

1308.4 (a)(1)(2) Purpose and scope of disabilities service plan.

(a) A Head Start grantee, or delegate agency, if appropriate, must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure:

- (1) That all components of Head Start are appropriately involved in the integration of children with disabilities and their parents;
- (2) That resources are used efficiently.

[Services to Children with Disabilities](#)

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Recruitment Selection and Enrollment Policy](#)

[Interagency Agreement Sample](#)

1308.4(b) The plan must be updated annually

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Program Planning Policy](#)

[Interagency Agreement Sample](#)

1308.4(c) The plan must include provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities.

[Disabilities Service Plan Overview for Special Children in Head Start](#)

1308.4(d) The Head Start grantee and delegate agency must use the disabilities service plan as a working document which guides all aspects of the agency's effort to serve children with disabilities. This plan must take into account the needs of the children for small group activities, for modifications of large group activities and for any individual special help.

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1308.4(e) The grantee or delegate agency must designate a coordinator of services for children with disabilities (disabilities coordinator) and arrange for preparation of the disabilities service plan and of the grantee application budget line items for services for children with disabilities. The grantee or delegate must ensure that all relevant coordinators, other staff and parents are consulted.

[Education Disabilities Director](#)

1308.4(f)

(f) The disability service plan must contain:

- (1) Procedures for timely screening;
- (2) Procedures for making referrals to the LEA for evaluation to determine whether there is a need for special education and related services for a child, as early as the child's third birthday;
- (3) Assurances of accessibility of facilities; and
- (4) Plans to provide appropriate special furniture, equipment and materials if needed.

[Referral Policy](#)

[Services to Children with Disabilities](#)

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Identification of Children with Potential Disabilities](#)

[Classroom Daily Plans](#)
[Curriculum Development](#)

1308.4(g) The plan, when appropriate, must address strategies for the transition of children into Head Start from Infant/toddler programs (0-3 years), as well as the transition from Head Start into the next placement. The plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.

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[Transition Policy](#)

1308.4(h)

(h) The grantee or delegate agency must arrange or provide special education and related services necessary to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency. The plan must specify the services to be provided directly by Head Start and those provided by other agencies. The grantee or delegate agency must arrange for, provide, or procure services which may include, but are not limited to special education and these related services:

- (1) Audiology services, including identification of children with hearing loss and referral for medical or other professional attention; provision of needed rehabilitative services such as speech and language therapy and auditory training to make best use of remaining hearing; speech conservation; lip reading; determination of need for hearing aids and fitting of appropriate aids; and programs for prevention of hearing loss;
- (2) Physical therapy to facilitate gross motor development in activities such as walking prevent or slow orthopedic problems and improve posture and conditioning;
- (3) Occupational therapy to improve, develop or restore fine motor functions in activities such as using a fork or knife;
- (4) Speech or language services including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication;
- (5) Psychological services such as evaluation of each child's functioning and interpreting the results to staff and parents; and counseling and guidance services for staff and parents regarding disabilities;
- (6) Transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site. Transportation includes adapted buses equipped to accommodate wheelchairs or other such devices if requires; and
- (7) Assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication to meet the objectives in the IEP.

[Services to Children with Disabilities](#)
[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Classroom Daily Plans](#)
[Curriculum Development](#)
[Interagency Agreement Sample](#)

1308.4(i) The disabilities service plan must include options to meet the needs and take into consideration the strengths of each child based upon the IEP so that a continuum of services available from various agencies is considered.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Comprehensive Parent Staff Conference Policy](#)
[Interagency Agreement Sample](#)

1308.4(j)

(j) The options may include:

- (1) Joint placement of children with other agencies;
- (2) Shared provision of services with other agencies
- (3) Shared personnel to supervise special education services, when necessary to meet State requirement on qualifications;
- (4) Administrative accommodations such as having two children share one enrollment slot when a child's IEP calls for part-time service because of their individual needs; and
- (5) Any other strategies to be used to insure that special needs are met. These may include:
 - (i) Increased staff;
 - (ii) Use of volunteers; and
 - (iii) Use of supervised students in such fields as child development, special education, child psychology, various therapies and family services to assist the staff.

[Services to Children with Disabilities](#)
[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Interagency Agreement Sample](#)

1308.4(k) The grantee must ensure that the disabilities service plan addresses grantee efforts to meet State standards for personnel serving children with disabilities by the 1994-95 program year. Special education and related services must be provided by or under the supervision of personnel meeting State qualifications by the 1994-95 program year.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Education Staff Qualification and CDA Credentials](#)
[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.4(l)

(l) The disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee's service area. If no agreement can be reached, the grantee must document its efforts and inform the Regional Office. The agreements must address:

- (1) Head Start participation in the public agency's Child Find plan under Part b of IDEA
- (2) Joint training of staff and parents;
- (3) Procedures for referral for evaluations, IEP meetings and placement decisions;
- (4) Transition;
- (5) Resource sharing;
- (6) Head Start commitment to provide the number of children receiving services under IEPs to the LEA for the LEO Child Count report by December 1 annually, and
- (7) Any other items agreed to by both parties. Grantees must make efforts to update the agreements annually.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Referral Policy](#)
[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.4(m) The disabilities coordinator must work with the director in planning and budgeting of grantee funds to assure that the special needs identified in the IEP are fully met; that children most in need of an integrated placement and of special assistance are served; and that the grantee maintains the level of fiscal support to children with disabilities consistent with the Congressional mandate to meet their special needs.

[Program Planning Policy](#)

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1308.4(n) The grant application budget form and supplement submitted with applications for funding must reflect requests for adequate resources to implement the objectives and activities in the disability services plan and fulfill the requirements of these Performance Standards.

[Program Planning Policy](#)

1308.4(o)

(o) The budget request included with the application for funding must address the implementation of the disabilities service plan. Allowable expenditures include:

(1) Salaries. Allowable expenditures include salaries of a full or part-time coordinator of services for children with disabilities (disabilities coordinator), who is essential to assure that programs have the core capability to recruit, enroll, arrange for the evaluation of children, provide or arrange for services to children with disabilities and work with Head Start coordinators and staff of other agencies which are working cooperatively with the grantee. Salaries of special education resource teachers who can augment the work of the regular teacher are an allowable expenditure.

(2) Evaluation of Children. When warranted by screening or rescreening results, teacher observation or parent request, arrangements must be made for evaluation of the child's development and functioning. If, after referral for evaluation to the LEA, evaluations are not provided by the LEA, they are an allowable expenditure.

(3) Services. Program funds may be used to pay for services which include special education, related services, and summer services deemed necessary on an individual basis and to prepare for serving children with disabilities in advance of the program year.

(4) Making Services Accessible. Allowable costs include elimination of architectural barriers which affect the participation of children with disabilities, in conformance with 45 CFR Part 84, Nondiscrimination on the Basis of Handicap in Program and Activities Receiving or Benefiting from Federal Financial Assistance and with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101). The Americans with Disabilities Act requires that public accommodations including private schools and day care centers may not discriminate on the basis of disability. Physical barriers in existing facilities must be removed if removal is readily achievable (i.e., easily accomplishable and able to be carried out without much difficulty or expense.) If not, alternative methods of providing the services must be offered, if those methods are readily achievable.

Alterations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered areas (and the bathrooms, telephones and drinking fountains serving that area) must be provided to the extent that the added accessibility costs are not disproportionate to the overall cost of the alterations.

Program funds may be used for ramps, remodeling or modifications such as grab bars or railings. Grantees must meet new statutory and regulatory requirements that are enacted.

(5) Transportation. Transportation is a related service to be provided to children with disabilities. When transportation to the program site and to special services can be accessed from other agencies, it should be used. When it is not available, program funds are to be used to provide it. Special buses or use of taxis are allowable expenses if there are no alternatives available and they are necessary to enable a child to be served.

(6) Special Equipment and Materials. Purchase or lease of special equipment and materials for use in the program and home is an allowable program expense. Grantees must make available assistive devices necessary to make it possible for a child to move, communicate, improve functioning or address objectives which are listed in the child's IEP.

(7) Training and Technical Assistance. Increasing the abilities of staff to meet the special needs of children with disabilities is an allowable expense. Appropriate expenditures may include but are not limited to:

- (i) Travel and per diem expenses for disabilities coordinators, teachers and parents to attend training and technical assistance events related to special services for children with disabilities;
- (ii) The provision of substitute teaching staff to enable staff to attend training and technical assistance events;
- (iii) Fees for courses specifically related to the requirements of the disabilities service plan, a child's IEP or State certification to serve children with disabilities; and
- (iv) Fees and expenses for training/technical assistance consultants if such help is not available from another provider at no cost.

[Education Disabilities Director](#)

[Hiring Procedure](#)

[Program Planning Policy](#)

[Fiscal Management](#)

[Disabilities Service Plan Overview for Special Children in Head Start](#)

1308.5(a) Recruitment and enrollment of children with disabilities.

- (a) The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to actively locate and recruit children with disabilities.

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[Recruitment Selection and Enrollment Policy](#)

[Recruitment and Placement of Children with Disabilities](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD

Wallowa County ESD

North Central ESD/EI

1308.5(b) A grantee must insure that staff engaged in recruitment and enrollment of children are knowledgeable about the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Disability in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, and of the Americans with Disabilities Act of 1990, (42 U.S.C. 12101).

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Recruitment Selection and Enrollment Policy](#)

1308.5(c)

(c) A grantee must not deny placement on the basis of a disability or its severity to any children:

- (1) The parents wish to enroll the child.
- (2) The child meets the Head Start age and income eligibility criteria,
- (3) Head Start is an appropriate placement according to the child's IEP, and
- (4) The program has space to enroll more children, even though the program had made ten percent of its enrollment opportunities available to children with disabilities. In that case children who have a disability and non-disabled children would compete for the available enrollment opportunities.

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Recruitment Selection and Enrollment Policy](#)

1308.5(d)

(d) The grantee must access resources and plan for placement options, such as dual placement, use of resource staff and training so that a child with a disability for whom Head Start is an appropriate placement according to the IEP is not denied enrollment because of:

- (1) Staff attitudes and/or apprehensions;
- (2) Inaccessibility of facilities;
- (3) Need to access additional resources to serve a specific child;
- (4) Unfamiliarity with a disabling condition or special equipment, such as a prosthesis; and
- (5) Need for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toilet training.

[Program Planning Policy](#)

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.5(e)

(e) The same policies governing Head Start program eligibility for other children, such as priority for those most in need of the services, apply to children with disabilities. Grantees also must take the following factors into account when planning enrollment procedures:

- (1) The number of children with disabilities in the Head Start services area including types of disabilities and their severity;
- (2) The services and resources provided by other agencies; and
- (3) State laws regarding immunization of preschool children. Grantees must observe applicable State Laws which usually require that children entering State preschool programs complete immunizations prior to or within thirty days after entering to reduce the spread of communicable diseases.

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Recruitment Selection and Enrollment Policy](#)

[Immunization Policy](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.5(f) The recruitment effort of a Head Start grantee must include recruiting children who have severe disabilities, including children who have been previously identified as having disabilities.

[Services to Children with Disabilities](#)

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Identification of Children with Potential Disabilities](#)

[Recruitment Selection and Enrollment Policy](#)

1308.6(a) Assessment of children.

(a) The disabilities coordinator must be involved with other program staff throughout the full process of assessment of children, which has three steps:

- (1) All children enrolled in Head Start are screened as the first step in the assessment process;

- (2) Staff also carry out on-going developmental assessment for all enrolled children throughout the year to determine progress and to plan program activities;
- (3) Only those children who need further specialized assessment to determine whether they have a disability and may require special education and related services proceed to the next step, evaluation. The disabilities coordinator has primary responsibility for this third step, evaluation, only.

[Referral Policy](#)
[Ongoing Assessment Policy](#)
[Developmental Screening](#)
[Identification of Children with Potential Disabilities](#)
[Considerations for Referral](#)

1308.6(b)

(b) *Screening, the first step in the assessment process*, consists of standardized health screening and developmental screening which includes speech, hearing and vision. It is a brief process, which can be repeated, and is never used to determine that a child has a disability. It only indicates that a child may need further evaluation to determine whether the child has a disability. Rescreening must be provided as needed.

(1) Grantees must provide for developmental, hearing and vision screening of all Early Head Start and Head Start children within 45 days of the child's entry into the program. This does not preclude starting screening in the spring, before program services begin in the fall.

(2) Grantees must make concerted efforts to reach and include the most in need and hardest to reach in the screening effort, providing assistance but urging parents to complete screening before the start of the program year.

(3) Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities. It provides information in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness for use along with observation data, parent reports and home visit information. When appropriate standardized developmental screening instruments exist, they must be used. The disabilities coordinator must coordinate with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening.

[Developmental Screening](#)
[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Developmental and Health History Policy](#)
[Hearing Screening Policy & Procedure](#)
[Vision Screen Policy and Procedure](#)
[Identification of Children with Potential Disabilities](#)
[Considerations for Referral](#)
[Home Visit Policy](#)

1308.6(c)

(c) Staff must inform parents of the types and purposes of the screening well in advance of the screening, the results of these screenings and the purposes and results of any subsequent evaluations.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Hearing Screening Policy & Procedure](#)
[Vision Screen Policy and Procedure](#)
[Orientation Outline](#)
[Developmental Screening](#)

1308.6(d)

(d) *Developmental assessment, the second step*, is the collection of information on each child's functioning in these areas: gross and fine motor skills, perceptual discrimination, cognition, attention skills, self-help, social and receptive skills and expressive language. The disabilities coordinator must coordinate with the education coordinator in the on-going assessment of each Head Start child's functioning in all developmental information in later diagnostic and program planning activities for children with disabilities.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Ongoing Assessment Policy](#)
[Education Disabilities Director](#)

1308.6(e)

(e) *The disabilities coordinator must arrange for further, formal, evaluation of a child who has been identified as possibly having a disability, the third step.*

(1) The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.

(2) If the LEA does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation, using its own resources and accessing others. In this case, the evaluation must meet the following requirements:

(i) Testing and evaluation procedures must be selected and administered so as not to be racially or culturally discriminatory, administered in the child's native language or mode of communication, unless it clearly is not feasible to do so.

(ii) Testing and evaluation procedures must be administered by trained (State certified or licensed) personnel.

(iv) The evaluation must be made by a multidisciplinary team or group of persons including at least one teacher or specialist with knowledge in the area of suspected disability.

(v) Evaluators must use only assessment materials which have been administered so that they reflect the children's aptitudes and achievement levels and not just the disabilities.

(vii) Tests and materials must assess all areas related to the suspected disability.

(viii) In the case of a child whose primary disability appears to be a speech or language impairment, the team must assure that enough tests are used to determine that the impairment is not a symptom of another disability and a speech or language pathologist should be involved in the evaluation.

(3) Parental consent in writing must be obtained before a child can have an initial evaluation to determine whether the child has a disability.

(4) Confidentiality must be maintained in accordance with grantee and State requirements. Parents must be given the opportunity to review their child's records in a timely manner and they must be notified and give permission if additional evaluations are proposed. Grantees must explain the purpose and results of the evaluation and make concerted efforts to help the parents understand them.

(5) The multidisciplinary team provides the results of the evaluation, and its professional opinion that the child does or does not need special education and related services, to the disabilities coordinator. If it is their professional opinion that a child has a disability, the team is to state which of the eligibility criteria applies and provide recommendations for programming, along with their findings. Only children whom the evaluation team determines need special education and related services may be counted as children with disabilities.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Identification of Children with Potential Disabilities](#)
[Referral Policy](#)
[Program Planning Policy](#)
[Considerations for Referral](#)
[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.7(a) Eligibility criteria: Health impairment

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

[Disabilities Service Plan Overview for Special Children in Head Start Recruitment Selection and Enrollment Policy](#)

1308.7(b) The health impairment classification may include, but is not limited to, cancer, some neurological disorders, rheumatic fever, severe asthma, uncontrolled seizure disorders, heart conditions, lead poisoning, diabetes, AIDS, blood disorders, including hemophilia, sickle cell anemia, cystic fibrosis, heart disease and attention deficit disorder.

[Disabilities Service Plan Overview for Special Children in Head Start](#)

1308.7(c) This category includes medically fragile children such as ventilator dependent children who are in need of special education and related services.

[Disabilities Service Plan Overview for Special Children in Head Start](#)

1308.7(d)

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

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

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

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

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

(iii) Behaviors which may be caused by frustration stemming from inappropriate demands for long periods of inactive, passive activity;

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

(v) Inattention due to cultural or language differences.

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

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

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Identification of Children with Potential Disabilities](#)
[Recruitment Selection and Enrollment Policy](#)
[Considerations for Referral](#)

1308.8(a) Eligibility criteria: Emotional/behavioral disorders

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

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

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Responding to Challenging Behavior](#)

1308.8(b) The eligibility decision must be based on multiple sources of data, including assessment of the child's behavior or emotional functioning in multiple settings.

[Referral Policy](#)
[Mental Health Policy](#)
[Identification of Children with Potential Disabilities](#)
[Considerations for Referral](#)

1308.8(c) The evaluation process must include a review of the child's regular Head Start physical examination to eliminate the possibility of misdiagnosis due to an underlying physical condition.

[Identification of Children with Potential Disabilities](#)

1308.9(a) Eligibility criteria: Speech or language impairments.

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

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Identification of Children with Potential Disabilities](#)
[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.9(b) A child is classified as having a speech or language impairment whose speech is unintelligible much of the time, or who had been professionally diagnosed as having speech impairment which require intervention or who is professionally diagnosed as having a delay in development in his or her primary language which requires intervention.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Identification of Children with Potential Disabilities](#)
[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.9(c)

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

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Identification of Children with Potential Disabilities](#)
[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.9(d)

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

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Identification of Children with Potential Disabilities](#)
[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.9(e)

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

- (1) Cultural, ethnic, bilingual, or dialectical differences or being non-English speaking; or
- (2) Disorders of a temporary nature due to conditions such as dental problem; or
- (3) Delay in developing the ability to articulate only the most difficult consonants or blends of sounds within the broad general range for the child's age.

[Identification of Children with Potential Disabilities](#)

1308.10 (a) Eligibility criteria: Mental retardation.

(a) A child is classified mentally retarded who exhibits significantly sub average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age-

appropriate coping with the demands of the environment through independent skills in self-care, communication and play.

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD

Wallowa County ESD

North Central ESD/EI

1308.10(b)

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

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD

Wallowa County ESD

North Central ESD/EI

1308.10(c) Valid and reliable instruments appropriate to the age range must be used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgment are to be used instead.

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD

Wallowa County ESD

North Central ESD/EI

1308.10(d)

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

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD

Wallowa County ESD

North Central ESD/EI

1308.11 Eligibility criteria: Hearing impairment including deafness.

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

[Identification of Children with Potential Disabilities](#)

1308.11(b) Meets the legal criteria for being hard of hearing established by the State of residence; or

[Identification of Children with Potential Disabilities](#)

1308.11(c) Experiences recurrent temporary or fluctuating hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more. Problems associated with temporary or fluctuating hearing loss can include impaired listening skills, delayed language development, and articulation problems, children meeting these criteria must be referred for medical care, have their hearing checked frequently, and receive speech, language or hearing services as indicated by their IEPs. As soon as special services are no longer needed, these children must no longer be classified as having a disability.

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.12 Eligibility criteria: Orthopedic impairment.

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

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.13 Eligibility criteria: Visual impairment including blindness.

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

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

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.13(b) A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts, etc.

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.14 Eligibility criteria: Learning disabilities.

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

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.14(b)

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

- (1) The children does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in (a) above when provided with appropriate learning experiences for the age and ability; or
- (2) The child has a severe discrepancy between achievement of developmental milestones and intellectual ability in one or more of these areas: oral expression, listening comprehension, pre-reading, pre-writing and premathematics; or
- (3) The child shows deficits in such abilities as memory, perceptual and perceptual-motor skills, thinking, language and non-verbal activities which are not due to visual, motor, hearing or emotional disabilities, mental retardation, cultural or language factors, or lack of experiences which would help develop these skills.

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.14(c) This definition for learning disabilities applies to four and five year old children in Head Start. It may be used at a program's discretion for children younger than four or when a three year old child is referred with a professional diagnosis of learning disability. But because of the difficulty of diagnosing learning disabilities for three year olds, when Head Start is responsible for the evaluation it is not a requirement to use this category for three year olds.

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.15 Eligibility criteria: Autism.

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

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.16 Eligibility criteria: Traumatic brain injury.

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

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.17 Eligibility criteria: Other impairments..

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

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

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.17(b) If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are “preschool disabled,” “in need of special education,” and “non-categorically handicapped.”

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.17(c) Children ages three to five, inclusive, who are experiencing developmental delays, as defined by their State and as measured by appropriate diagnostic instruments and procedures, in one or more of the

following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development and who by reason thereof need special education and related services may receive services as children with disabilities in Head Start programs.

[Identification of Children with Potential Disabilities](#)
[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Recruitment Selection and Enrollment Policy](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.17(d) Children who are classified as deaf-blind, whose concomitant hearing and visual impairments cause such severe communication and other developmental problems that they cannot be accommodated in special education programs are eligible for services under this category.

[Identification of Children with Potential Disabilities](#)
[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Recruitment Selection and Enrollment Policy](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.17(e) Children classified as having multiple disabilities whose concomitant impairments (such as mental retardation and blindness), in combination, cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for recordkeeping purposes.

[Identification of Children with Potential Disabilities](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI

1308.18 Disabilities/health services coordination.

(a) The grantee must ensure that the disabilities coordinator and the health coordinator work closely together in the assessment process and follow up to assure that the special needs of each child with disabilities are met.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Hearing Screening Policy & Procedure](#)
[Developmental Screening](#)

1308.18(b) The grantee must ensure coordination between the disabilities coordinator and the staff person responsible for mental health component to help teachers identify children who show signs of problems such as possible serious depression, withdrawal, anxiety or abuse.

[Disabilities Service Plan Overview for Special Children in Head Start](#)
[Mental Health Policy](#)
[Supporting Social Emotional Concerns](#)

[Identification of Children with Potential Disabilities](#)

[Considerations for Referral](#)

[Classroom Observation and Consultation](#)

1308.18(c) & (d)

(c) Each Head Start director or designee must supervise the administration of all medications, including prescription and over-the-counter drugs, to children with disabilities in accordance with State requirements.

(d) The health coordinator under the supervision of the Head Start director or designee must:

(1) Obtain the doctor's instructions and parental consent before any medication is administered.

(2) Maintain an individual record of all medications dispensed and review the record regularly with the child's parents.

Record changes in a child's behavior which have implications for drug dosage or type and share this information with the staff, parents and the physician.

Assure that all medications, including those required by staff and volunteers, are adequately labeled, stored under lock and key and out of reach of children, and refrigerated, if necessary

[Medication Administration Policy](#)

1308.19 Developing individualized education programs (IEPs).

(a) When Head Start provides for the evaluation, the multidisciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria. The multidisciplinary evaluation team must assure that the evaluation findings and recommendations, as well as information from developmental assessment, observations and parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Services to Children with Disabilities](#)

[Recruitment Selection and Enrollment Policy](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD

Wallowa County ESD

North Central ESD/EI

1308.19(b) Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child's program.

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

Umatilla Morrow ESD

Wallowa County ESD

North Central ESD/EI

1308.19(c) When the LEA develops the IEP, a representative from Head Start must attempt to participate in the ESP meeting and placement decision for any child meeting Head Start eligibility requirements.

[Disabilities Service Plan Overview for Special Children in Head Start](#)

[Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.19(d) If Head Start develops the IEP, the IEP must take into account the child's unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child's disabilities.

[Disabilities Service Plan Overview for Special Children in Head Start
Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.19(e) The IEP must include:

- (1) A statement of the child's present level of functioning in the social-emotional, motor, communications, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming.
- (2) A statement of annual goals, including short term objectives for a meeting these goals.
- (3) A statement of services to be provided by each Head Start component that are in addition to those services provided for all Head Start children, including transition services.
- (4) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program. This includes services provided by other agencies and non-Head Start professionals.
- (5) The identification of the personnel responsible for planning and supervision of services and for the delivery of services.
- (6) The projected dates for initiation of services and the anticipated duration of services.
- (7) A statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.
- (8) Family goals and objectives related to the child's progress.

[Disabilities Service Plan Overview for Special Children in Head Start
Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.19 (f) When Head Start develops the IEP, the team must include:

- (1) The Head Start disabilities coordinator or a representative who is qualified to provide or supervise the provision of special education services;
- (2) The child's teacher or home visitor;
- (3) One or both of the child's parents or guardians; and
- (4) At least one of the professional members of the multidisciplinary team which evaluated the child.

[Disabilities Service Plan Overview for Special Children in Head Start
Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.19(g) An LEA representative must be invited in writing if Head Start is initiating the request for a meeting.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.19(h) The grantee may also invite other individuals at the request of the parents and other individuals at the discretion of the Head Start program, including those component staff particularly involved due to the nature of the child's disability.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.19(i) A meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services. Services must begin as soon as possible after the development of the IEP.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.19(j) Grantees and their delegates must make vigorous efforts to involve parents in the IEP process. The grantee must:

- (1) Notify parents in writing and, if necessary, also verbally or by other appropriate means of the purpose, attendees, time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate;
- (2) Make every effort to assure that the parents understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child's program;
- (3) Provide interpreters, if needed, and offer the parents a copy of the IEP in the parents' language of understanding after it has been signed;
- (4) Hold the meeting without the parents only if neither parent can attend, after repeated attempts to establish a date or facilitate their participation. In that case, document its efforts to secure the parents' participation, through records of phone calls, letters in the parents' native language or visits to parents' homes or places of

work, along with any responses or results; and arrange an opportunity to meet with the parents to review the results of the meeting and secure their input and signature.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities Language Acquisition](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.19(k) Grantees must initiate the implementation of the IEP as soon as possible after the IEP meeting by modifying the child's program in accordance with the IEP and arranging for the provision of related services. If a child enters Head Start with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.20 Nutrition services

(a) The disabilities coordinator must work with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.

[Disabilities Service Plan Overview for Special Children in Head Start Meal Time Policy Food Service Policy](#)

1308.20(b) Appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionist or dietitians must be consulted on ways to assist Head Start staff and parents of children with severe disabilities with problems of chewing, swallowing and feeding themselves.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities](#)

[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.20(c) The plan for services for children with disabilities must include activities to help children with disabilities participate in meal and snack times with classmates.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities Meal Time Policy Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.20(d) The plan for services for children with disabilities must address prevention of disabilities with a nutrition basis.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities](#)
[Food Service Policy](#)
[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.21 Parent participation and transition of children into Head Start and from Head Start to public school.

- (a) In addition to the many references to working with parents throughout these standards, the staff must carry out the following tasks:
- (1) Support parents of children with disabilities entering from infant/toddler programs.
 - (2) Provide information to parents on how to foster the development of their child with disabilities.
 - (3) Provide opportunities for parents to observe large group, small group and individual activities described in their child's IEP.
 - (4) Provide follow-up assistance and activities to reinforce program activities at home.
 - (5) Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.
 - (6) Inform parents of their rights under IDEA.
 - (7) Inform parents of resources which may be available to them from the Supplemental Security Income (SSI) Program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and other sources and assist them with initial efforts to access such resources.
 - (8) Identify needs (caused by the disability) of siblings and other family members.
 - (9) Provide information in order to prevent disabilities among younger siblings.
 - (10) Build parent confidence, skill and knowledge in accessing resources and advocating to meet the special needs of their children.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities](#)
[Transition Policy](#)
[Comprehensive Parent Staff Conference Policy](#)
[Interagency Agreement Sample](#)

**Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI**

1308.21 (b) & (c)

(b) Grantees must plan to assist parents in the transition of children from Head Start to public school or other placement, beginning early in the program year.

(c) Head Start grantees, in cooperation with the child's parents must notify the school of the child's planned enrollment prior to the date of enrollment.

[Disabilities Service Plan Overview for Special Children in Head Start Services to Children with Disabilities](#)
[Transition Policy](#)

[Comprehensive Parent Staff Conference Policy](#)
[Interagency Agreement Sample](#)

Umatilla Morrow ESD
Wallowa County ESD
North Central ESD/EI