

# UNDERSTANDING AUTISM SPECTRUM DISORDER

## WHAT IS AUTISM SPECTRUM DISORDER?

Autism Spectrum Disorder, or autism, is a disability that is often present early in life and can affect multiple aspects of a child's development. Individuals with autism do not look different, but they may show differences in the ways they behave, communicate and interact with others. *Spectrum* refers to the diverse strengths, challenges and needs of each person. There are many services to support individuals with autism throughout their lives.

### *Quick facts about autism from the Centers for Disease Control and Prevention (CDC):*

- Approximately 1 in 59 children have autism.
- Autism occurs in all racial, ethnic, and socioeconomic groups.
- Children who have a sibling with autism are at a higher risk of also having autism.
- There are many possible risk factors for autism, but no single cause. So far genes are the only factor supported by scientific research.

## EARLY SIGNS OF AUTISM

There are developmental milestones that most children reach by certain ages. For example, babies usually take their first steps by 18 months of age. Each child develops at their own pace, but sometimes delayed milestones can be an early sign of autism.

### *According to the CDC, a child with autism may:*

- |  |   |  |  |
|--|---|--|--|
| ▶ Not respond to their name by 12 months of age  | ▶ Have delayed speech and language skills           | ▶ Not play "pretend" games (like pretending to feed a doll) by 18 months                 | ▶ Have highly focused interests  |
| ▶ Stop using skills they have already developed  | ▶ Repeat words or phrases over and over (echolalia) | ▶ Avoid eye contact and want to be alone   | ▶ Flap their hands, rock their body or spin in circles                       |
| ▶ Not point at objects to show interest (like pointing at an airplane in the sky) by 14 months | ▶ Give unrelated answers to questions               | ▶ Have trouble understanding other people's feelings or talking about their own feelings | ▶ Have unusual reactions to the way things sound, smell, taste, look or feel |

Not all children who show these signs have autism. You know your child best. If you are concerned about your child's development, **don't wait to take action!** Talk to your child's doctor and act early on any concerns to improve development and outcomes.

Additional autism resource guides at:

[delawareautismnetwork.org](http://delawareautismnetwork.org)

# CONCERNS FOR AUTISM

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## I HAVE CONCERNS ABOUT AUTISM, WHAT DO I DO NOW?

You know your child best. If you have concerns about your child's development, **don't wait to take action!** There are many professionals and organizations in Delaware who you can contact for support. The type of service options you receive will depend on the provider. A few of the places you can start are listed below.

WHO TO CONTACT	HOW THEY WILL HELP	WHAT THEY CAN DO
<b>Your Child's Doctor</b>	Your pediatrician or family doctor helps support your child's healthy development. If you have concerns about your child's development, make an appointment with your doctor. Your doctor can conduct developmental and autism screenings and connect you with local specialists to address your concerns.	<ul style="list-style-type: none"><li>▶ Your doctor can screen for risk of autism.</li><li>▶ A screening takes a closer look at your child's development.</li><li>▶ A screening does not result in a diagnosis, but it can indicate risk for autism.</li><li>▶ Your doctor can refer you to other specialists who can do a more in-depth evaluation of your child's needs.</li></ul>
<b>Child Development Watch (CDW)</b> New Castle County: 302-283-7140 Kent or Sussex Counties: 302-424-7300	CDW is Delaware's early intervention program for families with children under age 3. If you have concerns about your child's development, contact your local CDW. CDW will contact you to discuss your concerns and options for evaluations.	<ul style="list-style-type: none"><li>▶ CDW completes developmental evaluations.</li><li>▶ If there are concerns for autism, CDW can complete autism-specific screening and evaluation.</li><li>▶ CDW screenings and evaluations are provided at no cost to you as a parent.</li></ul>
<b>Child Find and Local School Districts</b> For a list of phone numbers for each Delaware school district, visit <a href="http://www.doe.k12.de.us/Page/3665">www.doe.k12.de.us/ Page/3665</a>	Child Find is your local school district's program for families of children ages 3-5. If you have concerns for autism, you can contact Child Find even if your child is under age 3. Your school district will connect with you to discuss your concerns and options for evaluations.	Your school district can complete an evaluation to assess your child's need for special education and related services.

## WHERE DO I START?

You can call any or all of the providers above. You can also call Autism Delaware, a family-focused organization who can answer any questions you have, provide support and help you navigate your next steps.

Additional autism resource guides at:

[delawareautismnetwork.org](http://delawareautismnetwork.org)

For support and questions, contact  
Autism Delaware and ask for family support.

**(302) 224-6020**

# EARLY CHILDHOOD INTERVENTION SYSTEM

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## THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

**IDEA** is a U.S. law that requires free appropriate public education (FAPE), special education and related services are made available to eligible children with disabilities from birth through age 21. The two parts of IDEA that focus on services for children are Parts B and C.

**Part C** is the early intervention program for infants and toddlers with developmental delays and disabilities and serves children from birth until age 3. Child Development Watch (CDW) is the Part C early intervention program in Delaware.

**Part B** is the special education and related services program for children with disabilities and serves children ages 3 through 21.\* Delaware school districts are responsible for Part B services.

\*In Delaware, autism is a **birth mandate** classification. This means if you have concerns for autism in your child under the age of 3, you can contact **both CDW and your local school district** for evaluations for service eligibility.

### CHILD DEVELOPMENT WATCH

- Provides evaluations and appropriate early intervention supports and services to children under 3 years with suspected or diagnosed developmental delays and disabilities.
- A team of evaluators will assess your child in all areas of development. You are an important member of the team. The team will determine eligibility for CDW early intervention services.
- To receive additional information about services, contact your local CDW clinic.  
New Castle Co.: (302) 283-7140.  
Kent or Sussex Co.: (302) 424-7300.

### LOCAL SCHOOL DISTRICT

- Provides evaluations to determine if your child is eligible for special education and related services.
- A school-based team will evaluate your child. You are an important member of the team. The team will determine eligibility for an educational classification of autism.
- To refer your child for an evaluation, contact your local school district's Child Find office here:  
<https://www.doe.k12.de.us/Page/3665>.

## DO I NEED TO CONNECT WITH BOTH OF THESE AGENCIES?

When you or someone who knows your child well (e.g. child care, home visitor, doctor) have concerns about autism for your child under 3, you have the option to have evaluations completed by both CDW and your school district. It is a good idea to connect with both and they will work together to make the process easier. It is important to ask questions about your program options and choose based on your child and family's needs. There is more information about evaluations, services and questions to ask on Early Childhood Resources #4 and #5.

Additional autism resource guides at:

[delawareautismnetwork.org](http://delawareautismnetwork.org)

# DEVELOPMENTAL & AUTISM EVALUATIONS

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## WHY SHOULD I HAVE MY CHILD EVALUATED?

The goal of the evaluation process is to identify your child's strengths and areas of need. The evaluation team will offer resources and services to support your child and family.

## WHAT IS INVOLVED?

Your child may have multiple evaluations and there are key elements that should be included.

During an evaluation, you and your child may participate in observations and interviews, play sessions with the evaluator(s) and/or filling out questionnaires.

**An evaluation specific to autism** will include the activities listed above, as well as the use of an autism-specific tool, like the ADOS, STAT or others. An autism evaluation should be conducted by a professional with knowledge and experience in evaluating for autism. Some of these professionals may include psychologists, neurologists, developmental pediatricians and speech-language pathologists.

## WHAT WILL MY ROLE AS A PARENT OR CAREGIVER BE DURING THE EVALUATION?

You know your child best and you are an important part of the team. The evaluator(s) may ask you questions or have you fill out questionnaires. Any concerns you have about your child should be discussed. It is important for you to ask the evaluator(s) any questions you have.

### QUESTIONS TO ASK DURING OR AFTER THE EVALUATION:

*What signs or behaviors did you see that led to the results?*

*Can you explain the criteria used?*

*What services are available for my child?*

*Where should I go for additional resources?*

*What happens next?*

*Will you evaluate my child again? If so, when?*

Additional autism resource guides at:

[delawareautismnetwork.org](http://delawareautismnetwork.org)

## ARE MULTIPLE EVALUATIONS NECESSARY?

Different evaluations may provide access to different services.

A child with a **developmental delay or disability** determined by Child Development Watch is eligible for **service coordination and early intervention** specific to the child's and family's needs.

A child with a **medical diagnosis of autism** determined by a clinician is eligible for **autism-related services** through private insurance and/or Medicaid.

A child with an **educational classification of autism** determined by a school evaluation team is eligible for **special education** and related services based on their individual needs.

**For additional evaluation support contact:**

**AUTISM DELAWARE**  
[www.autismdelaware.org](http://www.autismdelaware.org)

**PARENT INFORMATION CENTER  
OF DELAWARE**  
[www.picofdel.org](http://www.picofdel.org)

# EARLY INTERVENTION SERVICES

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## WHAT IS EARLY INTERVENTION?

Early intervention refers to the supports and services designed to enhance the development of infants, toddlers and young children with developmental delays and disabilities. You can access these services through private providers or state-funded early intervention programs. In Delaware, there are two state programs supporting early intervention: Child Development Watch and Child Find.

### DELAWARE'S STATE PROGRAMS

CHILD DEVELOPMENT WATCH (CDW)	CHILD FIND: LOCAL SCHOOL DISTRICT
CDW is Delaware's early intervention system for families of children birth to 3 with developmental delays or disabilities.	School districts provide special education and related services to eligible children ages 3 to 21. School districts can serve children under the age of 3, if they meet criteria for an <b>educational classification of autism</b> .
CDW will evaluate your child to determine if he/she is eligible for services. CDW may also offer you an evaluation to determine a <b>diagnosis of autism</b> .	Your district will evaluate your child to determine if he/she is eligible for special education and related services under an <b>educational classification of autism</b> .
Autism is an "established condition." This means if your child has a <b>diagnosis of autism</b> , you are eligible for early intervention services with CDW.	A <b>diagnosis of autism</b> does not automatically qualify your child for special education and related services. Your district will gather additional information to determine eligibility for an <b>educational classification</b> .
If your child is found eligible, your CDW team will work with you to develop an Individualized Family Service Plan (IFSP). The IFSP is family-centered and you will develop both child and family goals.	If your child is found eligible, your district team will work with you to develop an Individualized Education Program (IEP). The IEP outlines your child's related service needs, goals and special education program.
CDW supports are specific to your child's and family's needs. Services may include Family Service Coordination; physical, occupational and speech therapy; nutrition services; and more.	Your district provides special education and related services specific to your child's needs. Related services may include physical, occupational and speech therapy and more.
CDW offers support in the natural environment (e.g. home or child care) and within your daily routines.	Your school district offers support in the classroom and sometimes in settings outside of school.

## WHICH PROGRAM SHOULD I CONTACT?

You have the option to connect with and receive evaluations from both CDW and your school district. These programs work together to support families with autism concerns. If your child is found eligible for both programs, it is important to ask questions about the supports and services to best meet your child's and family's needs before choosing one.

### QUESTIONS TO ASK WHEN ELIGIBLE FOR SERVICES:

Where will you support my child?  
Will you come to my home?  
What autism-specific support do you offer?  
How often do you work with children with autism?  
How often will you work with my child?  
How will I be involved in supporting my child?

Additional autism resource guides at:

[delawareautismnetwork.org](http://delawareautismnetwork.org)

For support and questions, contact  
Autism Delaware and ask for family support.

**(302) 224-6020**

# INTERVENTIONS FOR AUTISM

## WHAT IS EVIDENCE-BASED PRACTICE AND WHY IS IT IMPORTANT?

There are many interventions to support your child with autism throughout his/her life. However, some have been shown to be more effective than others. Evidence-based practices are interventions that are supported by multiple scientific research studies and have shown to have a positive impact for children with autism. They may be used by you or by your child's doctor, school or therapist to support your child.

## EARLY CHILDHOOD EVIDENCE-BASED PRACTICES

Some examples of evidence-based practices that are commonly used to support toddlers and young children with autism in a variety of settings include:



- **Applied Behavior Analysis (ABA):** Intervention to understand a child's behaviors and support behavior change. ABA concepts are often included in autism interventions.
- **Parent-Mediated Intervention:** Parents are taught to use specific strategies with their child at home and/or in the community to support learning and skill development
- **Naturalistic Developmental Behavioral Intervention (NDBI):** Intervention happens in the child's typical settings, daily activities and routines.

For more information on evidence-based practices for autism, visit: [delawareautismnetwork.org](http://delawareautismnetwork.org)



## WILL ALL OF THESE BE USED WITH MY CHILD?

Not necessarily. Each child is different and you know your child best. You are an important part of the team that will support your child and set individualized goals that your child will work toward. Your therapist or educator's knowledge and experiences will help to inform which practices will be the most effective for your child.

## DO I NEED TO START SERVICES WHILE MY CHILD IS SO YOUNG?

Research shows interventions for young children with autism have a positive impact on their progress in school and in their lives. **Early services are key** to enhancing your child's abilities and skill development. You will also be involved and learn how to best support your child.

Additional autism resource guides at:

[delawareautismnetwork.org](http://delawareautismnetwork.org)

# RESOURCES AND SUPPORTS IN DELAWARE

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## AUTISM DELAWARE

Family navigation and support, workshops, recreational and social skills activities and parent groups.

[autismdelaware.org](http://autismdelaware.org)

Phone: (302) 224-6020

## FAMILY SHADE

Connects families of children with special health care needs to information, resources and services.

[familyshade.org](http://familyshade.org)

Phone: (855) 755-7423

## CHILD DEVELOPMENT WATCH

Evaluations for early intervention services; early intervention services.

[dhss.delaware.gov/dhss/dph/chs/chscdw.html](http://dhss.delaware.gov/dhss/dph/chs/chscdw.html)

New Castle County: (302) 283-7140

Kent/Sussex Counties: (302) 424-7300

## HELP ME GROW

Connects parents to programs, services and information related to healthy child development.

[dethrives.com/help-me-grow](http://dethrives.com/help-me-grow)

Dial 2-1-1

Text: (302) 231-1464

## DELAWARE CHILD FIND

Evaluations for special education and related services.

[www.doe.k12.de.us/Page/3665](http://www.doe.k12.de.us/Page/3665)

Visit website for school district Child Find numbers

## PARENT INFORMATION CENTER OF DELAWARE, INC.

Parent consultants; workshops and webinars.

[picofdel.org](http://picofdel.org)

Toll-Free: (888) 547-4412

New Castle County: (302) 999-7394

## DELAWARE FAMILY VOICES

Health care and insurance navigation; Parent-to-Parent program.

[delawarefamilytofamily.org](http://delawarefamilytofamily.org)

Toll-Free: (877) 235-3588

Local: (302) 669-3030

## SWANK AUTISM CENTER AT NEMOURS/ ALFRED I. DUPONT HOSPITAL FOR CHILDREN

Autism evaluations and individualized treatment plans by pediatric autism specialists.

[nemours.org](http://nemours.org)

Phone: (302) 651-4500

The DNEA provides training, coaching and information on issues that impact people with autism and their families across the lifespan. The DNEA supports community agencies, organizations and those directly impacted by autism.

For additional information and other autism resource guides, visit:

[delawareautismnetwork.org](http://delawareautismnetwork.org)



**DNEA**

Delaware Network for  
Excellence in Autism



# Birth Mandate Referral Process for Children with Hearing Impairment

## Three Pathways to Identification



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health

This document describes 3 distinct pathways of how a child suspected to have a Hearing Impairment or may be Deaf/Blind may be identified. CDW, LEAs, and the **Statewide Program (SWP) for the Deaf, Hard of Hearing & Deaf-Blind**, should demonstrate a strong partnership in each pathway that keeps children and families at the center of the process, striving to make this a more integrated and straightforward experience for them.

### Pathway 1: NEW REFERRALS (Including sub-pathways described in Scenarios 1 and 2)

Referrals for Children not currently receiving Part C or Part B Services who **may be eligible for a Special Education classification under Hearing Impairment.**

#### CDW Responsibilities

- If referral is made to CDW a Family Service Coordinator (FSC) is assigned to begin the birth mandate process
- **First**, the FSC contacts the responsible LEA's Child Find Coordinator for 619 to determine mutually agreeable dates/times to offer the parent the initial home visit (The LEA representative attending the home visit could be any of the following: the Childfind Coordinator, the Psychologist, the Educational Diagnostician, or a representative knowledgeable about 619 and hearing loss)
- **Next**, within two business days the FSC contacts the parent to schedule the initial home visit (to take place within the first week to 10 days) and explains the role of the LEA when there is a Hearing Impairment concern
- **If necessary, the FSC may need to communicate again with the LEA and parent to finalize the date/time of the initial visit-** for greater efficiency and effectiveness, this visit may be conducted with staggered times, such that the LEA representative joins after the Family Service Coordinator has completed their components
- If child has the established condition of Hearing Impairment, with parent consent an interim IFSP is developed as soon as possible to begin Early Intervention.

#### LEA Responsibilities

- If referral goes to LEA first, then LEA contacts CDW to refer the child.
- The LEA will ensure that a representative from the responsible LEA attends the home visit (The LEA representative attending the home visit could be any of the following: Child Find Coordinator for 619, the Psychologist, the Educational Diagnostician, Special Education Coordinator or a representative knowledgeable about 619 and hearing loss.) The LEA representative may participate by teleconference as an alternative option to attending in person.
- If for some reason the LEA cannot participate in the initial visit, (**which should be the exception**) they should communicate with the family ASAP to obtain consent to evaluate to assure compliance with timely evaluation.

**A confirmed hearing loss or a concern about possible Hearing Impairment is shared either verbally by the referral source or shared in a written document by the referral source** Note: The term Hearing Impairment is used throughout this document to align with IDEA terminology, and is also referred to as Deaf and Hard of Hearing.

# Birth Mandate Referral Process for Children with Hearing Impairment

## Three Pathways to Identification

### INITIAL HOME VISIT

#### Shared CDW and LEA Responsibilities

- CDW and LEA provides and explains **Parental Rights and Procedural Safeguards [To be documented in the Prior Written Notice (PWN) that the Rights and Safeguards were given to the parent at the initial home visit]**
- CDW and LEA explain their roles, responsibilities, and services
- CDW and LEA explain the evaluation/assessment process for eligibility under Part C and Part B services, respectively
  - CDW explains their Multidisciplinary evaluation/assessment process- as well as eligibility under established condition- see IDEA Federal Regulations- Section 303.320 (<https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>)
  - LEA explains their evaluation/assessment process to determination eligibility under a Hearing Impairment classification- see Delaware Administrative Code Title 14, section 925 2.0 (<http://regulations.delaware.gov/AdminCode/title14/900/925.shtml>)
  - CDW and LEA discuss any evaluations/assessments already completed and determine need for additional evaluations/assessments

#### CDW Responsibilities:

- CDW proposes to evaluate/assess the child for Part C eligibility and documents in the **PWN** to the parent
- If child meets eligibility criteria for established condition, CDW must still conduct the multidisciplinary evaluation within time lines.
- If parent agrees to the multidisciplinary evaluation, parent provides written consent to conduct the evaluation. (**Consent to Evaluate for Part C**)

#### LEA Responsibilities:

- LEA proposes to evaluate/assess the child for Part B eligibility and documents in the **PWN** to the parent
- If parent agrees to evaluation, parent provides written consent to conduct the evaluation/assessment. (**Permission to Evaluate for Part B**)

### EVALUATION/ASSESSMENT PROCESS

#### CDW Responsibilities

- CDW conducts the multidisciplinary evaluation/assessment and must convene an IFSP meeting within **45 calendar days ( Notice of Meeting)**
- Upon completion of the CDW multidisciplinary evaluation/assessment if the child is eligible for Part C services the team will develop an IFSP- CDW will document the IFSP team decisions in a PWN and the parent will provide written consent for the provision of early intervention services (Consent for Provision of Early Intervention Services, which means signing the IFSP)
- Meanwhile, (**Scenario 1- next page**): the LEA continues their evaluation/assessment process
- **OR**
- (**Scenario 2**): the LEA has completed its evaluation/assessment within the same timeframe as CDW allowing the teams to convene together (*Scenario 2 is best practice. Try to aim for one meeting so the parent does not have to go to two*)

#### LEA Responsibilities

- LEA conducts evaluation/assessment and must convene an eligibility meeting **within 45 school days or 90 calendar days whichever comes first**
- In the event that an LEA does not have the internal capacity to conduct the evaluation /assessment - the LEA may utilize an external vendor for parts of or the whole evaluation/assessment
- If the LEA chooses to utilize **SWP** for the evaluation or consultation for the purpose of determining eligibility then the LEA is responsible for obtaining **parental consent (Consent to Release Information form)** to release information between the LEA and SWP.

## Birth Mandate Referral Process for Children with Hearing Impairment

### Three Pathways to Identification

**Scenario 1: CHILDREN THAT HAVE AN IFSP** (refer back to previous page Evaluation/Assessment Process Box - third bullet under CDW Responsibilities)

CONDUCT **JOINT IFSP/IEP MEETING** TO REVIEW RESULTS OF BOTH EVALUATIONS/ASSESSMENTS AND TO DETERMINE PART B ELIGIBILITY UNDER THE CLASSIFICATION OF HEARING IMPAIRMENT. (CDW and LEA are reviewing the LEA evaluation together for the first time) If SWP is involved, they should be included on the Notice of Meeting.

#### CDW Responsibilities

- CDW attends the Part B 619 eligibility meeting
- Discusses results of evaluation/assessment with parent and the LEA
- CDW provides a copy of the **Multidisciplinary Evaluation/Assessment and the IFSP to the LEA prior to this meeting**

#### LEA Responsibilities

- LEA sends parent **Notice of Meeting** (same date and time as CDW Service Coordinator) LEA includes CDW on the invitation and provides CDW a copy of **Notice of Meeting**
- LEA discusses results of evaluation/assessment with parent and CDW
- LEA documents the data, discussions and team decisions of Hearing Impairment classification in the **Evaluation Summary Report (ESR)**
- If eligible under the Hearing Impairment classification, team discusses potential service options through Part C or Part B
- Parent decides if they want to continue with the IFSP (Part C) or begin IEP (Part B)

#### CDW Responsibilities if Part C is chosen

- If any amendments are decided, IFSP will be amended and CDW will continue with their process
- **CDW documents the parent's decision in PWN**
- CDW will still provide transition notification to the LEA and SEA to ensure timely transition planning for Part B under the normal process for children potentially eligible for Part B (not less than 90 days before the child's third birthday and not more than 9 months prior to the third birthday)

#### CDW Responsibilities if Part C is declined

- Parent signs Consent for Provision of Early Intervention under Part C, declining EI at this time.
- CDW documents in **PWN** that Part C is offering services but parent is declining and opting to begin Part B services under the Birth Mandate classification of Hearing Impairment

#### LEA Responsibilities if Part B is chosen

- Parent signs **Consent for Initial Provision of Special Education and Related Services** agreeing to Part B services
- Parent and LEA develop the **IEP**
- LEA documents decision in **PWN**

#### LEA Responsibilities if Part B is declined

- Parent signs **Consent for Initial Provision of Special Education and Related Services** declining Part B services at this time
- LEA includes in their **PWN** that Part B is offering services, however the parent is declining an IEP
- **LEA includes that Part C is approved to access SWP that can be listed on the IFSP**

## Birth Mandate Referral Process for Children with Hearing Impairment

### Three Pathways to Identification

**Scenario 2: CHILDREN THAT DO NOT YET HAVE AN IFSP** (refer back to previous page Evaluation/Assessment Process Box - fourth bullet under CDW Responsibilities)

CONDUCT **JOINT IFSP/IEP MEETING** TO REVIEW RESULTS OF EVALUATIONS/ASSESSMENTS AND DETERMINE ELIGIBILITY FOR PART C AND PART B UNDER THE CLASSIFICATION OF A HEARING IMPAIRMENT. (CDW and LEA are reviewing the CDW and LEA evaluations for the first time) If SWP is involved, they should be included on the Notice of Meeting.

#### CDW Responsibilities

- FSC coordinates meeting date with the LEA and family/parent
- CDW sends parent **Notice of Meeting** (same date and time as LEA)  
CDW includes LEA on the invitation and provides LEA a copy of **Notice of Meeting**.
- CDW discusses results of evaluation/assessment with parent and the LEA
- CDW provides a copy of the **Multidisciplinary Assessment to the parent and LEA prior to this meeting**

#### LEA Responsibilities

- LEA sends parent **Notice of Meeting** (same date and time as FSC)  
LEA includes CDW on the invitation and provides CDW a copy of **Notice of Meeting**
- LEA discusses results of evaluation/assessment with parent and CDW
- LEA documents the data, discussions and team decisions of Hearing Impairment classification in the **Evaluation Summary Report** (ESR)
- If eligible under the Hearing Impairment classification, team discusses potential service options through Part C or Part B
- Parent decides if they want an IFSP (Part C) or an IEP (Part B)

#### CDW Responsibilities if Part C is chosen

- Parent and CDW develop IFSP
- **CDW documents the parent's decision to continue with Part C in PWN**
- CDW will still provide transition notification to the LEA and SEA to ensure timely transition planning for Part B under the normal process for children potentially eligible for Part B (not less than 90 days before the child's third birthday and not more than 9 months prior to the third birthday)

#### CDW Responsibilities if Part C is declined

- Parent signs Consent for Provision of Early Intervention under Part C, declining EI at this time
- CDW documents in **PWN** that Part C is continuing to offer services but parent is now declining Part C and opting to begin Part B services under the Birth Mandate classification of Hearing Impairment

#### LEA Responsibilities if Part B is chosen

- Parent signs **Consent for Initial Provision of Special Education and Related Services** agreeing to Part B services
- Parent and LEA develop the **IEP**
- LEA documents decision that parent is accepting Part B services and opting to discontinue Part C participation in **PWN**

#### LEA Responsibilities if Part B is declined

- Parent signs Consent for Initial Provision of Special Education and Related Services declining Part B services at this time
- LEA includes in their **PWN** that Part B is offering services and that at this time parent is declining an IEP and has chosen to continue with Part C services.
- **LEA includes that Part C is approved to access SWP that can be listed on the IFSP**

## Birth Mandate Referral Process for Children with Hearing Impairment

### Three Pathways to Identification

#### Pathway 2: CHILDREN WITH MDA OR AN IFSP

- CDW completes the multidisciplinary evaluation/assessment and there is now a concern about a Hearing Impairment (no IFSP yet)
- For children with an IFSP and already receiving Part C services, and over time a concern about a Hearing Impairment has emerged.

##### CDW Responsibilities

\*FSC discusses concern with the parent. Parent signs consent to forward Early Intervention records that family agrees to share (which may include evaluation/assessments) to the LEA

##### **(Consent to Release Information)**

- CDW completes their **Referral Form** and sends to the LEA, (copying the At) sharing the Multidisciplinary evaluation/ assessment and IFSP (if there is one) with the LEA.
- CDW continues with IFSP services **or** develops an IFSP (while the LEA completes the evaluation/assessment for Hearing Impairment).
- If the child is not found eligible for Part B services at the eligibility meeting held by the LEA OR the parent declines Part B services, CDW continues providing IFSP services under Part C
- If parent agrees to Part B services, CDW completes **PWN** indicating the parent is now declining continuation in the Part C program.

##### LEA Responsibilities

- LEA contacts the parent and explains the evaluation/assessment process for the Hearing Impairment classification
- LEA proposes to evaluate/assess the child for Part B eligibility and documents in the **PWN** to the parent along with providing the Procedural Safeguards/ Parental Rights
- If parent agrees to evaluation, parent provides written consent to complete the evaluation and eligibility determination process (**Permission to Evaluate for Part B**). LEA compliance timeline for eligibility begins when LEA receives the signed consent
- **LEA may contact Statewide Programs for Deaf, Hard of Hearing & Deaf-Blind to make them aware of referral as appropriate**
- In the event that an LEA does not have the internal capacity to conduct the evaluation/assessment, the LEA may utilize SWP or an external vendor for parts of or the whole evaluation/assessment.
- If the LEA chooses to utilize SWP or a vendor for the evaluation, the LEA is responsible for obtaining parental consent (**Consent to Release Information form**) to release information between the LEA and vendor.
- LEA sends parent, CDW, and as appropriate SWP the **Notice of Meeting**.
- LEA documents the data, discussions and team decisions of the Hearing Impairment classification in the **Evaluation Summary Report** at the eligibility determination meeting, which must be done within 45 school days or 90 calendar days whichever comes first
- If eligible under the Hearing Impairment classification, team discusses potential service options through Part C or Part B
- If family chooses an IEP, family/parent signs consent (**Consent for Initial Provision of Special Education and Related Services**) agreeing to Part B services
- The IEP team which includes the parent will develop the IEP.
- **If family chooses an IFSP, LEA includes that Part C is approved to access SWP that can be listed on the IFSP- Document in PWN for either choice made by parent**

## Birth Mandate Referral Process for Children with Hearing Impairment

### Three Pathways to Identification

#### Pathway 3: LATE REFERRALS TO PART C

Children nearing 33 months of age (who are more than 90 days away from the third birthday) and who are not currently receiving Part C or Part B services and the parent contacts CDW **with concerns for possible Hearing Impairment (refer back to page 1 for what this means)**

#### Shared CDW and LEA Responsibilities

- If child is found eligible for Part C, based on established condition, CDW must immediately notify the SEA/LEA in writing (via the CDW Referral Form).to ensure an IEP is in place by the child's third birthday and that there is a concern regarding the child's hearing status. (This is considered a notification of a child in Part C who is potentially eligible for Part B-therefore no parental consent is required in Delaware)
- If referral/eligibility determination for Part C ends up being 90 days or less before child's third birthday, **a transition conference is not required;** however, it is best practice to hold/ invite the LEA to the IFSP meeting to insure timely identification and access to services for the child.
- If referral /eligibility determination to Part C is 90 days or less before child's third birthday, an **IEP in not required to be in place by age 3;** however, LEAs must strive to have an IEP developed as soon after age 3 as possible if child is found eligible.
- **Follow the process described in Pathway#1** if parent confirms they wish to have Part C remain involved.
- If parent declines to go any further with CDW given that the child will soon be turning three, then LEA follows the state special education regulations for timely evaluation and identification, just as with any new referral
- Both CDW and the LEA must issue a **PWN** based on their proposed actions.

## Birth Mandate Referral Process for Children with Hearing Impairment

### Three Pathways to Identification

### Important Notes

- ❖ Child cannot have an IFSP and IEP simultaneously which means that a child cannot continue with Service Coordination from CDW, while receiving services from the LEA through an IEP
- ❖ Whether or not a child receives an IEP or an IFSP is determined individually - a child's classification does not necessarily lead to an IEP over an IFSP or vice versa
- ❖ A timely transition conference must occur before the child turns 3 years of age (transition from Part C to Part B)
- ❖ If a family contacts Statewide Programs for the Deaf and Hard of Hearing first, Statewide Programs will provide the family with contact information for CDW and the LEA to initiate a referral
- ❖ If a family contacts the Listening and Spoken Language program within Christina, they will provide the family with contact information for CDW and the LEA to initiate a referral

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## Three Pathways to Identification

This document describes 3 distinct pathways of how a child suspected to have a Visual Impairment may be identified. CDW, LEAs, and the **Division for the Visually Impaired (DVI)** should demonstrate a strong partnership in each pathway that keeps children and families at the center of the process, striving to make this a more integrated and straightforward experience for them.

### Pathway 1: NEW REFERRALS (Including sub-pathways described in Scenarios 1 and 2)

Referrals for Children not currently receiving Part C or Part B Services who **may be eligible for a Special Education classification under Visual Impairment**

#### CDW Responsibilities

- If referral is made to CDW a Family Service Coordinator (FSC) is assigned to begin the birth mandate process.
- **First**, the FSC contacts the responsible LEA's Child Find Coordinator for 619 to determine mutually agreeable dates/times to offer the parent the initial home visit (The LEA representative attending the home visit could be any of the following: the Child Find Coordinator, the Psychologist, the Educational Diagnostician, or a representative knowledgeable about 619 and hearing loss).
- **Next**, within two business days, the FSC contacts the parent to schedule the initial home visit (to take place within the first week to 10 days) and explains the role of the LEA when there is a Visual Impairment concern.
- **If necessary, the FSC may need to communicate again with the LEA and parent to finalize the date/time of the initial visit-** for greater efficiency and effectiveness this visit may be conducted with staggered times, such that the LEA representative joins after the FSC has completed their components.
- If child has the established condition of Visual Impairment, with parent consent, an interim IFSP is developed as soon as possible to begin Early Intervention.

#### LEA Responsibilities

- If referral goes to LEA first, then LEA contacts CDW to refer the child.
- The LEA will ensure that a representative from the responsible LEA attends the initial home visit (The LEA representative attending the home visit could be any of the following: Child Find Coordinator for 619, the Psychologist, the Educational Diagnostician, Special Education Coordinator or a representative knowledgeable about 619 and vision loss). The LEA representative may participate by teleconference as an alternative option to attending in person.
- If for some reason the LEA cannot participate in the initial visit (**which should be the exception**), they should communicate with the family ASAP to obtain consent to evaluate to assure compliance with timely evaluation.

**\*A concern about possible Visual Impairment is shared either verbally by the referral source or shared in a written document by the referral source.**

# Birth Mandate Referral Process for Children with Visual Impairment

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## INITIAL HOME VISIT

### Shared CDW and LEA Responsibilities

- CDW and LEA provide and explain **Parental Rights and Procedural Safeguards (Document in the Prior Written Notice (PWN) that the Rights and Safeguards were given to the parent at the initial home visit]**.
- CDW and LEA explain their roles, responsibilities, and services.
- CDW and LEA explain the evaluation/assessment process for eligibility under Part C or Part B services, respectively.
  - CDW explains their Multidisciplinary evaluation/assessment process as well as eligibility under established condition- see IDEA Federal Regulations- Section 303.320 (<https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>).
  - LEA explains their evaluation/assessment process to determination eligibility under a Visual Impairment classification- see Delaware Administrative Code Title 14, section 925 2.0 (<http://regulations.delaware.gov/AdminCode/title14/900/925.shtml>).
  - CDW and LEA discuss any evaluations/assessments already completed and determine need for additional evaluation/assessments.

### CDW Responsibilities

- CDW proposes to evaluate/assess the child for Part C eligibility and documents in the **PWN** to the parent.
- If child meets eligibility criteria for established condition, CDW must still conduct the multidisciplinary evaluation within time lines.
- If parent agrees to the multidisciplinary evaluation family provides written consent to conduct the evaluation (***Consent to Evaluate for Part C*** ).

### LEA Responsibilities

- LEA proposes to evaluate/assess the child for Part B eligibility and documents in the **PWN** to the parent.
- If parent agrees to evaluation, parent provides written consent to conduct the evaluation/assessment (***Permission to Evaluate for Part B*** ).

## EVALUATION/ASSESSMENT PROCESS

### CDW Responsibilities

- CDW conducts the multidisciplinary evaluation/assessment and must convene an IFSP meeting within **45 calendar days (Notice of Meeting)**.
- Upon completion of the CDW multidisciplinary evaluation/assessment, if the child is eligible for Part C services, the team will develop an IFSP. CDW will document the IFSP team decisions in a PWN and the parent will provide written consent for the provision of early intervention services (Consent for Provision of Early Intervention Services).
  - **Meanwhile, (Scenario 1, Pg. 3)** the LEA continues their evaluation/assessment process **OR**,
  - **(Scenario 2, Pg. 4)** the LEA has completed its evaluation/assessment within the same timeframe as CDW allowing the teams to convene together ***(The latter is best practice. Try to aim for one meeting so the parent does not have to go to two meetings.)***

### LEA Responsibilities

- LEA conducts evaluation/assessment and must convene an eligibility meeting **within 45 school days or 90 calendar days, whichever comes first**.
- In the event that an LEA does not have the internal capacity to conduct the evaluation/assessment, the LEA may utilize an external vendor for parts of or the whole evaluation/assessment.
- If the LEA chooses to utilize **DVI** or another vendor for the evaluation or consultation for the purpose of determining eligibility, the LEA is responsible for obtaining parental consent (**Consent to Release Information form**) to release information between the LEA and DVI or the vendor.

# Birth Mandate Referral Process for Children with Visual Impairment

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**Scenario 1: CHILDREN THAT HAVE AN IFSP** (refer back to previous page Evaluation/Assessment Process Box - third bullet under CDW Responsibilities)

CONDUCT **JOINT IFSP/IEP MEETING** TO REVIEW RESULTS OF BOTH EVALUATIONS/ASSESSMENTS AND TO DETERMINE PART B ELIGIBILITY UNDER THE CLASSIFICATION OF HEARING IMPAIRMENT. (CDW and LEA are reviewing the LEA evaluation together for the first time)

If DVI is involved, they need to be included on the Notice of Meeting.

## CDW Responsibilities

- CDW attends the Part B 619 eligibility meeting.
- Discusses results of evaluation/assessment with family/parent and the LEA.
- CDW provides a copy of the **Multidisciplinary Evaluation/Assessment and the IFSP to the LEA prior to this meeting.**

## LEA Responsibilities

- LEA sends parent **Notice of Meeting**. LEA includes CDW on the invitation and provides CDW a copy of **Notice of Meeting**.
- Discuss results of evaluation/assessment with parent and CDW
- LEA documents the data, discussions and team decisions of Visual Impairment classification in the **Evaluation Summary Report (ESR)**.
- If eligible under the Visual Impairment classification, team discusses potential service options through Part C or Part B.
- Parent decides if they want an IFSP (Part C) or an IEP (Part B).

## CDW Responsibilities if Part C is chosen

- Parent and CDW amend IFSP if needed.
- **CDW documents the parent's decision to continue with Part C in PWN.**
- CDW will still provide transition notification to the LEA and SEA to ensure timely transition planning for Part B under the normal process for children potentially eligible for Part B (not less than 90 days before the child's third birthday and not more than 9 months prior to the third

## CDW Responsibilities if Part C is declined

- Parent signs Consent for Provision of Early Intervention under Part C, declining EI at this time.
- CDW documents in PWN that Part C is offering services but parent is declining and opting to begin Part B services under the Birth Mandate. classification of Visual Impairment.

## LEA Responsibilities if Part B is chosen

- Parent signs **Consent for Initial Provision of Special Education and Related Services**. agreeing to Part B services
- Parent and LEA develop the **IEP**.
- LEA documents decision that parent is accepting Part B services and is declining Part C in PWN .

## LEA Responsibilities if Part B is declined

- Parent signs Consent for Initial Provision of Special Education and Related Services declining Part B services at this time.
- LEA includes in their **PWN** that Part B is offering services and that at this time, parent is declining an IEP.

# Birth Mandate Referral Process for Children with Visual Impairment

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**Scenario 2: CHILDREN THAT DO NOT YET HAVE AN IFSP** (refer back to previous page Evaluation/Assessment Process Box - fourth bullet under CDW Responsibilities).

CONDUCT **JOINT IFSP/IEP MEETING** TO REVIEW RESULTS OF EVALUATIONS/ASSESSMENTS AND DETERMINE ELIGIBILITY FOR PART C AND PART B UNDER THE CLASSIFICATION OF A VISUAL IMPAIRMENT.

(CDW and LEA are reviewing the **CDW and LEA evaluations for the first time**).

## CDW Responsibilities

- FSC coordinates meeting date with the LEA and parent.
- CDW sends parent **Notice of Meeting** (same date and time as LEA) CDW includes LEA on the invitation and provides LEA a copy of **Notice of Meeting**.
- CDW discusses results of evaluation/assessment with parent and LEA.
- CDW provides a copy of the **Multidisciplinary Assessment to the parent and LEA prior to this meeting**.

## LEA Responsibilities

- LEA sends parent **Notice of Meeting** (same date and time as FSC) LEA includes CDW on the invitation and provides CDW a copy of **Notice of Meeting**.
- LEA discusses results of evaluation/assessment with parent and CDW.
- LEA documents the data, discussions and team decisions of Visual Impairment classification in the **Evaluation Summary Report** (ESR).
- If eligible under the Visual Impairment classification, team discusses potential service options through Part C or Part B.
- Parent decides if they want an IFSP (Part C) or an IEP (Part B).

### CDW Responsibilities if Part C is chosen

- Parent and CDW develop IFSP.
- **CDW documents the parent's decision to continue with Part C in PWN.**
- CDW will still provide transition notification to the LEA and SEA to ensure timely transition planning for Part B under the normal process for children potentially eligible for Part B (not less than 90 days before the child's third birthday and not more than 9 months prior to the third birthday).

### CDW Responsibilities if Part C is declined

- Parent signs Consent for Provision of Early Intervention under Part C, declining EI at this time.
- CDW documents in **PWN** that Part C is continuing to offer services, but parent is now declining Part C and opting to begin Part B services under the Birth Mandate classification of Visual Impairment.

### LEA Responsibilities if Part B is chosen

- Parent signs **Consent for Initial Provision of Special Education and Related Services** agreeing to Part B services.
- Parent and LEA develop the **IEP**.
- LEA documents decision that parent is accepting Part B services and opting to discontinue Part C participation in PWN.

### LEA Responsibilities if Part B is declined

- Parent signs **Consent for Initial Provision of Special Education and Related Services** declining Part B services at this time.
- LEA includes in their **PWN** that Part B is offering services and that at this time parent is declining an IEP and has chosen to continue with Part C services.

# Birth Mandate Referral Process for Children with Visual Impairment

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## Pathway 2: CHILDREN WITH MDA OR AN IFSP

- CDW completes the multidisciplinary evaluation/assessment and there is now a concern about a Visual Impairment (no IFSP yet)
- For children with an IFSP already receiving Part C services, and over time a concern about a Visual Impairment has emerged.

### CDW Responsibilities

- \*FSC discusses concern with the family/parent. Parent signs consent to forward Early Intervention records that family agrees to share (which may include evaluation/assessments) to the LEA (**Consent to Release Information**) and DVI.
- CDW completes their Referral Form and sends to the LEA and DVI, (copying the DDOE Field Agent), CDW shares the Multidisciplinary evaluation and assessment and IFSP (if there is one) with the LEA and DVI.
- CDW continues with IFSP services **or** develops an IFSP (while the LEA completes the evaluation/assessment for VI).
- If the child is not found eligible for Part B services at the eligibility meeting held by the LEA **or** the parent declines Part B services, CDW continues providing IFSP services under Part C.
- If parent agrees to Part B services, CDW completes **PWN** indicating that parent is now declining continuation in the Part C program.

### LEA Responsibilities

- LEA contacts the parent and explains the evaluation/assessment process for the Visual Impairment classification.
- LEA proposes to evaluate/assess the child for Part B eligibility and documents in the **PWN** to the parent along with providing the Procedural Safeguards/Parental Rights.
- If parent agrees to evaluation, parent provides written consent to complete the evaluation and eligibility determination process (**Permission to Evaluate for Part B**). LEA compliance timeline for eligibility begins when LEA receives the signed consent.
- The LEA may utilize the DVI or an external vendor (with parental consent) for parts of or the whole evaluation.
- LEA completes the Evaluation Summary Report at the eligibility determination meeting which must be done within 45 school days or 90 calendar days whichever comes first.
- LEA sends parent, CDW and DVI **Notice of Meeting**.
- At the LEA eligibility meeting, LEA documents the data, discussions and team decisions of a Visual Impairment classification in the **Evaluation Summary Report (ESR)**.
- If eligible under the Visual Impairment classification, team discusses potential service options through Part C or Part B.
- If family chooses an IEP, parent signs consent (**Consent for Initial Provision of Special Education and Related Services**) agreeing to Part B services.
- The IEP team which includes the parent will develop the IEP
- LEA documents decisions in **PWN**.
- If parent chooses to stay with Part C, the transition process will proceed following the regular timeline and process.

## Pathway 3: LATE REFERRALS TO PART C

Children nearing 33 months of age who are more than 90 days away from the third birthday and who are not currently receiving Part C or Part B services, and the parent contacts CDW with concerns for possible Visual Impairment. (refer back to page 1 for what this means)

### Shared CDW and LEA Responsibilities

- If child is found eligible based on established condition, CDW must immediately notify the SEA/LEA in writing (via the CDW Referral Form) to ensure, an IEP is in place by the child's third birthday and that there is a concern regarding the child's vision. (This is considered a notification of a child in Part C who is potentially eligible for Part B-therefore no parental consent is required in Delaware)
- If referral/eligibility for Part C is 90 days or less before child's third birthday, **a transition conference is not required**, however, it is best practice to hold/ invite the LEA to the IFSP meeting to insure timely identification and access to services for the child.
- If referral/ eligibility for Part C is 90 days or less before the child's third birthday, **an IEP is not required to be in place by age 3**; however, LEAs must strive to have an IEP developed as soon after age 3 as possible if the child is found eligible.
- **Follow process described in Pathway#1** - if parent confirms they wish to have CDW remain involved.
- If parent declines to go any further with CDW given that the child will soon be turning three, then LEA follows the state special education regulations for timely evaluation and identification, just as with any other referral.
- **PWN** must be sent by both Parts C and B based on their proposed actions.

# Birth Mandate Referral Process for Children with Visual Impairment

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## Important Notes

Child cannot have an IFSP and IEP simultaneously. This means a child **cannot** continue with Service Coordination from CDW while receiving services from the LEA through an IEP.

Whether a child receives an IEP or an IFSP is determined individually. A child's classification does not necessarily lead to an IEP over an IFSP or vice versa.

A timely transition conference must occur before the child turns 3 years of age (transition from Part C to Part B).

If a parent initially contacts the DVI, they will provide the family with contact information for CDW and the LEA to initiate a referral.

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# Leadership Target Setting

Indicator 15 – Resolution Sessions		
Range Option or Single Number Percentages?	Pros:	Cons:
Stable or Increasing Range or Number as Target?	Pros:	Cons:
What should the target be?		
Indicator 16 - Mediation		
Range Option or Single Number Percentages?	Pros:	Cons:
Stable or Increasing Range or Number as Target?	Pros:	Cons:
What should the target be?		
Indicator 8 – Parent Involvement		
What have you done to increase parents' meaningful participation in the IEP process?		
Are you seeing the results of your efforts?		
What are some ideas to increase meaningful participation?		
What should the target be?		

Indicator 5 - Settings	
Based on your most recent determination, how successful have your LRE efforts been?	
What are the factors that contribute to placement decisions?	
How do we help students become more successful in setting A?	
Given local trends and student outcomes should target remain the same for one more year?	