in the child's record.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

### III. Special Considerations

Following are special factors the IFSP/ IEP team must consider before developing the IFSP/ IEP. Each question must be answered. If YES is checked, the IFSP/IEP must address the child's needs related to any identified special factor.

<b>1. Is the child blind or visually impaired?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - As developmentally appropriate for the infant, toddler, and preschooler, the IFSP/IEP team should evaluate the child's early literacy needs, including reading and writing media. The IFSP/IEP must consider the current and future needs of the child related to the use of Braille if the team decides that this is appropriate for the child.
<b>2. Is the child deaf or hard of hearing?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IFSP/IEP.
<b>3. Does the child exhibit behaviors that impede the child's learning or that of others?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional behavior assessment.
<b>4. Does the child have limited English proficiency (e.g., the child's home language is not English)?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the family and child's language needs as those needs relate to the development and implementation of the IFSP/IEP.
<b>5. Does the child have communication needs?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the communication needs of the child in the development of the IFSP/IEP.
<b>6. Does the child need assistive technology devices and/or services?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's assistive technology needs in the development of the IFSP/IEP.
<b>7. Is it anticipated that the infant/toddler or preschooler will be transitioning from the Early Intervention program because of a transition in the life of the family and child?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP/IEP should address the child's transition to future community programs and the needs of the family related to the transition.
<b>8. Is this an IFSP for a toddler who is close to his/her second birthday?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP must include a transition plan that addresses the child and family's needs related to the transition to the Part B program if eligible or to other community programs.
<b>9. Is this a preschooler within 1 year of transition to a program for Kindergarten age children?</b>	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IEP must include a transition plan that addresses the transition process.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

### IV. Outcome/Goal # \_\_\_\_\_

Activity/behavior/skill in everyday life, identified by the family and the IFSP/IEP team, that they would like to see happen. Includes information on the routine/activity of the family, community, or early childhood setting where the behavior/skills will be incorporated. Should address the child's needs identified in the evaluation and the priorities of the family. Be functional and measurable to provide a framework for ongoing progress monitoring. Goal should be developed in accord with the PA Early Learning Standards and enable the child to be involved in and make progress in the general curriculum.

<b>Outcome/Goal:</b> _____ <b>Date outcome/goal developed:</b> _____ <b>Date outcome/goal completed:</b> _____	
<b>What is happening now?</b> What is the child's current level of performance related to this outcome/goal?  	
<b>What teaching strategies are needed to reach the outcome/goal?</b> Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials needed by the family or team. Also include location and how all team members, including the family/caregivers/early childhood educators, will work on this.  	
<b>How will we as a team measure progress and collect data for this outcome/goal?</b> Include <u>what</u> is going to be measured, <u>how</u> it will be measure, <u>when</u> it will be measured and by <u>whom</u> . Describe when periodic reports on progress will be provided to the parent.	<b>After reviewing the outcome/goal and progress monitoring data, we, the team, have decided:(Check one) Date of review:</b> _____  <input type="checkbox"/> We still need to work toward this outcome/goal. Let's continue with what we have been doing. <input type="checkbox"/> We still need to work toward this outcome/goal. Let's discuss new ways to get there. <input type="checkbox"/> Our situation has changed; we no longer need to work on this outcome/goal. <input type="checkbox"/> We are satisfied that we have finished this outcome/goal. <input type="checkbox"/> Other: _____

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

## V. Early Intervention Services

Early Intervention Service	Location (1)	Start Date (2)	Actual Delivered Date	Anticipated Service End Date	Actual Service End Date	Frequency up to a maximum	Session Duration	Funding Source (3)	Unit Cost (3)	Estimated Total Cost (3)
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									

**County designee approving EI services (3):** \_\_\_\_\_

(1) If IFSP/IEP services/supports are not being provided in a natural environment or an inclusive environment, complete the sections titled "Participation with Typically Developing Children".

(2) If an Early Intervention service is projected to start later than 14 calendar days after the IFSP/IEP is completed, a justification of the later date must be attached.

(3) Only completed by infant/toddler programs

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

## VI. Participation in Regular Early Childhood Programs

<b>Is the child currently attending a regular early childhood program?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Early care and education programs include, but are not limited to: Early Head Start, Head Start, preschools, or child care; including reverse mainstreaming. Attendance at an early childhood program need not be funded by Early Intervention funds.)</small>	
<b>If yes, how many hours per week does the child spend in the regular early childhood program?</b> _____ hrs/wk <small>(Record the total time in hours that the child typically spends in the early childhood program each week, even if Early Intervention services are provided in a different location.)</small>	
<b>For Preschool Only</b>	<p>Using form titled "Educational Environment Worksheet", please determine the percentage of time this child is educated within a regular early childhood program, and check the corresponding box below:</p> <p>The child attends a regular early childhood program (checked "yes" for the first question above):</p> <p><input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is 80% or more of the week.</p> <p><input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is no more than 79% of the week and no less than 40% of the week.</p> <p><input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is less than 40% of the week.</p> <p>The child DOES NOT attend an Early Childhood Program but DOES attend a Special Education Program/Class (checked "no" for the first question above)</p> <p><input type="checkbox"/> Separate Class: Child attends a special education program in a class with less than 50% nondisabled children</p> <p><input type="checkbox"/> Separate School: Child receives education programs in public or private day school designed specifically for children with disabilities</p> <p><input type="checkbox"/> Residential: Child receives special education and related services in a residential facility</p> <p><input type="checkbox"/> Service Provider Location: Child receives all special education and related services from a service provider (clinicians, office, hospital facility etc)</p> <p><input type="checkbox"/> Home: Child receives special education and related services in the principle residence of the child's family or caregiver.</p>
<b>EI Preschool Location of Intervention</b>	<p>_____ (List location as described in Preschool PennData EI Reference Sheet)</p>

## VII. Participation with Typically Developing Children

<p>For infants and toddlers: Explain why and to what extent the eligible child does not receive Early Intervention services in their natural environment.</p> <p>For preschool age children: Explain why and to what extent the eligible child will not participate with typically developing peers in appropriate preschool activities.</p> <p>For eligible infants, toddlers and preschool children: Include in what environment the child will receive Early Intervention services, the reason for this placement, and ways to maximize the opportunities for the child to participate with typically developing peers in natural/inclusive environments.</p>

## VIII. Early Intervention Services during Scheduled Breaks - *PRESCHOOL ONLY*

<p>All services are based upon the preschool early intervention calendar. If the IEP team determines that this child is eligible for preschool special education services during scheduled breaks based on the educational needs of child, specify the services below.</p>
<p>The IEP team has considered and discussed services during scheduled breaks and determined that:</p> <p><input type="checkbox"/> This child does NOT need services during scheduled breaks based on:</p> <p><input type="checkbox"/> This child needs services during scheduled breaks based on:</p>

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

## IX. Revisions to the IFSP/IEP

<b>Date of Revision(s)</b>	<b>Name and Role of Team Members involved in the Revision</b>	<b>IFSP/IEP Section(s) Amended and Reason for Revision</b>



## **Transition at age three**

### **INTERAGENCY POLICY PHILADELPHIA OFFICE OF MENTAL RETARDATION SERVICES & PHILADELPHIA PRESCHOOL EARLY INTERVENTION (PPEI-ELWYN)**

#### *Purpose*

The purpose and intent of this policy is to ensure that children and families receiving early intervention services in Philadelphia receive uninterrupted services and supports as they transition from programs funded by the Pennsylvania Department of Public Welfare (PA DPW) to the Pennsylvania Department of Education (PDE).

#### *Background: Early Intervention-The Law in Pennsylvania*

On October 8, 1986, the Federal Public Law 99-457, Individuals with Disabilities Education Act (IDEA) was adopted. Part H of IDEA guides the Infant and Toddlers Program, birth to age 3; Part B of IDEA guides the 3-5 Preschool Program.

In Pennsylvania, The Early Intervention Services Systems Act, Act 212 of 1990, created an entitlement to early intervention services and programs for all eligible young children from birth to the minimum age established by the school district for the admission to the first grade or age six by September 1 (the “age of beginners”).

In 1991, PL102-119 amended IDEA and added new requirements related to transition policies. The development of transition policy and procedures are required by law in PL 102-119 and in federal regulations under Part H (34 CRF 303.344) which in 1996 become Part C. The Basic Education Circular, #29-91 (BEC), established an early intervention transition policy that requires a collaboration between Pennsylvania Department of Education (PDE), and the Department of Public Welfare (PA DPW). This BEC ensures that children and families receiving early intervention receive a protection of services as they transition from services funded by DPW to PDE.

#### *Policy*

In Pennsylvania, when a child turns three years of age, responsibility for early intervention changes from the Pennsylvania Department of Public Welfare to the Pennsylvania Department of Education. In Philadelphia these responsibilities are carried out through the Philadelphia Department of Public Health (Philadelphia Office of Mental Retardation Services) and Elwyn Inc. Philadelphia Preschool Early Intervention. The overall purpose of transition planning is to ensure that when an eligible child approaches

his/her third birthday, representatives from the two agencies work cooperatively with families to ensure the continuity of appropriate services and supports.

All IFSP meetings or reviews must include a discussion of transition. When a child approaches the age of 2 years 6 months, meetings are convened by the infant/toddler service coordinator and includes the family/care-giver, infant/toddler provider(s) and preschool service coordinator as part of the team. During the meeting the team will discuss steps to be taken to accomplish a smooth transition and plans to develop an Individualized Education Plan (IEP) prior to but effective on the child's third birthday. After the transition meeting has occurred PPEI/Elwyn will be involved in any subsequent meetings to discuss service revisions or reviews to the IFSP. When possible the service revisions will be linked with the next 0-3 quarterly review meeting for the child.

If a child is first referred to the infant/toddler program for early intervention services 45 to 60 days prior to his or her third birthday, the child will be directly referred to preschool services but the Part C timelines will apply to ensure that the child receives an IEP within 45 days and services will be initiated no later than by the child's third birthday. If a child is referred to the infant/toddler program less than 45 days before his or her third birthday, the child will be directly referred to preschool services and Part B timelines will apply.

In the event services are not in place when a child turns three and/or, if there is disagreement about eligibility, type or amount of services or supports, early intervention services and supports will continue as per the IFSP, uninterrupted and unchanged while options and/or resolution are initiated.

\_\_\_\_\_ Date \_\_\_\_\_  
Director of Mental Retardation Services

\_\_\_\_\_ Date \_\_\_\_\_  
Executive Director of Early Childhood Services, Elwyn Inc. (MAWA Agency)

TranPol 5/9/01

*Service Coordination – Transition*

<i>SERVICE COORDINATION TRANSITION TO PRESCHOOL PROCEDURES – Child receiving EI Services</i>				
<b>Child's age</b>	<b>Procedures</b>	<b>Purpose</b>	<b>Participants</b>	<b>Forms</b>
Initial Contacts Prior to 2 yrs	1. Discussion of transition occurs during ChildLink <b>registration</b> , initial home visits and during MDE and IFSP development.	Prepare family for transition. Give information, explain transition and discuss options.	Family/Care-giver *Infant /Toddler Service Coordinator Infant/Toddler Provider(s)	ChildLink <b>Registration</b> ChildLink Family Packet, Consents & <b>Child &amp; Family Assessment Process</b> MDE/IFSP and PRA
At 2 yrs	2. During IFSP meeting, through on-going contacts and routine monthly monitoring, discuss and complete transition section of IFSP.	Infant/Toddler Service Coordinator provides overview of transition and identifies child and family who need additional support.	Family/Care-giver *Infant/Toddler Service Coordinator Infant/Toddler Provider(s)	MDE IFSP PRA CL Monitor Form
At 2 yrs Infant/Toddler SC will discuss with Preschool SC any referrals for children with complex medical issues, low incidence disabilities (Autism, PDD, hearing or vision impairments, as well as, children receiving Audiology, Vision or Hearing Sensitivity services ) or any child who has 50 % delay in two developmental areas. The purpose of the discussion is to determine (given the child's special needs) whether an early transition meeting is necessary. If earlier transition planning is necessary the meeting should occur by 2 yrs 3 mths.				
At 2 yrs, 5 mths	3a. Infant/Toddler SC discusses notification to preschool services w/ family. Three possible meeting dates are identified. (date SI or lead therapists visits family) b. Infant/Toddler SC faxes Request for Transition Planning along with MDE summary page, MDE eligibility page and IFSP service page to Preschool SC w/ three possible meeting dates. Infant/Toddler SC then mails entire	Schedule Transition Meeting	Family/Care-giver *Infant/Toddler Service Coordinator Preschool Service Coordinator Infant/Toddler Educator or Lead Therapist (* ) Primary Facilitator Responsible Person. *** For meeting to take place family/care giver, infant/toddler and preschool service coordinators	CL Transition Brochure CL Release of Information CL Request for Transition Planning Provider Transition Planning Report CL Confirmation of Appointment to Family/Care-giver

Child's age	MDE/IFSP to Preschool SC.  Procedures	Purpose	must be in attendance.  Participants	Forms
At 2 yrs, 5mths (con't)	<p>3c. Preschool Service Coordinator responds to Infant/Toddler Service Coordinator within 48 hrs to confirm meeting date or provide alternate dates.</p> <p>d. Infant/Toddler Service Coordinator confirms meeting date with family.</p> <p>e. Infant/Toddler Service Coordinator informs Infant/Toddler providers and faxes Provider Transition Planning Form to Infant/Toddler providers for their feedback within a week.</p> <p>f. Infant /Toddler providers return Provider Transition Planning Form to Infant/Toddler Service Coordinator within a week.</p> <p>g. Infant/Toddler Service Coordinator faxes Preschool Service Coordinator Provider Transition Planning Form with in 48 hrs.</p>	Schedule Transition Meeting	<p>Family /Care giver *Infant/Toddler Service Coordinator Preschool Service Coordinator Infant/Toddler Educator or Lead Therapist</p> <p>(*) Primary Facilitator Responsible Person</p> <p>****For meeting to take place family/care-giver, infant/toddler and preschool service coordinators must be in attendance.</p>	<p>CL Transition Brochure CL Request for Transition Planning CL Confirmation of Appointment Provider Transition Planning Form</p>
<p>2yrs, 6 mths If transition planning meeting has not been scheduled Infant/Toddler and/or Preschool Service Coordinator seek supervisory support.</p>				

Child's age	Procedures	Purpose	Participants	Forms
On or before 2 yrs, 6 mths	4. Convene transition planning meeting. Explore & prioritize family concerns. Explain process and discuss options.	Discussion of transition steps and procedures. Develop individual action plan for child and family so they are ready for transition.	Family/Care-giver *Infant/Toddler Service Coordinator Preschool Service Coordinator Infant/Toddler Provider(s) (* Primary Facilitator/ Responsible Person	Transition Plan Current MDE Current IFSP
<p>Anytime after the transition meeting has occurred, the Infant/Toddler SC will involve the Preschool SC in the quarterly review meetings. The Infant/Toddlers SC will fax the "Request for Participation at the Quarterly Review Meeting" to the Preschool SC. The Preschool SC has 48 hrs. to return the form and indicate if they can attend the quarterly review meeting. After The quarterly review meeting has occurred the Infant/Toddler SC will fax the Preschool SC the Quarterly Review Summary.</p>				
<p>2 yrs, 7 mths If transition planning meeting has not occurred Infant/Toddler and/or Preschool Service Coordinators seek supervisory support.</p>				
2 yrs, 7 mths through 2 yrs, 10 mths	5. Complete evaluations as Obtain Permission to Evaluate. Complete evaluations as necessary. Complete CER and determine if programmatic changes are recommended. Continue to exploration of community & family resources (ex. Friends, childcare centers).	Complete CER Prepare for IEP development	Family/Care-giver * Preschool Service Coordinator Infant/Toddler Service Coordinator  (* Primary Facilitator/ Responsible Person	Referral forms, (CL or Elwyn, as needed). Authorization to Release Information. PTE CER
<p>At 2 yrs, 9 mths Preschool Service Coordinator will be required to attend all quarterly review meetings.</p>				
<p>2 yrs, 10 mths If CER is not completed Preschool Service Coordinator seeks supervisory support. Infant Toddler provider(s) informed if system needs for them to continue services. <b>Authorization form</b> will be sent by Preschool Service Coordinator to MRS and IT Providers</p>				

Child's age	Procedures	Purpose	Participants	Forms
2 yrs, 11 mths	6. Complete IEP based upon recommendations from CER established by MDE team. Share information about the child's strengths & needs. Identify appropriate options to start on child's third birthday. Any changes in placement and service(s) should be based on programmatic recommendations. Complete IEP. Make referrals and finalize arrangements for preschool services to begin on third birthday in cooperation with family.	Complete IEP Make referrals and finalize arrangements for preschool services to begin on third birthday in cooperation with family.	Family/Care-giver * Preschool Service Coordinator Infant/Toddler Service Coordinator Infant/Toddler Provider(s) Regular Education Teacher MDT representative  (* Primary Facilitator Responsible Person	IEP Preschool Intake NORA
2yrs, 11mths If IEP has not been developed Preschool Service Coordinator seeks supervisory support.				

<b>Child's age</b>	<b>Procedures</b>	<b>Purpose</b>	<b>Participants</b>	<b>Forms</b>
Day before third birthday	7. Discharge from infant/toddler early intervention system.	Close out infant/toddler early intervention services.	Family/Care-giver *Infant/Toddler Service Coordinator Infant/Toddler Provider (s)	CL discharge letter to family, <u>providers</u> , <u>PPEI SC</u> CL discharge form
Third birthday	8. Implement IEP Confirm start date of preschool services.	Begin preschool early intervention services.	Family/Care-giver *Preschool Service Coordinator Preschool Providers  (* Primary Facilitator Responsible Person	IEP
If the IEP is not developed by the 3rd birthday, the IFSP will remain in place. The County and Elwyn will collaborate to ensure that services continue.				

Abbreviations:

BEC – Basic Education Circular  
Mths - months  
CER – Comprehensive Evaluation Report  
MRS – Mental Retardation Services  
CL - ChildLink  
NORA – Notice of Recommended Assignment  
EIS- Early Intervention Services  
PRA – Parents Rights Agreement  
Elwyn – (MAWA) Philadelphia Preschool Early Intervention Service Coordination  
PPEI – Philadelphia Preschool Early Intervention

IEP – Individualized Education Program  
PTE – Permission to Evaluate  
IFSP- Individualized Family Service Plan  
SC – Service Coordinator  
MAWA- Mutually Agreed Upon Written Agreement  
SI – Special Instructor  
MDE- Multi-Disciplinary Evaluation  
Yrs - years  
MDT- Multi-Disciplinary Team

*Tranproc 10/04/04*

*Exceptions to General Transition to Preschool Procedures*

<b>Child's age</b>	<b>Procedures</b>	<b>Purpose</b>	<b>Participants</b>	<b>Forms</b>
2 yrs, 10mths to 2 yrs, 10 mths + 14 days	Infant/Toddler Early Intervention System refers child directly to Preschool Service Coordination for MDE.	Complete MDE and develop IEP following Part C guidelines.	Family/Care-giver * Preschool Service Coordinator Members of MDE team Members of the IEP team Provider(s) representative	PTE MDE CER IEP Procedural Safeguard Notice NORA
2 yrs, 10 mths + 15 days	Infant /Toddler Early Intervention System refers child directly to Preschool Service Coordination for MDE.	Complete MDE and develop IEP following Part B guidelines.	Family/Care-giver * Preschool Service Coordinator Members of MDE team Members of IEP team Provider representatives  (* Primary Facilitator Responsible Person	PTE MDE CER IEP Procedural Safeguard Notice NORA

Abbreviations:

BEC- Basic Education Circular

Mths – months

CER- Comprehensive Evaluation Report

MRS – Mental Retardation Services

CL – ChildLink

NORA – Mental Retardation Services

EIS – early intervention system

PRA – Parents Rights Agreement

Elwyn- (MAWA) Philadelphia Preschool Early Intervention Service Coordination

PPEI – Philadelphia Preschool Early Intervention

IEP- Individualized Education Program

PTE – Permission to Evaluate

PTE – Permission to Evaluate

IFSP – Individual Family Service Plan

SC – Service Coordinator

MAWA – Mutually Agreed Upon Written Agreement

SI – Special Instructor

MDE — Multi-Disciplinary Evaluation

Yrs – years

MDT- Multi- Disciplinary Team

*Tranproc 5/22/01*

**Transition Plan**

**Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Child's DOB:** \_\_\_\_\_ **Planning began:** \_\_\_\_\_

Transition Steps Starting at Age 2 years

Child and family considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information that needs to be shared with the team/receiving program in order to prepare for transition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Events that need to occur to make the transition a success, including steps to prepare and make transition easier for the child/family:

Date	Transition Step or Activity	Person Responsible	Date Completed

**Required Transition Meeting 90 to 180 days prior to the child's 3<sup>rd</sup> birthday**

**DATE:** \_\_\_\_\_

\_\_\_\_ **Anticipate that child will be transitioning to MAWA Preschool program/services:**

\_\_\_\_\_

\_\_\_\_ **Child will not be transitioning to MAWA Preschool program/services and the**

**reason(s) why:** \_\_\_\_\_

\_\_\_\_ **Other** \_\_\_\_\_

<b>Team Members</b>	<b>Title</b>	<b>Signature</b>
	<b>Parent/Guardian</b>	
	<b>Service Coordinator</b>	
	<b>MAWA Representative</b>	

## **Philadelphia County Infant/Toddler Early Intervention Key policy timeframes**

### **Individualized Family Service Plan Development** – *(complete within 45 days from referral)*

- Initial referral *(to Childlink)*
- Intake and assignment to service coordinator *(within 48 hours of referral)*
- Home visit *(within 10 working days of referral)*
- Scheduling of MDE/IFSP *(within 15 days of referral)*
- MDE/IFSP completed *(within 45 days of referral)*

### **Initiation of Services** *(60 days from initial referral date)*

- Provider referral and response *(within 49 days of referral)*
- Initiation of Services *(within 60 days of referral)*
- Service Agreement between Family and Service Providers signed at first home visit.
- Initiation of Services following annual/revised IFSP *(within 14 days)*

### **Progress Monitoring** *(ongoing process with quarterly reporting at team meetings)*

- Quarterly Review
  - process is discussed with the family at the first visit by all service providers to remind the family that they will be noting the progress of their child and contributing information for review.
  - team meetings held at 3, 6, 9, and 11 months from the date of the initial/annual IFSP.
  - annual MDE and IFSP - completed at the 11 month meeting.

### **Transition** *(planning begins on entry to s intervention system and is complete when child accomplishes all outcomes or turns 3 years old, whichever is sooner)*

- Planning activities and documentation
- Transition meeting