

Partnerships for Inclusion: Ensuring Access to High Quality Evaluations and Services

Pam Winton: Hi. Pam Winton here from the National Center on Early Childhood Development Teaching and Learning. Welcome to the first of a series of three webinars focused on question that frequently arise when local early-childhood programs collaborate to build high-quality inclusions. Each of the three webinars will focus on one of the three essential features of high-quality inclusion -- access, participation, and support. The first webinar in the series is focusing on access. So, at the end of the webinar, we anticipate that you'll understand federal screening, referral, evaluation, and enrollment policies that ensure children with suspected disabilities or special needs are referred for evaluation and services.

You'll understand what Response to Intervention, also known as RTI, is, and its relationship to screening, evaluation, and referral. You'll understand the Head Start policy that requires that at least 10 percent of enrollees are children with disabilities identified under IDEA And you'll understand each early-childhood sector's basic role in ensuring that young children with diagnosed or suspected disabilities receive the evaluation services and supports they need to learn and develop to their full potential. You'll also learn about some resources associated with these topics. So, it is my pleasure to introduce our panel.

We have Sangeeta Parikshak from the U.S. Department of Health and Human Services Administration for Children and Families. And we have Christy Kavulic and Julia Martin Eile from the U.S. Department of Education Office of Special Education Programs. The panelists will participate in a moderated interview, and at different points in that interview, we'll be fielding your questions. All three panelists are leading the federal work around inclusion in Washington, D.C., and they also keep very close ties to those working in local programs.

So, we're really fortunate to have their expertise in both of these areas. Now, before we get started, let's review a few tips that will help you get the most from the webinar. Our format today is Q&A with panelists. We have some starter questions and responses prepared, but have left time for you throughout to ask questions. Does everybody see the Q&A box at the bottom of your screen? If at any time during the presentation you have questions, just please type them right there. There are a team of us here -- Chih-Ing Lim and Megan Vinh -- who are monitoring the Q&A box.

And they will be compiling questions and then putting them forward to me so I can address them to either Christy, Julia, or Sangeeta. Questions will be posted as time allows, but otherwise, we will be capturing -- Your ideas and questions that we didn't get to will be answered later and posted. You'll also see that documents for the webinar can be found in a "supporting documents" box. Do you see that? It's in the bottom-right of your screen there. This includes a list of the resources that will be mentioned in today's webinar. And just a note about volume. I hope everybody can hear me loudly and clearly. And if not, please let us know in the chat box. But folks have different machines, phones, and computers everywhere, and we're joining you from different phones and different locations, so please check the volume on your computer if you're not hearing well as the first solution. And if for any reason you get disconnected from the webinar, use the same link used previously to rejoin. And finally, we want you to know, this will be recorded and posted in the near future in the ECLKC website. And you'll get a notification when it's available.

So, a little bit just to set the context. We all know, but it might be worth briefly stating before we begin, why this topic is so important. We know that early identification and provision of services to

children with disabilities does improve their outcomes in the areas of social development, communication, and cognitive skills. We know that fully inclusive options have been shown to work for children across disability groups and levels of severity. We also know that it takes a village, to use that term, to ensure that young children with disabilities have access to high-quality programs and services. And these themes are really central to the 2015 Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs.

This policy statement is significant because it's given us, as a field, across all our early childhood programs and funding streams, a shared vision, common language, and a call action to build a nationwide culture of inclusion. Inclusion is a shared responsibility and a top priority at the highest levels of our federal agencies. And so that's why we're so lucky to have this panel with us today to talk through some of the questions and issues you have about this. So, with that background, let's get started. I'm gonna start with you, Julia. One of the essential features of access is ensuring that parents or teachers who think that a young child might have some special needs or need extra help have a chance to confer with specialists to start the process of learning about and getting the help that the child needs. And we have participants at today's webinar who truly represent that village of those who can provide that help to children and families. What should they do if they suspect a child has a special need or a disability? Julia?

Julia Martin Eile: Hi, Pam, and thank you all for being on today to talk about this important topic. It is important for us to review our IDEA policies on what to do when you have a child with a suspected disability. You'll see on the slide right now that I will be talking about referral to our Part C or Part B program under IDEA, the Individuals with Disabilities Education Act. So, who can refer a child? Anyone can refer a child. If a parent, physician, or early childhood provider has concerns about a child's development, the child should be referred to Part C or Part B of IDEA as soon as possible. Knowing where to refer your child depends on the age. An infant to toddler, birth through 2 years, should be referred to the local early intervention service provider, and a child age 3 through 5 should refer to the local elementary school or a local education agency.

After referral, you want to look at where the Individuals with Disability Education Act provides grants to states. So, we have Part C of IDEA, which provides grants to states to implement a comprehensive, coordinated system that provides early intervention services to children birth through 2 or children who are at risk. And those IDEA programs are administered by the lead agency in the state. A large amount of lead agencies in our states are Department of Health, but we do have other lead agencies that aren't Health. For IDEA Part B, these programs, the IDEA programs, again, serve children 3 through 5, and they are administered through the state education agency. When we think about referral and where to refer the child, we want you all to know that the policies for Part C and Part B are very strong around public awareness and child find.

Both C and Part B are responsible for informing the public about their programs and locating children who may be in need of services. Each state is required to have an ongoing effort to inform families, to inform referral sources, as well as the general public and as well as their child-find system. Each state must identify, locate, and evaluate all children with disabilities. And to do so, they must conduct child-find activities. And these activities should be continuous, ongoing activities throughout the state. And they involve major organizations that have direct connection to young children, including public and private agencies in the state, regional, and local levels, parent groups, advocates, and other organizations. So, once a child is referred, many states opt to do screening.

And you'll see up on the screen today that, under IDEA Part C, states have the option to adopt screening procedures, and under part B, screening may be conducted as part of child-find activities. So, in a state where there is screening, a child would be referred to the screening. And then if they fail the screening, the next step would be to move to an evaluation. But before any screening can take place, or evaluation, parental consent is necessary. It is a very, very strong policy that we hold in our office that parent involvement is most important. So, under our IDEA Part C and Part B programs, we must obtain parental consent for screening procedures, for referrals, and for all evaluations. So, for evaluation and assessment, what does that look like?

Each child under the age of 3 who was referred for an evaluation should receive, within 45 days of getting parental consent, a timely, comprehensive evaluation, a multidisciplinary assessment on the unique strengths and needs of the infant and toddler and identified services to meet those needs, as well as a family-directed assessment. For Part B evaluation, for children ages 3 through 5 who are referred, once parental consent is obtained, there is a 60-day timeline to be able to evaluate the child and assess their needs in all areas related to suspected disability. It is used to determine if a child is a child with a disability as defined in our IDEA 2004. This evaluation will gather information that will help determine a child's educational needs, as well as guide decision making about appropriate educational programming and placement for the child.

So, with evaluation and assessment, once consent is received, a child has an evaluation and assessment. This evaluation and assessment must use a variety of approaches that include observation and interviews and standardized assessments, as well as a variety of sources. It's very important to get parent involvement, parent feedback, feedback from providers who service this child, as well as specialists. So, understanding where your local program is for referral is important. It's also very important to understand the consent and the evaluation policies, the assessment policies, so that we can actually have children referred in a timely way and get the services that they need. Pam, I'm gonna turn it back over to you.

Pam: Okay. Thank you. Thank you, Julia. It's clear that there are just some really excellent policies in place that ensure children with special needs get identified and referred for help. So, if you have questions for Julia -- some are starting to come in -- please put them in the Q&A. And we're gonna collect them. And I can see some of them relate to later parts of our presentation, so we're gonna hold on to them until then. But, Sangeeta, Early Head Start and Head Start has a long history of providing access to children with disabilities through enrollment policies and through screening procedures. Can you tell us a little bit about those policies and how they work, and especially as they relate to what Julia has shared?

Sangeeta Parikshak: Sure. Thank you, Pam. I'm so happy to be here today. And thank you to Julia, as well, for that excellent overview. I know that we have a wide audience of folks tuning in today, so I wanted to just provide a little background on Head Start and Early Head Start. Head Start started in 1965 and was expanded in 1994. It is the largest federal program to deliver high-quality, early-learning opportunities to low-income children, birth to 5. And it provides comprehensive early-childhood education, health, mental-health, nutrition, and parent-involvement services to infants and toddlers, children who are preschool age, as well as pregnant women. A minimum of 10 percent of the children who are enrolled in Head Start and Early Head Start programs must be children with disabilities, and this has been a requirement for the program since 1972.

And a little fun fact for you all -- in 2015, Head Start and Early Head Start served over one million children and families, and 12.3 percent of those were children with disabilities. About half of these kids come into the program with an IEP or IFSP, and about another half are identified within the program. So, regarding the process for identifying kids in Head Start and Early Head Start, we do have a requirement that all children must be given a hearing, vision, and development screening within 45 days of first attending the program. And if that screening shows that the child may have a delay, then the staff will get the parents involved, perhaps talk to them about some of the observations they're seeing in the home, discuss what they're seeing in the classroom, and make a decision together whether they need to refer the child for evaluation. We know also that there are developmental progressions within early childhood. And so often the staff in Head Start programs are very knowledgeable about kind of what that looks like for young kids and can talk with the parents and decide -- should a referral be made immediately, or should they wait a little bit before making that referral?

Pam: So, Sangeeta, that was really helpful. I know that people are really interested in the new Head Start Performance Standards and how they might relate to some of the topics that we're talking about, especially those related to children with disabilities getting the services they need during that screening, evaluation, and referral process. Can you tell us a little bit about those new Performance Standards?

Sangeeta: Sure. So, again, just for those who aren't as familiar with what the Head Start Program Performance Standards are, it's basically a roadmap to delivering high-quality, comprehensive, individual services for Head Start children and families. And we just recently had the first comprehensive overhaul of the Head Start Program Performance Standards since 1965. The new Standards will go into effect on November 7th. And, in general, you know, the focus is really on emphasizing, for children with disabilities, really strong, targeted services for these kids. And the new Standards implement changes from the 2007 Head Start Act. And at that time, the act replaced reliance on Head Start programs to evaluate some children and provide IEPs to make it clear that the services are entitlements for all children under IDEA. So, those are kind of the general changes that were made. But more specifically, the new Standards -- they ensure that the programs fully include all children and all programs activities and settings, including those with an IEP and IFSP. They focus on providing supports for children with significant delays who are not eligible for IDEA.

So, for example, the Standards state that if a child has a significant delay, the program must partner with parents to help the family access services and supports to help address the child's identified needs and that it may be appropriate for the program to provide these services and supports under section 504 of the Rehabilitation Act. And as you all know, there are different definitions and criteria for identifying a child with a disability by state. Therefore, a child who may qualify for services under IDEA in one state may not in another state. And there are also some diagnoses, such as ADHD, for which a child would definitely benefit from support, and this is where section 504 comes into play. Also within the Performance Standards, transition services are addressed to support children with disabilities moving to kindergarten, as well as those who are transitioning from Early Head Start to Head Start programs. So, transition services take into account the child's disability status, the IFSP for children in Early Head Start and IEP for children in Head Start. Also, programs must implement a coordinated approach to serving children with disabilities and their families. So, what this means is that programs must coordinate with local agencies responsible for implementing IDEA, Part B, which is preschool, Part C, which is services for infants and toddlers. And this is really to ensure appropriate referral, evaluation, service delivery, and transition. A new requirement which I'm really excited about

is that programs must now provide individual services and supports to the maximum extent possible to children awaiting determination of IDEA eligibility. And finally, the Head Start Program Performance Standards really do weave in parent engagement throughout the Standards. So, regarding children with disabilities, they recognize parents' role in the IEP and IFSP process and prepare parents to advocate for their children. One of the things that's really unique about Head Start is that the philosophy is, the parent is the first and foremost expert on their child. So parents are welcome into the classroom and can work together with the staff to address the needs of their child. And, Pam, now I'm gonna turn it back over to you.

Pam: Okay. It's clear that between Head Start and the U.S. Department of Ed, there's some really terrific policies in place to guarantee that children get those referrals. A question has come in -- and I'll shoot it back out to you guys out there -- regarding parents, just where you landed, Sangeeta. The question is -- is it required for parents to give consent for any and all referrals?

Julia: No. This is Julia. So, anybody can make a referral for a child with a suspected disability. In order to move to screening and evaluation, you must get parental consent.

Pam: Okay. Okay, thank you. And another question that just came in is -- who provides additional support for the children that you just talked about, Sangeeta, who are awaiting evaluation and determination? Is it the Head Start staff or outside agencies? How does that work?

Sangeeta: So, it would actually be a combination of factors. So, ideally, you would want to provide the services within the Head Start program. Oftentimes we find that there can be difficulty in transportation -- so, transporting the child from the Head Start program to the local education agency. Oftentimes, that is the only place we can do it. And then Head Start programs do provide the transportation for them. But ideally, we would want the services to happen in the program.

Pam: Okay. Thanks. Okay, I'm gonna put -- We're trying to look at all the questions. And I'm gonna keep going for a little bit, and we're gonna come back to them because some of them relate to the next question I have for everyone on the panel. And I think we'll start with you, Sangeeta. Do these policies that have just been described to us, that sound really powerful and strong -- do they work smoothly? Are there any problems or challenges or questions you get from the field about these policies? Let's start with you, Sangeeta. Sangeeta: Pam, I would love to say that everything works smoothly and that we had everything figured out, but there are some challenges which we still are tackling. So, one of the things that I hear again and again from Head Start disability coordinators is how important it is to have good relationships with local education agencies, that when a Head Start teacher or a parent suspects that a child has a special need, the referral process is done without delays.

So, really, where relationships are the strongest, disability coordinators can work with the school system and other community providers to make sure parents and children have access to the services they need, such as therapist or transportation. But when partnerships are not that close, referrals may not be addressed in a timely manner, children may not get identified, and children may not get services for which they qualify. And there's really a variation across LEA. So, one disability coordinator may need to keep track of 34 numerous LEAs in what is considered a timely manner for a referral. And they may be told by some LEAs that the child cannot be referred until an RTI approach is first tried. So, Pam, that's one of the things we're struggling with.

Pam: And we're getting some questions about RTI. And I want to ask folks, if you'll please put your questions in the Q&A box. We're having a hard time seeing the ones that are over in the chat. So, if we're not getting to your question, that's why. So, that question about RTIs has come up. And people are saying and asking about the delays they're getting from LEAs on that. And so this may be a really great time to ask Christy to tell us a little bit more about RTI and whether it should be a challenge to the process of referrals going smoothly. Christy, can I turn it to you now?

Christy Kavulic: You can. Thanks, Pam, for that question, because it's a question that we do hear often, and we want to make sure that we clarify that, both for early childhood programs, as well as for local educational agencies that administer IDEA services. So, I'm glad to have this opportunity to clarify some of the questions around this. Just to start, though, I wanted to briefly discuss what RTI is. RTI, or Response to Intervention, broadly is a framework of providing high-quality teaching through a multi-tier system of supports for all children. So, what that means is that programs have a wide range, a continuum of practices, they use to teach children and to support their development and behavior within a program. And those practices can be individualized to quickly meet the needs of children and respond to their individual needs.

So, when we think about a multi-tier system of support, it's the idea that, within programs, within Head Start classrooms, there is a core curriculum that is being implemented. And for some children, they may need extra support to either support their behavior, support their learning. And so, as a program, you provide extra interventions or extra instruction to help those children who need more intensive support. And the type of service or the type of intensity is really matched to a child's needs. And you really want to be able to know when to provide extra support, extra instruction, and you do that through providing different types of assessments within an RTI approach. People often talk about universal screenings, and that's to get a sense of -- a little different from developmental screenings, which looks at how a child is doing broadly.

Universal screening within RTI is looking at whether or not a child is falling behind and might need additional services in a specific area. And then there's progress monitoring. So, when you provide that instruction or that extra support, you want to monitor how the child is doing. Do they seem to be picking up new skills or new strategies, new learning behaviors, so that they're able to be successful in the classroom. So, throughout this process, it's a very collaborative, problem-solving process. Children aren't -- Once you're in a certain tier, it doesn't mean you stay there. It's through discussions with families, with providers, with specialists, potentially. It's a way to really individualize instruction. But there are some misconceptions around RTI. And the one you just mentioned has been -- must children go through an RTI process before being referred to special education? And IDEA, which is the law, does not require or even encourage a school or a preschool program to use an RTI approach prior to a referral for evaluation or as part of determining eligibility for IDEA services. So, basically, an RTI process cannot be used to delay or deny an evaluation for early childhood preschool special education services under IDEA. And once an LEA or local Part B section 619 preschool special-education program receives the referral, they must initiate the evaluation process.

They can't say that, because a child did not go through RTI, that -- to come back later because that would be denying or delaying an evaluation. And OSEP has tried to really clarify this because, again, we've heard from the field. So, there's two letters that we have put out. The June 2, 2010, letter is often known as the "Linda Brekken letter." That was a letter written to OSEP by Linda Brekken where she asked them questions specifically around RTI. And because we've heard from some Head Start programs that they are still -- there's still the misconception that RTI cannot participate and RTI can

deny or delay evaluation, OSEP just recently reissued a memo reiterating some of the information in the Brekken letter, as well as adding to it to really try to clarify that. So, both documents -- I saw that as a question. Both documents are still relevant. They build upon each other and do not contradict each other.

Pam: That's great clarification, Christy, and so important to know where to find those documents and to get that really clear answer on that question that keeps coming up. There are some other questions coming in. And, again, please put them in the Q&A because we're having a hard time seeing all the questions, and we want to get to them. But this is going back to, I think, the entire panel. It's a good question here. So, what funding is available for Head Start for additional support services for those children who need additional support, but they're in the process of referral or evaluation? And the second part to the question then -- who trains the personnel to provide that support?

Sangeeta: So, this is Sangeeta. So, regarding extra funding, I wish that we could provide extra funding. And what we -- I know with our new Performance Standards, we've really been targeting children with disabilities and saying we need to strengthen our services. We also need to strengthen mental-health services. And what we're telling programs is that it's really important to look at your funding and prioritize based on your individual program need and your community need. So, if you're finding that your community -- really, you're getting a lot of referrals for kids who may have a delay or a significant disability, then we are asking and suggesting that maybe you will want to increase the amount that you're spending in that area in the beginning -- perhaps you haven't been able to in the past -- to kind of make sure that we are providing the highest quality services. And there was a second part to your question, Pam.

Pam: The second part was -- who trains the personnel to provide those supports, the additional support services?

Sangeeta: Well, so, oftentimes, we have disability coordinators who are the ones who are doing some of the training. Some programs have chosen to get outside consultation from a child-development specialist or a mental-health consultant. So, those are just some options, but we really provide a lot of flexibility within the Standards as to who does the training.

Pam: Mm-hmm. Thank you. And, Sangeeta, while we have you on the spot, another question about the Performance Standards. Is it an expectation of the new Performance Standards that children with disabilities get screened annually?

Sangeeta: So, the expectation is that when a child -- What we have written down is that, when a child is first enrolled in the program and actually starts to attend the program, that is when they need to have a screening done within the first 45 days of enrollment.

Pam: Okay. Okay. Thank you. I'm gonna move us ahead because -- But I'm gonna say to the panelists, there are a lot of questions coming in about LEA and Head Start partnership kinds of things. And so I know we're gonna get to that in the webinar, and I'm gonna hold on to those. But those are great questions. And keep your questions coming in the Q&A area. And we're trying to keep up with them and find them when they're lost in the chat box, so... I'm gonna go back to Christy for a minute and say that -- can you tell us some key points about what happens after a child gets that evaluation?

Christy: Sure. Part of the process is to determine the eligibility for IDEA services. So, basically, what we're asking or what happens for that determination is that a team of qualified providers and parents come together and they review the results of evaluation. And the -- for Part C, that's considered the IFSP team. And for Part B, it's the IEP team. And we'll go into that a little more later. But just so people recognize, when determining eligibility for services for Part C of IDEA, each state sets their own criteria for what determines an infant and a toddler with a disability. And that can change and vary across states. Our Technical Assistance Center, ECTA, does have a list of what states have as their criteria for Part C, and that can be found at that link. And it was updated in March 2015. For Part B of IDEA, the child must meet one of IDEA's definitions of a child with a disability. And there are 13 disability categories listed in the law. And that's what the team uses to determine if a child meets one of those categories. For Part C, as I mentioned, as the family's determining and the ISFP team is determining eligibility, things that the IFSP does is it looks at child and family needs. It looks at, what are the goals of the family to support their child's development? And it looks at the service and strategies to be able to meet these goals.

And this is where you often hear about where the services or strategies will be implemented, and that is in Part C, encouraged to be in the natural environment. So, for infants and toddlers, we think of the natural environment as the home, maybe childcare, Early Head Start programs. It's where the child is typically during the day. And we want the services to be part of the child's typical routines, to help them participate in the routines of their day. And so those types of decisions are made when the IFSP team is developing the IFSP. For Part B, it's the Individualized Education Program, or the IEP. And again, it's similar in that you're looking at an assessment of a child's needs. You're developing goals that are focused on the child and supporting the child in different developmental or learning outcomes. And you're thinking again about the services and strategies for providing services for the child to meet their goals. And again, just as in the IFSP process, in the IEP process, you're developing -- making placement decisions or decisions about where the services will be provided. And I saw a number of questions in the chat about this. And IDEA has a provision called the least restrictive environment provision, which means that services and supports should be provided in the least restrictive environment as appropriate.

So, IDEA does presume that the first placement option considered for each child with a disability is the regular classroom for the child, where the child would attend if he or she did not have a disability. So, that could be a Head Start classroom. Again, it could be childcare. It could be a public pre-K. And within that classroom, you would provide appropriate age and services to help the child be successful in that environment. If after you've provided those aids and supports in a regular classroom and the child is not successful, then you can go into a more restrictive environment. I think our concern, which is why we put out the policy statement on inclusion, is, sometimes in preschool, the setting that children -- one of the first settings discussed is to be a separate preschool classroom or a segregated preschool classroom.

And we wanted to make clear that IDEA talks about placement as thinking about providing supplemental aids and supports and services within the child's regular education as the first option and then moving into something more restrictive if the child's not successful there. Just to clarify some of these requirements for preschool, the department issued a memo on LRE in preschool. And within that memo, it was made clear that the LEA may provide special-education services in a variety of settings, including their local public preschool program or other community-based settings, such as Head Start or childcare programs. So, that really is kind of the focus of the inclusion policy statement

as we're working together to think about, within the community of early-childhood programs, how we can support children in being served in inclusive classrooms.

Pam: Yeah. So important. And I'm gonna bring forward a few questions sort of related to that partnership. Here's one. Someone has written -- "We work with several service providers in our Head Start program. The school district's staff prefers to pull children out for services, and often the IEP will call for a pullout. With the Head Start Performance Standards and our childcare licensing rules that require children to be served in the classroom, what advice can you give us to keep our partnerships strong? And I know Sangeeta's gonna talk about partnership some. I don't know if that's a good lead-in to what you want to share, Sangeeta, or you want to just -- Maybe we...

Sangeeta: Yeah, I mean, you know, we get a lot --

Pam: ...go with that question.

Sangeeta: We get a lot of questions about partnerships. And, you know, I'm happy to talk a little bit more about that in a couple of minutes.

Pam: Mm-hmm. Sangeeta: But I don't if Christy wants to jump in here for a second.

Pam: Mm-hmm. Yeah.

Christy: The -- You know, I think that's a really important question because we know that when we have strong partnerships that can support programs and better serving families and children within their programs. So that is one of the areas that we really tried to stress in the inclusion policy statement, the idea that serving children with disabilities is everyone's responsibility And it does take, sometimes, some effort for systems to work together to provide services. I know on ECTA's website, they provide a number of resources, and that is the resource list. I'm thinking about how to develop memorandums of understanding across programs to provide services, IDEA services in Head Start programs or in local childcare programs. But I think, you know, another part of establishing partnerships is really working with the family and thinking about how to support the family within the IEP meeting so that when the discussions are happening, the family has the information they need to advocate for the services that will best support their child. And, you know, even offering to the family that, you know, with their permission, that you would be willing to attend the IEP meeting as the Head Start program to also help in that decision-making process.

Sangeeta: Yeah, Christy, I think that's really great because, just anecdotally, from the stories that we get and information that we get from folks in the field and Head Start programs is that, you know, we've heard from parents and grandparents who have learned by working in classrooms along with staff in Head Start how to advocate for their child. They feel more comfortable going to the IEP meetings. They've developed a relationship with the people at the school level, as well as in the programs and have actually -- You know, I heard one story recently about a mother who brought the LEA and the program together by saying, "Hey, we actually know the same people. "Why don't we all talk about how you're both helping my child and get the services in place?" So, they're not redundant, but in fact are helping the child both, you know, at home, as well as in the classroom, and then when they transition into kindergarten. So, having those relationships, like Christy said, is really important.

Pam: Yeah. There's another question related to families, and this seems like a good time to bring that in. Are states required to provide families information on how to contest screening results, especially families of over-referred groups, such as English-language learners and children with behavioral issues? So, again, that family-advocacy piece -- what might you all say about, are states required to provide families information on how to contest?

Julia: So, Pam, this is Julia. I think first --

Pam: Yeah.

Julia: First, if a child has been screened and the screening process in the state does not encourage them to move to an evaluation, it doesn't mean that the family can't request an evaluation.

Pam: Okay, good.

Julia: So they can move towards an evaluation and have that fully assessed. And if there are still conflicts and concerns there, we recommend that the family reach out to their local parent training and information center to get the supports they need to have that further discussion with that either Part C or Part B program.

Pam: Great.

Christy: And I'll add on to Julia's comment that the parent training information centers -- there's at least one in each state. And at the end of the slideshow, we actually do have a list -- or a link so that people can locate their parent training information center.

Pam: Right. Thank you, Christy. That's just where I was headed. And here's a question, too, that is a little more specific about the partnership. It says, "When Head Start and public schools have an agreement for providing speech language pathology services and the SLP, or speech language pathologist, goes on maternity leave, who's responsible for making sure an SLP is providing the services?"

Julia: This is Julia. It is the responsibility of the local education agency and the IDEA requirements. They must replace that person to provide speech therapy to that child who has that need.

Pam: Okay. Thank you. Well, Sangeeta, while we're parsing through other questions, do you want to talk a bit about some of the Head Start challenges that you've been encountering in your work in the field?

Sangeeta: Sure. So, this is really -- We've been hearing from disability coordinators and mental-health consultants in the field. And they've been talking about, you know, a couple of different challenges that I wanted to highlight. So, one is around the new Early Head Start childcare partnerships. And it's a terrific partnership, but as with any partnership, there are some growing pains. And in this case, having childcare staff who feel equipped to serve children with disabilities has been something that has been raised as a concern. And we're working with our technical assistance centers around helping with that because it is a big lift, and we do want everyone to feel comfortable that they can meet the needs of the program. Also, meeting the 10 percent enrollment requirement is another challenge. So, this really goes back to the relationship piece from earlier and that we've been talking about, is that when

relationships are not smooth, then oftentimes the program does not get a referral. And sometimes they feel as though they're competing for children with the LEA, who may have non-inclusive preschool programs. And this can be frustrating. Also, Head Start and Early Head Start programs can request waivers if they're unable to reach their 10 percent requirement. But the larger issue is really around delays in obtaining evaluations to determine if a child has a disability. It's not that there are not enough children with disabilities to serve. Other challenges include obtaining ISFPs and IEPs for eligible children within a program year. And also, this was addressed, as I talked about earlier, in the new Head Start Program Performance Standards, that children who have delays, but don't qualify for services under IDEA. And when the new regulations come into effect November 7th, that's gonna be something that we'll be working through our technical assistance with local programs to make sure that we can serve all of these kids. And, Pam, I'm gonna turn it back over to you.

Pam: Okay. We have some more questions. This is a good one. How are Head Start teachers supported to attend IEP meetings? Often they're not able to attend. Are there any strategies to support that?

Julia: Right, yeah. It would be great if, you know, the staff could attend, but we also know that teachers have lots of competing demands. And that's often why we have the disability coordinators. They are the ones who, with the parental consent, can attend the IEP meeting. Also, the mental-health consultant, which you'll see in our new regulations -- we've really strengthened their role, as well. They can be people who can step in and advocate for the child in the event that a teacher is unable to attend.

Pam: Yeah. Here's another one. How do you encourage LEAs to think about community preschool if they don't operate a preschool program? It seems like LEAs feel the need to create self-contained classrooms.

Christy: This is Christy. And, you know, I think that's why we're really trying to focus on inclusion across our federal agencies -- because there's a research base behind supporting high-quality inclusion, which you mentioned at the beginning, Pam, but there's also a legal foundation for ensuring that services are provided in the least restrictive environment. So, you know, we're producing the policy statement. We're working with RTA centers to try to have these conversations, to remind LEAs and local programs about kind of, what does IDEA really require?

Pam: Yeah. Well, good. Here's one more Head Start kind of question, Sangeeta. By what time in the school year is the 10 percent expected to be met?

Sangeeta: I believe that it is midyear, is when we want the 10 percent to be met.

Pam: Okay. Okay. Good. Well, Sangeeta, while you're there, you wanted to share a few success stories. Maybe this is a good time to move to those.

Sangeeta: Yes, Pam, this is actually my favorite part.

Pam: Oh, good.

Sangeeta: I love to talk about Head Start success stories because we have many of them. And it's what I like to call our qualitative data. Often we're asked, "What data do you have?" And I say, "We have

lots of good, rich, qualitative data.” We have many stories that range from working with kids who have delays in speech or motor development to helping children with multiple disabilities. This is really -- You know, we talk about Head Start as a two-generation program. I like to think of it as a three-generation program. It helps children, it helps parents, but it also helps grandparents, as well, which is why I mentioned earlier that we get a lot of stories from folks from all different aspects of the generation. And there is one story in particular that I'd like to share with you. It's one of my favorites. If you'll indulge me for a minute, Pam, I wanted to talk about someone named Alejandrina Guzman. She goes by "Ali.” And she entered a Head Start program when she was 3 years old with multiple disabilities. And her life expectancy was around 15 years of age at the time. She had been diagnosed with dwarfism, cleft palate, scoliosis, and several other health conditions before she even entered the program. And she stood only 19" tall. Her mother at the time was learning to speak English and would often come to school with Ali. And the program was able to work with Ali and her family, as well as the community, to help address her physical problems.

So, they actually were able to turn out multiple referrals, and because of that, her cleft palate was repaired, her legs were straightened with braces, and she underwent spinal surgery to help with her scoliosis. Following her surgery, she came back to the program, where the staff were able to bring in physical therapists, speech therapists, and occupational therapists to the center to work closely with Ali, as well as her mother. Her mother would often be there. She learned to walk and talk, and special adaptive equipment was brought in to assist her in becoming independent. And I really believe it's because of the services and support she received in her early childhood years that Ali thrived. She actually graduated from high school in the top 10 percent of her class, and she is now attending college to become an attorney and is currently an intern in a law office. And she says that she wants to help fight for the rights of individuals with disabilities. And I really think that this is an inspirational story and that it highlights that the better the relationships and collaboration, the better the chance of delivery of high-quality, comprehensive services. And I want to emphasize here that it's not just the collaboration that is so important that we've been talking about between the community, as well as the programs and the school system, but it's also about the collaboration with the parents. We had her mother with her alongside, able to work with the therapists to say, "This is what I'm doing at home with her. This is how she's progressing at home.”

They were able to say, "This is what we're seeing at school.” And it really made all the difference in the world. And what I really wanted to do for all the folks listening out there is, I want to emphasize that we would love to hear from you. We would love to hear more stories of where there's been strong partnerships between the LEA, Early Head Start, Head Start, other folks in the community. If you could please type it in the chat box. Maybe you might want to nominate a partnership that you know about that's one of the best you've seen. And I think it would really help us at the Office of Head Start, when we're asked, you know, some of these great questions that you've been asking of, what should we be doing? You know, do you have any tips for us of how to partner? The more stories that we hear about what has worked, the better we can help review.

Pam: That's great, Sangeeta. And I want to put in a plug now that next month we will be rolling out the National Early Childhood Center for Development, Teaching and Learning an online inclusion disabilities network, like a COP, a community of practice, environment space, which, in about a month's time, we'll be sending out an invitation for everyone on this call to join that space, to continue to pose questions, explore issues, share resources, and especially we'd love to hear those success stories. So, that will be a -- Put them in the chat box, but then we'll have an even more inclusive environment where we can all share with each other to continue the conversations we're having now.

And so many -- I mean, the questions are pouring in. And so many of them have to do with partnership. So, I'm gonna share some back with the panel now. How do we best partner with LEAs that are using RTI with Head Start children, even if it's not recommended for 3-year-olds at this point in time? Christy, is that something you want to address?

Christy: I think -- And I'm not sure I understood the question completely, but I think that we want to highlight that a multi-tiered system of support or RTI is not -- it's a good practice. It's a way to individualize and meet a child's instructional needs. It just can't be used to deny or delay referrals for services. So, it's -- you know, it's fine if an LEA is working with a Head Start program to implement an RTI framework within their program.

Pam: Mm-hmm. Yeah. Thank you. And we have some resources in that resource list that provide more information on RTI as an approach. This tiered approach to learning is something that I think has a lot of positive aspects to it. It seems like it's just gotten a bad reputation because of the way it's been misused. So, another question about the partnership -- what if an LEA does not comply with IEP service start dates? Services that were scheduled for September ended up starting in October. Who's responsible for the makeup sessions that need to be done?

Julia: I need clarification, when you say, "Who is responsible for the makeup sessions?"

Pam: Mm-hmm. I guess that means the services that were not delivered in September?

Julia: Right, so, it would be the responsibility of the LEA who has -- and the IEP that's been written for those services to be provided. There should be makeup of those services if the start date did not happen.

Pam: Okay. Thank you. You know, it's really clear that it does take a village to do this work. And so many of the questions, again, have come in around the partnership and how the partnership needs to work for access to happen. And so I'm sharing some of the contacts lists that were mentioned during the webinar so folks can get more information. And I have kind of a final comment or question before closing. I sometimes get calls from teachers and parents asking me what to do if they suspect a disability. And they ask me who they should call. And I always have a list on my bulletin board of our local agencies. And I don't have them for every county in North Carolina, but I can tap in to the list you see here. So, if you do get these questions and you want to know, "How do you find these people?" I think these links are really important for you to know about. So, I'd like to share those right now with you guys so you can see them.

There are a couple more questions in the last few minutes, but I want to first draw attention to one more resource, and that is that when we think about how all this fits together, we decided we would create a table that -- If you could maybe show that, Renata, up in the Adobe -- There it is. This is a resource. It's hard to see, but all the sectors we've been talking about -- Head Start, childcare, 619 services, early-intervention services -- they're down this left-hand side of the table. And then across the top, you see screening, referral, evaluation, and service delivery. And this just gives you some just nuggets of information, some of which was shared today, that gives us a sense for, it takes us all. And we all have a role. And they're very complementary, and they really all need to work together smoothly for this to happen. So, that's just a resource to know that is there for you all to take advantage of. We have about four minutes left. And I'm gonna just ask a couple more of the questions that come. And if your question doesn't get asked, it doesn't mean it wasn't important. It might mean

that we're still struggling to capture them all. But we will have a list of the questions and some follow-up because we are having a hard time finding all the questions in the different places. Here is one -- "Who is responsible for obtaining parental consent "with regard to having Head Start staff attend an IEP meeting? Is it the Head Start or the LEA?"

Julia: That would be the LEA, Pam.

Pam: Okay. Good. And this is another question -- "Does the 10 percent for Head Start include children who have delays, but not under IDEA?"

Sangeeta: No, actually. They need to have qualified for services under IDEA to be in the 10 percent.

Pam: Okay. Okay. And this is a comment. "Do you think LEAs are creating self-contained classrooms because they lack experience and the professional knowledge that they need? And if so, what should we do about that?"

Christy: This is Christy. I think there might be a variety of reasons why LEAs have self-contained classrooms. In many states or local communities, there have not always been general early childhood classrooms, so some systems created separate classrooms for children with disabilities to be able to provide services. So, they might have that service delivery structure already in place, and it could be hard to make that change. You know, other times, when we look at the research, some of it is around attitudes and beliefs, not understanding kind of what the research is around the benefits of inclusion, both for children with and without disabilities. And then I do think that having the professional development and professional -- a skilled workforce that can work across the different programs has in some communities been a challenge to have more inclusive opportunities.

Pam: Well, I want to thank you you all because I think that if there are folks out there who haven't quite understand what the policies and the laws and the values of the field are around inclusion, I think this webinar today really brought a lot of important issues to light, and also important information. And I feel like the three of you all have volunteered to be on kind of the firing squad. You know, you've had all these questions just peppered at you, and you've come up with the information we all need. And it's really been terrific to get answers to questions that a lot of people have had and this really important information about the commitment at the highest levels to inclusion and making it work. So, I'm gonna -- With time up, I'm gonna say thank you to the panel.

Thank you for everyone. And one panel -- one folk -- one person has asked if the platform will open a little while longer so you could submit your questions. Yes, I think that's possible. So, we will leave the platform up for additional questions. I want to remind you that this is only the first in a series, and the second one will be in January and the third one in April, around the two additional key features of high-quality inclusion, participation, and support. So, Julia, Christy, Sangeeta, thank you so much. Megan and Chih-Ing, thanks for trying to field these questions that were pouring in. And thank you, everybody, for your questions, your interest, and your time. I'm gonna sign off now from the audio part of the webinar, but we will leave the platform open. Thanks, everybody. Bye-bye.

Sangeeta: Thank you, Pam, for moderating.

Julia: Thank you so much!