

# FROM BIRTH TO THREE TOOLKIT

A guide to Washington services for infants and toddlers (ages 0-3) with disabilities

**A USER-FRIENDLY TOOLKIT FOR FAMILIES**

## **Our mission**

PAVE provides support, training, information and resources to empower and give voice to individuals, youth and families impacted by disabilities.

## **Our vision**

We envision an inclusive community that values the unique abilities, cultures, voices, contributions and potential of all individuals.



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This handout contains information and resources to address concerns about infant and toddler's development.

## DEVELOPMENTAL SCREENINGS

Developmental screening is the practice of systematically looking for and monitoring signs that a young child may be delayed in one or more areas of development.

Screening is not meant to establish a diagnosis for the child, but rather to help professionals and families determine whether more in-depth assessment is the next step. By using a high-quality screening tool, professionals can screen children for delays accurately and cost-effectively.

Developmental screening is a simple process that can have both informal and formal assessments. When using a tool that is more formal in nature, the short test can tell if a child is learning basic skills when he or she should, or if there are delays.

## HOW TO ADDRESS CONCERNS ABOUT AN INFANT OR TODDLER'S DEVELOPMENT

It's not uncommon for families to become concerned when their little one doesn't seem to be learning new skills or abilities within the expected schedule of [developmental milestones](#). You may worry that the child hasn't rolled over yet, or that they aren't doing what the neighbor's child of the same age is doing. There may be concerns about your baby sitting up or beginning to verbalize words and sounds. A child may also be diagnosed with a medical or developmental condition that increase their chances of experiencing delays in meeting developmental milestones. When a child does not acquire skills that are expected of him or her when compared with other children of the same age, it is called a developmental delay.

Washington families concerned about a young child's development can call the Family Health Hotline at 1-800-322-2588 (TTY 1.800.833.6384) to connect with a Family Resource Coordinator (FRC).

The Centers for Disease Control and Prevention (CDC) manages a campaign to [Learn the Signs. Act Early](#). The website includes tools for tracking milestones and materials for families to learn more and plan home-based activities to promote skill development.

[HelpMeGrow](#), a program of WithinReach, provides [a free online developmental screening](#) to identify your child's current skills in the areas of communication, gross motor, fine motor, problem-solving, and personal-social development. After completing the online screening, you will be contacted with your child's results and resource recommendations to support their development from a member of HelpMeGrow's Child Development Team. Families may share the screening results with the child's pediatrician and daycare or other early learning program to help guide discussions about their concerns.

## NEXT STEPS WHEN A CHILD IS NOT DEVELOPING AT THE SAME RATE AS OTHER CHILDREN THEIR AGE

Because of the rapid growth in a child's first three years of life, early support and monitoring of child development is essential for these children to reach their full academic potential as well as social and personal success. In all cases, kids will experience greater success academically, socially, and personally if delays are caught early and kids and families get the support they need.

The Department of Children, Youth and Families (DCYF) administers services for eligible children from birth to age 3 in Washington state through [Early Support for Infants and Toddlers \(ESIT\)](#). [Learn more about ESIT's guiding concepts in this short \(3:10\) video.](#)

[Learn more about Developmental Screening in this PAVE article.](#)

## The Individuals with Disabilities Education Act (IDEA)

Parents of children with disabilities should know about the Individuals with Disabilities Education Act (IDEA), a federal law that serves as [the foundation of special education](#). IDEA helps to protect and support students with disabilities.

It protects children with disabilities and creates a funding source for services to meet their individualized needs.

Part A	Part B	Part C	Part D
Includes general guidance about the rights of children ages 0-21 with disabilities.	Protects eligible students ages 3-21 with the right to school-based services.	Guarantees the right to early intervention services (EIS) for children from birth to age 3 who meet eligibility criteria.	Focuses on the need to improve special education programs

## Early Support for Infants & Toddlers (ESIT)

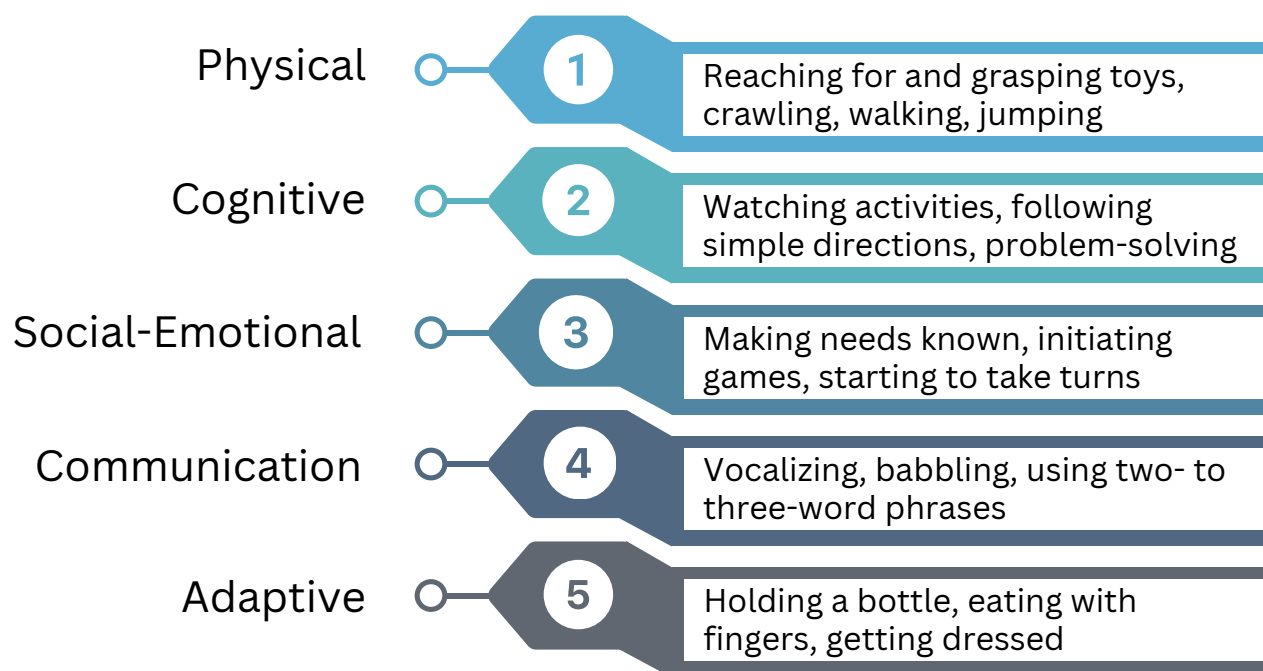
[Early Support for Infants and Toddlers \(ESIT\)](#) provides services for eligible children from birth to age 3 in Washington State. Families can contact ESIT directly, or they can reach out to their local school district to request an evaluation to determine eligibility and consider what support a child might need. For help with the referral process, call the Family Health Hotline at 1-800-322-2588 (TTY 1.800.833.6384).

Most Services Are Free to Families	Anyone Can Refer for Evaluation
<p>Part C requires that states provide the following services at no cost to families:</p> <ul style="list-style-type: none"> <li>• outreach and evaluation through <a href="#">(Child Find)</a>, assessments, development and review of the Individualized Family Service Plan (IFSP), and service coordination.</li> <li>• assessments, development and review of the Individualized Family Service Plan (IFSP), and service coordination.</li> <li>• development and review of the Individualized Family Service Plan (IFSP), and service coordination.</li> <li>• service coordination</li> </ul>	<p>Anyone with concerns about a child's development can refer children who may benefit from early intervention services, including:</p> <ul style="list-style-type: none"> <li>• you or another family member</li> <li>• childcare and early learning programs</li> <li>• public health facilities</li> <li>• educational agencies</li> </ul> <p>Medical providers like pediatricians can offer diagnostic information and recommendations.</p>

[Learn more about IDEA: The Foundation of Special Education in this PAVE article.](#)

## Early intervention is intended for infants and toddlers who have a developmental delay or disability.

Early intervention is intended for infants and toddlers who have a developmental delay or disability. Eligibility is determined by evaluating the child (with parental consent) to see if the child does, in fact, have a delay in development or a disability. Eligible children can receive early intervention services from birth to the third birthday. After a referral is accepted, a team of professionals uses standardized tools and observations to evaluate a child's development in five areas:



After a child is evaluated, data are compared against typically developing children of the same age. If scores show a 25 percent delay overall or if the score in one developmental area is statistically 1.5 standard deviations below typical peers, then the child is eligible for an IFSP.

Some medical and developmental conditions are more likely to cause developmental delays. ESIT has a [Qualifying Diagnoses List](#) of these conditions that allows for automatic eligibility determinations. If an infant or toddler has a qualifying diagnosis, they will be enrolled in early intervention services without completing the initial eligibility evaluations.

ESIT's [A Family's Guide to Early Intervention Services in Washington State](#) contains more details about the evaluation process.

Use this checklist to prepare for the meeting to discuss the services your child will receive during your child's first three years of development.

- Request a copy of the evaluations and draft of the Individualized Family Service Plan (IFSP).
- If your child was screened for developmental delay, bring your copy of the results to the meeting to discuss with the IFSP team.
- Prepare a one-pager of “[What You Need to Know About My Child](#)” to share essential needs, concerns, and challenges with anyone working with your child.
- Email the letter of introduction and one-pager to those who will attend the transition conference at least one week prior to the meeting.
- Make copies of anything you will share in-person at the transition conference.
- Start [a home file, binder, or other recordkeeping system](#) to keep copies of evaluations, IEPs, progress notes, work samples, letters of introduction, and on-pagers.
- Make a list of your concerns and questions to discuss with the team.

# From Referral to Action: Getting Started with Early Intervention Services (EIS)

The evaluation timeline for eligibility for early intervention services (EIS) begins with a written referral and varies depending on the age of the child at the time of the referral.

## [Early Support for Infants and Toddlers \(ESIT\)](#)

ESIT has 45 days starting on the date of referral to:

- evaluate for eligibility
- conduct assessments
- hold the Individualized Family Service Plan (IFSP) meeting
- develop an IFSP

45



Parents/custodial caregivers must provide written consent for services to begin

The IFSP will be reviewed every six months and revised yearly until the child is too old for ESIT services, or more often if needed.



30

Once the Individualized Family Service Plan (IFSP) has been written, services must start within 30 days unless the IFSP team determines that [a later start date better meets the individual needs of the child and family](#)

The Family Resource Coordinator (FRC) schedules a [transition conference](#) for when the child will age out of ESIT services, at least 90 days before the child's third birthday



**Calendar days** are all days of the week, including weekends, and school, state, federal and religious holidays.

According to [ESIT's Practice Guide for Late Services: Provision and Documentation](#), the day of referral counts as the first day in the timeline. Similarly, the date the IFSP is created counts as the first day in the 30-day timeline during which services must begin.



Use this worksheet to familiarize yourself with your child’s Individualized Family Service Plan (IFSP). You will be better prepared to support your child when you review the IFSP draft before meeting with the IFSP team for the first time.

## 1. Read the IFSP draft before the IFSP meeting

Be sure to ask for a copy of the IFSP draft with enough time to look it over before the meeting.

I requested a copy of the IFSP draft on .

The amount of time a family needs for review also might depend on whether the document is translated into a language besides English. Under state and federal law, parents have the right to information about their child’s education in a language they can understand.

Yes, I require that the IFSP be translated to .

I requested translation of the IFSP on .

No, I do not require that the IFSP be translated to another language.

## 2. Review your child’s present levels and needs.

Read the evaluation data about your child’s current strengths, weaknesses, and abilities, and

Developmental Area	Strengths	Weaknesses	Abilities
<b>Physical</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Cognitive</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social-Economic</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Communication</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Adaptive</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

What are his/her needs resulting from the developmental delay or disability?

### 3. Read the family priorities and concerns for accuracy.

The Individualized Family Service Plan (IFSP) is a whole family plan, with the child’s primary caregivers as major contributors to its development and implementation. Carefully read the sections that refer to family priorities and concerns. Write down anything you would like to add or change.

The IFSP includes goals, and progress is monitored to determine whether the plan is supporting appropriate outcomes. The plan is reviewed every six months and is updated at least once a year but can be reviewed at any time by request of parents or other team members.

As you think of additional concerns and priorities, list them here to return to at the next meeting. Consider requesting a meeting before the six-month review for urgent or time-sensitive goals.

### 4. Review any recommended resources.

Explore the resources provided in the IFSP and make note of those you want to return to:

### 5. Consider the major results/outcomes expected of your child.

Note any that you may require breaking down a skill into smaller tasks to learn (or “chunking”) and any questions or concerns you may have about specific goals.

## 6. Identify the services, including frequency and duration.

If an infant or toddler is eligible, early intervention services are designed to meet the child’s individual needs. Read through the IFSP and identify your child’s services.

The services might include, but are not limited to:	Frequency:	Duration:
<input type="checkbox"/> Assistive technology (devices a child might need):	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Audiology or hearing services	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Speech and language services	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Counseling and training for a family	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medical services	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Nursing services	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Nutrition services	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Occupational therapy	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Physical therapy	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Psychological services	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>	<input type="text"/>

## 7. Review the location(s) of service delivery.

Services are typically provided in the child’s home or other [natural environment](#), such as daycare. They may also be offered in a medical hospital, a clinic, a school, or another community space. Any services provided outside the child’s natural environment require a statement explaining the rationale for the placement.

My child’s early intervention services will be provided at the following location(s):

## 8. Identify the source of funding or payment for services.

Washington State provides most early intervention services at no cost to families of eligible children. Some services covered by insurance are billed to a child’s health insurance provider, with the signed consent of a family caregiver. The early intervention system may not use health care insurance (private or public) without express, written consent.

Part C of the IDEA requires states to provide the following services at no cost to families: [Child Find](#) (outreach and evaluation), assessments, IFSP development and review, and service coordination.

- Yes, they are costs for .
- Yes, and I have given permission to bill my insurance.
- No, there are no costs.

## 9. Save your Family Resource Coordinator (FRC)’s information.

Name:  Phone:

Email:

Here are our top three tips for making every conversation with your child’s IFSP or IEP team an opportunity to show them what makes your child the remarkable human being you know and love.

## 1. SHARE YOUR CHILD’S STRENGTHS AND NEEDS

Every conversation with your child’s IFSP or IEP team is an opportunity to show them what makes your child the remarkable human being you know and love. As you work together to develop a plan to address their needs, it’s equally important that you share your child’s strengths. They are more than the sum of their symptoms, challenges, and disabilities. Your child’s interests are a part of who they are and their current abilities can help to identify the best support strategies for their individual needs.

Strengths	Needs
<b>Things my child does that make me feel happy or unconcerned</b>	<b>Things my child does or cannot do that make me feel concerned</b>
Smiles back at me or others	Doesn’t smile back at me or others
Responds to his or her name	Doesn’t respond to his or her name
Likes to play with other children	Prefers to play alone
Makes sounds, babbles, or talks	Seldom attempts to make sounds

\*Adapted from [PACER Center](#)

While it’s true that children develop differently, at their own pace, and that the range of what’s “normal” development is quite broad, it’s hard not to worry and wonder. If you think that your child is not developing at the same pace or in the same way as most children his or her age, it may be helpful to review established guidelines, such as the Early Learning and Development Guidelines. This booklet includes information about what children can do and learn at different stages of development, focused on birth through third grade. [A free downloadable version](#) is available in English and Spanish from the Office of the Superintendent of Public Instruction (OSPI).

## 2. ASK QUESTIONS

No single person knows everything. You are not expected to know or understand every word or acronym used. Parents have the right to ask questions before, during, and after meetings. Although the professionals may know about child development, you are the expert in your child. It is important for you to ask questions for clarification and understanding; learning as much as you can helps you to be a better advocate for your child.

## 3. TAKE NOTES AND SHARE YOUR REFLECTIONS

Write down your questions before meetings and make note of anything that remains unanswered to follow up on. During the meeting, take notes that highlight concerns, resolutions, and unresolved issues. As soon as possible after the meeting, or at least within the next 24 hours, write down everything you remember from the meeting. Then, email a quick thank you note with your notes attached, asking them to let you know if you misheard or misinterpreted anything that was discussed. This allows for clarification and understanding before frustration can take root and interrupt the team’s effectiveness.

Using the guiding questions below, prepare a one-pager of skills, challenges, concerns, and interests of your child on the next page. Make your own [print-friendly one-pager](#).

**Hello! My name is**  .

**I am**  **years old.**

## My strengths are...

What does your child do well (i.e. feeds self, imitates modeled behaviors)?

What skills does your child have (i.e. knows their colors)?

What characteristics help them to be successful with difficult tasks or nonpreferred activities?

Which personality traits do you appreciate in your child (i.e. very social, a thinker)?

## Things that challenge me (but I am still working on) are...

What are some things you are working on at home or in other settings (i.e. making eye contact, responding to my name)?

What skills are starting to show, but still need work (i.e. turn-taking, signing/speaking to indicate a need or want)?

What are some current problem behaviors and how are you addressing them (i.e. stuffing too much food in mouth - giving a handful at a time)?

**Attach a picture of your child**

## Some important things you should know about me are...

What are the most concerning behaviors or needs (i.e. wander risk, no fear of danger or pain)?

What should a caretaker know before being left alone with your child (i.e. allergies, health concerns)?

What behaviors does your child do that might be misunderstood (i.e. echoes a question when they don't understand)?

## I respond well to...

What behavioral strategies are working at home?

What visual or physical supports have been successful in the past?

What do you do to ease transitions at home and in other settings (i.e. two-minute warning)?

What are some methods to make challenges easier (i.e. setting a timer, playing music)?

## My likes and interests are...

What does your child like that can be used as reinforcement for expected behaviors (i.e. bubbles, tickling, trains)?

What might your child find comforting during or following an upset (i.e. preferred character or item)?

What causes your child to self-stimulate (stim) (i.e. magnets, stacking blocks, twinkle lights)?

## If Your Child Receives Services through Early Support for Infants and Toddlers (ESIT)

When an infant or toddler receiving early intervention services from Washington’s [Early Support for Infants and Toddlers \(ESIT\)](#) program approaches the age of three (3), the Family Resource Coordinator (FRC) begins transition planning for when the child will age out of early intervention services on their third birthday. If the child is potentially eligible for special education and related services, the transition includes evaluation and development of an Individualized Education Program (IEP). Each plan is unique and designed to respond to individual needs.

Explore [PAVE’s 3-5 Transition Toolkit](#), a guide to Washington services for 3-5 year olds with disabilities.

### TRANSITION BEGINS 6-9 MONTHS BEFORE YOUR CHILD’S THIRD BIRTHDAY

#### Transition Planning Begins

- FRC starts talking about transition
- FRC transmits your child’s records to the school system, with your written consent, including the most recent IFSP and evaluations/assessments
- FRC identifies and shares community resources

#### Transition Conference

- Scheduled by the FRC for 90 days before your child’s third
- Explanation of Parent’s rights in special education
- Discussion of options for early childhood special education and other appropriate services
- Development of a transition timeline
- Writing transition plan into the IFSP

#### Evaluation for an IEP

- Begins with parent’s signature of consent for evaluation
- School receives the records from ESIT
- Family provides information and concerns
- Child is evaluated for eligibility for an IEP
- Eligibility meeting is held within 35 school days

Not all children who qualified for early-learning support will qualify for an IEP. Children who are not eligible for IEP services might be eligible to receive accommodations and support through a [Section 504 Plan](#).

## If Your Child Needs Support to Prepare for School Readiness

If a student is having a hard time at school and has a known or suspected disability, [the school evaluates to see if the student qualifies for special education](#), through a process called [Child Find](#). Washington State requires special education referrals to be in writing ([WAC 392-172A-03005](#)). Anyone with knowledge of a student can write a referral. The state provides a [form](#) for making a special education referral, but the form is not required—any written request is valid.

- Complete the [Sample Letter to Request an Evaluation](#).
- Make a copy for your records.
- Call your local school district or go on their website to identify the correct office, person, and address to mail (signed, return receipt requested), email, or hand-deliver your request.
- Refer to the IEP Referral Timeline to track your child’s progress through the evaluation process.

You can utilize this document when preparing for the transition planning process to collect essential Part C data that will be taken into account during the Part B evaluation and eligibility determination phase.

- 1. The team will review the documentation of current needs from all sources, including:**
  - A. Medical documentation and diagnosis
  - B. IFSP assessment information
  - C. Other sources
- 2. The team will review the present levels of development described in the IFSP, including:**
  - A. Documentation of IFSP Services Provided
  - B. Present levels of development in each of the following domains:
    1. Physical Development (vision, hearing, and health)
    2. Cognitive Development
    3. Communication Development
    4. Social-Emotional Development
    5. Adaptive Development
- 3. During the transition conference, the team will discuss the child's individual status for the following three measurements to help understand how well they are doing compared to what is typically expected for their age.**
  - A. Social Relationships
  - B. Knowledge and Skills
  - C. Action to Meet Needs
- 4. At the transition conference, the team will determine whether the child meets the eligibility criteria for Part B, Section 619 services based on the child's developmental needs. These needs can be identified in physician's statements and family member interviews regarding -**
  - A. Health (diagnosed conditions)
  - B. Vision
  - C. Hearing
  - D. Social-Emotional Status
  - E. Cognitive
  - F. Academic Readiness Skills
  - G. Communication
  - H. Motor Abilities

Adapted from the [Early Childhood Technical Assistance Center \(ECTA\)](#).

The IDEA requires that certain individuals be included in the IEP team, and their input is valuable in creating a plan that addresses the unique needs of the student. Here are the key members of the IEP team. The team works together to develop a comprehensive plan that addresses the unique needs of the student and ensures access to an appropriate education.

### Key members of the IEP team include:

- Parents or Guardians
- Student (when appropriate)
- Special Education Teacher
- General Education Teacher
- School Representative, Administrator
- Specialist or service providers
- Additional Individuals ( A parent advocate, a friend, PAVE PTI)

Use [this printable](#) to identify each member of the IEP team and how to contact them, as you see in the sample below.

**School Year**

**School or Program**

**Name of Contact**

**Phone Number**

**Text Messages**

Yes  No

**Role/Position**

**Email Address**

**Name of Contact**

**Phone Number**

**Text Messages**

Yes  No

**Role/Position**

**Email Address**

[Read this article](#) to learn more about who is included in the IEP team.



# Differences Between Part B and Part C Services

The Individualized Family Service Plan (IFSP) ends when a child turns 3. Transitioning to a services under an Individualized Education Program (IEP) requires a new evaluation and is a team-led process. Let this handout serve as your cheat sheet for the differences between the IFSP and IEP.

## Individualized Family Service Plan (IFSP)

**Ages:** Birth (0) to 3 years old

**Governed by:** Individuals with Disabilities Education Act (IDEA), Part C

*Also known as early intervention services (EIS)*

## Individualized Education Program (IEP)

**Ages:** 3-21 years old

**Governed by:** Individuals with Disabilities Education Act (IDEA), Part B

*Also known as special education services*

### ELIGIBILITY CRITERIA

25% or 1.5 SD (Standard Deviation) below the mean in one or more of the following areas of development:

1. Cognitive
2. Physical (fine or gross motor)
3. Communication (receptive or expressive language)
4. Social or Emotional
5. Adaptive

- or -

Diagnosed physical or medical condition that has a high probability of resulting in delay, such as but not limited to:

- Chromosomal abnormalities
- Genetic or congenital disorders
- Sensory impairments
- Inborn errors of metabolism
- Disorders reflecting disturbance of the development of the nervous system
- Congenital infections
- Severe attachment disorders
- Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome

2 SD (Standard Deviation ) below the mean in one or more areas of development

- or -

1.5 SD below the mean in two or more areas of development

- meaning -

Has one or more of the following disabilities

1. Developmental Delay (ages 3-8)
  - Upon his/her 8th birthday, your child must be eligible under a different category
2. Specific Learning Disability
3. Intellectual Disability
4. Autism
5. Hearing Impairment
6. Emotional Disturbance
7. Deaf-blindness
8. Multiple Disabilities
9. Orthopedic Impairment
10. Other Health Impairment
11. Deafness
12. Speech/Language Impairment
13. Traumatic Brain Injury

- and -

The disability/disabilities adversely affect his/her educational performance

- and -

His/her unique needs cannot be addressed through education in general education classes alone, with or without individual accommodations, and require specially designed instruction (SDI)

# Differences Between Part B and Part C Services

## Individualized Family Service Plan (IFSP)

**Administered by:** Early Support for Infants and Toddlers

## Individualized Education Program (IEP)

**Administered by:** Washington Office of Superintendent of Special Instruction (OSPI)

### FOCUS SUBJECT OF SERVICES

The IFSP outlines the family's needs in supporting the child's developmental progress. During the first three years of development, the child's needs are closely related to the needs of the family. Recognizing parents as major contributors in development, the IFSP builds upon the individual strengths of the family to address the needs of the child.

The IEP is a comprehensive plan for school-age children, addressing their educational needs and academic goals. The IEP specifies the special education services, goals, and accommodations necessary for the child's education. Goals are typically related to academic, functional, and behavioral areas.

### LOCATION OF SERVICES

Infants and toddlers usually spend their days at home or in childcare settings. These are their "natural environment". By receiving their IFSP services in the natural environment, the family learns to use natural learning opportunities (like playtime, meals, or baths) to create countless opportunities for the child to practice and develop delayed skills. It also includes the family's social and cultural networks, promoting full participation in community life.

At age 3, a child becomes eligible for special education and related services. They may receive services through a preschool, center-based and family childcare center, Early Childhood Education and Assistance Program (ECEAP), or Transitional Kindergarten. IEP services must be provided in the "least restrictive environment", meaning that the child should be with typically developing peers (those without disabilities) as much as the team agrees is appropriate for the child.

### FREQUENCY OF REVIEW AND RE-EVALUATION

The IFSP has two different types of reviews:

- The periodic review occurs at least every six months, or more frequently if necessary for the child's condition. During the review, the team discusses progress toward family outcomes (goals), any new assessment information, and whether the IFSP needs to be changed or updated.
- At the annual meeting, the team will update the present levels of development, develop new outcomes bearing in mind the family's priorities, and consider services that will be needed and provided moving forward.

The IEP must be reviewed, at a minimum, yearly. This annual review allows the IEP team to assess the student's progress, make any necessary adjustments to goals and services, and ensure that the IEP continues to meet the student's needs.

Every three years, a reevaluation is conducted if deemed necessary. This reevaluation can help determine if the student's disability and needs have changed and if the services and goals in the IEP need modification.

\*Parents may request an IEP meeting at any time.

Follow this guide to enroll your dependent child of an active-duty servicemember in the [Exceptional Family Member Program \(EFMP\)](#) or the Coast Guard’s Special Needs Program (SNP)

### Eligibility

Enrollment in EFMP is mandatory for eligible dependents of active-duty service members (ASDMs). It is not an age-limited or age-specific program; dependent children and adults, including spouses, incapacitated adults (unmarried adult children with disabilities, parents and parents-in-law, and other adult dependents), must be enrolled in EFMP if they meet [one of the following criteria](#):

- ▶ Have special medical needs, including chronic and/or mental health conditions, that require ongoing treatment from medical specialists
- ▶ Are eligible for or receive early intervention services (EIS) through an [Individualized Family Service Plan \(IFSP\)](#) for infants and toddlers (ages 0-3)
- ▶ Are eligible for or receive special education services through an [Individualized Education Program \(IEP\)](#) for students aged 3 through 21
- ▶ Have significant behavioral health concerns

Family members of National Guard and Reserve personnel may be eligible during the time period when the service member is called for active-duty orders under Title 10 (10 U.S.C.).

### Enrollment

Enrollment in EFMP or SNP begins with [two enrollment forms that are available for download from Military OneSource](#):

#### DD FORM 2792 “FAMILY MEMBER MEDICAL SUMMARY”

This form must be completed by the family member’s TRICARE-authorized primary care provider. This can be either the primary care manager or a specialty care provider.

#### DD FORM 2792-1 “SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY”

The instructions state that the child’s IFSP or IEP must also be provided with this form. If the child has an IFSP, is not yet enrolled in school, or is home-schooled, the parents may complete and sign the fields reserved for the educational authority.

- When you call to schedule an appointment with your medical provider, ask about the provider’s policy for completing paperwork and how to submit the forms before the visit while scheduling the appointment.
- Make a copy of the completed forms for your home files.
- Hand-deliver the forms to your installation’s enrollment department, or submit the forms electronically if your branch of service is listed below:
  - ▶ [Army’s Enterprise EFMP \(E-EFMP\)](#)
  - ▶ Air Force and Space Force [My Vector](#)
  - ▶ [Navy Family Accountability and Assessment System \(NFAAS\)](#)

- Determine Eligibility**  
Check if you or your family member have a special medical or educational need that qualifies for EFMP enrollment.
- Contact Your EFMP Coordinator**  
Reach out to your local EFMP coordinator or the EFMP office on your military installation. They can provide guidance and assistance throughout the enrollment process.
- Gather Required Documents**  
Collect necessary documents, such as medical records, Individualized Education Plans (IEPs), and other relevant paperwork supporting the special needs of the family member.
- Complete DD Form 2792 (Family Member Medical Summary)**  
Fill out this form to provide detailed medical information about the family member with special needs. This form is used to assess medical eligibility for EFMP.
- Complete DD Form 2792-1 (Special Education/Early Intervention Summary)**  
If applicable, complete this form to provide information related to educational needs and services received by the family member with special needs.
- Attend EFMP Briefing**  
Attend an EFMP informational briefing or orientation session to learn more about the program and its services.
- Medical Evaluation**  
The military medical authorities will review the DD Forms 2792 and 2792-1 to assess the family member's medical and educational needs.
- Assignment Coordination**  
EFMP coordinators work with assignment managers to ensure your family is assigned to a location where the necessary support and services are available.
- Update Information as Needed**  
Keep your EFMP coordinator informed of any changes in your family member's medical or educational needs, as well as changes in your contact information.
- Enroll in EFMP Respite Care, if Available**  
If respite care is offered at your installation, inquire about enrolling in this program to access short-term relief for caregivers.
- Access EFMP Family Support Services**  
Utilize the support services provided by EFMP Family Support, which may include counseling, information, referrals, and assistance with navigating resources.

**\*Remember that specific procedures may vary by branch of service and location, so it's essential to work closely with your EFMP coordinator for personalized guidance throughout the enrollment process.**

## A step-by-step guide to submitting an SSI application on behalf of your child.

[Supplemental Security Income \(SSI\)](#) is a monthly financial benefit from the Social Security Administration (SSA) to people with limited income and resources who are age 65 or older, blind or disabled. Blind or disabled children, as well as adults, can get SSI.

Eligibility for disability is determined by a team that includes a disability examiner and a medical or psychological consultant at a state agency known as the Disability Determination Service (DDS). The team will review medical and financial documents, and determine eligibility based on the documents provided or request more documents be provided.

Learn more about [Supplemental Security Income](#) for adults and children in this PAVE article. Here's a step-by-step checklist to help you get started:

- [Determine Eligibility](#): Complete the SSA's Benefit Eligibility Screening Tool (BEST) to determine if your child's condition qualifies for SSI benefits.
- [Gather Required Documents](#): Review the list of required documents and gather these items to submit with your application.
- [Complete the Application](#): Apply online, call (1-800-772-1213, TTY 1-800-325-0778) to make an appointment, or complete the application by phone.

SSI will call you within 3 – 5 business days to get more information about your child and family. You will then be sent to the application to a Disability Determination Services (DDS) office.

SSI takes between 3 to 6 months to review an application. After their review, your child will get a letter in the mail with the decision. If your child is approved, SSI will check the financial documents you provided within your application. Then, your child will get another letter in the mail that says how much money they'll receive every month.

In order to receive SSI, the applicant must have limited income and resources. If the applicant has too much income, their application will be denied, and they will be ineligible for SSI payments. A child does not earn income so part of their parent's income will be attributed to the child. Different [sources of income](#) are treated differently and some have greater exclusions than others. When an adult applies on behalf of a child, the parent or guardian's income is considered "deemed" income to the child. SSA will prorate the adult's income among the family members to determine the amount applicable to the child.

Family to Family Health Information Center (F2FHIC), a program of PAVE, provides technical assistance, information, and training to families of children, youth, and adults with special healthcare needs. [The F2F website](#) contains invaluable information and resources to help family members, self-advocates, and professionals navigate complex health systems and public benefits, including SSI. After reviewing F2F's article about [how to apply for SSI](#), if you have questions and would like to speak with an F2F team member, please submit a [Help Request](#).

## A step-by-step guide to submitting an application for DDA on behalf of your child

The Washington State Developmental Disabilities Administration (DDA) provides services for individuals with developmental and intellectual disabilities. DDA is responsible for administering various Medicaid waivers that provide essential services to families who have members who have a developmental disability. Applying for DDA services can be an extremely long process, however, this process is necessary for families to receive services such as physical therapy, behavioral health, respite, and residential services.

Before you begin the process of applying for DDA services, it's important to understand the eligibility criteria and gather the necessary information. Here's a step-by-step checklist to help you get started:

- [Verify Eligibility](#): Review the Eligible Conditions With Age and Type of Evidence to confirm that your child's condition qualifies for DDA support.
- [Complete Required Forms](#): Fill out the Request for DDA Eligibility Determination form. This form is crucial for starting the DDA process.
- [Consent Form](#): Fill out the Consent Form to authorize the release of necessary information for your application.
- [Acknowledge Privacy Practices](#): Agree to the DSHS Notice of Privacy Practices for Client Medical Information to ensure that your child's medical information is handled in compliance with privacy regulations.
- [Submission](#): Submit all the completed forms and required information to your local DDA office.

\*DDA services are available for children with developmental delays until their 10th birthday. Children aged four and older with a condition related to intellectual disabilities are also eligible for DDA services. Washington State Department of Social and Health Services maintains a list of supported conditions, age ranges, and acceptable tests for diagnosis.

\*For more information on filing the right paperwork, view PAVE's DDA Access Eligibility video. Informing Families also has a video about Applying for DDA.

If you have additional questions, contact your local DDA office by calling:

- 1-800-462-0624 for: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima Counties
- 1-800-788-2053 for: Island, King, San Juan, Skagit, Snohomish, and Whatcom Counties
- 1-800-248-0949 for: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, and Wahkiakum Counties

## PARENT-TO-PARENT: EMOTIONAL SUPPORT AND NAVIGATION GUIDANCE FOR PARENTS

The aim of the parent-to-parent program is to offer assistance, counsel, and mentorship to parents dealing with particular challenges or situations related to their children's health, disabilities, or special requirements. The objective is to empower and help parents gain a deeper understanding of their children's distinct needs, promote a sense of mutual support, and alleviate the sense of isolation that often accompanies parenting difficulties.

[Pierce County Parent to Parent](#) is a program of PAVE and partners with Pierce County Human Services and The Arc of Washington State to provide No Cost training and support.

PAVE's P2P Program offers:

- **Family and Youth Support Groups**- offers a nurturing space for caregivers to connect, share experiences, and find guidance. Parents come together to discuss challenges, celebrate successes, and exchange practical strategies in raising children with disabilities. Through mutual understanding and empathy, these groups provide emotional support, valuable resources, and a sense of community, helping families navigate the unique journey of caring for their exceptional children with care and strength. Learn more about the Pierce P2P support groups and register to attend:<https://www.tfaforms.com/5080337>
- **Parent Match**-Experienced and well-trained parents are thoughtfully paired in one-on-one connections with newcomers to the program, with the pairings determined by shared disabilities and family concerns.
- **Education, information, and referrals**-Pierce Parent-to-parent offers educational resources and materials to help parents better understand their child's specific condition, disability, or special needs. Provides information for parents seeking guidance on various aspects of caregiving and assists parents in connecting with specialized services or professionals when necessary.
- **Training**-The training facilitated by parent-to-parent groups aims to empower families with knowledge, skills, and emotional support to enhance their ability to care for and advocate on behalf of their children with special needs or disabilities.

\*Washington has a network of P2P programs that serve every corner of the state. The Arc provides support to the regional programs and links them to national P2P resources. Families can go to [arcwa.org](http://arcwa.org) to find a list of P2P coordinators, organized by region and listed under the counties served.

## RESPITE: A SHORT-TERM BREAK FOR CAREGIVERS

What's a family caregiver? Any family member, neighbor or friend may be an unpaid caregiver to a person with whom they have a personal relationship, and who has a chronic or disabling condition. Respite is a short break for family caregivers because family caregiving is often a full-time job, or it is done in addition to paid work. If you are or have been a parent, you know how true that is! Respite can be informal (friends, neighbors, family members helping) or it can be done by using caregiving services and programs. Respite gives the family caregiver a break so they can restore and refresh themselves, but it also gives the person getting care a change of pace.

Respite care takes many forms, and care services may include:

- In-Home Services
- Recreation
- Day or Overnight Camps
- Day Services
- Education/Classes
- Retreats
- 24-Hour Care

Links for programs to help you find and afford respite care:

- [Children and Youth: Free and Low Cost Respite Care](#)
- [Creative Options for a Respite Break](#)
- [Finding Respite in Washington State](#)
- Information for [Medical and Social Services Professionals](#)

Lifespan Respite WA has a [Voucher Program](#), which awards vouchers (grants) to unpaid family caregivers for short-term respite. To be eligible for the voucher, you must:

- Live in Washington State
- Not get paid for caregiving
- Provide care for 40 or more hours a week which includes supervision
- Not be able to afford respite care on your own
- Not getting respite services through any program or agency, or through your own or your loved one's insurance.

Learn how the [Voucher Program works](#) and apply with the online voucher application.



AAC	Augmentative and Alternative Communication
ADA	Americans with Disabilities Act
ADR	Alternative Dispute Resolution
AT	Assistive Technology
BIE	Bureau of Indian Education
BIP	Behavior Intervention Plan
CPIR	Center for Parent Information and Resources
CPRC	Community Parent Resource Center
DCYF	Department of Children, Youth and Families
EIS	Early intervention services
ESSA	Every Student Succeeds Act
F2F	Family-to-Family, <i>see also F2FHIC</i>
F2FHIC	Family-to-Family Health Information Center, <i>see also F2F</i>
FAPE	Free Appropriate Public Education
FRC	Family Resource Coordinator
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Support Plan
LEA	Local Education Agency
LRE	Least Restrictive Environment
MTSS	Mutli-Tiered System of Supports
OHI	Other Health Impairment
OSEP	Office of Special Education Programs
P2P	Parent to Parent
PBIS	Positive Behavior Interventions and Supports
PTI	Parent Training and Information (Center)
PWN	Prior Written Notice
RTI	Response to Intervention
SEA	State Education Agency
SDI	Specially Designed Instruction
SSI	Supplemental Security Income
UPL	Unauthorized Practices of Law

\*Adapted from [OSEP's complete list of acronyms](#)

## WASHINGTON STATE-SPECIFIC TERMS

DDA	Developmental Disabilities Administration
ESIT	Early Support for Infants and Toddlers
OSPI	Office of Superintendent of Public Instruction

## MILITARY TERMS

EFMP	Exceptional Family Member Program
SNP	Special Needs Program

Hello! My name is  .

I am  years old.

**My strengths are...**


**I respond well to...**

**Things that challenge me (but I am still working on) are...**

**Some important things you should know about me are...**

**My likes and interests are...**

# COMMUNICATION LOG

**Date**

**Name of Contact**

**Means**  
 Call  
 Email  
 Text  
 In-person  
 Other:

**Role/Position**

**Summary of Conversation**

**Issue Resolved**  
 Yes  
 No **Follow-Up Date**

**Next Steps**

**Date**

**Name of Contact**

**Means**  
 Call  
 Email  
 Text  
 In-person  
 Other:

**Role/Position**

**Summary of Conversation**

**Issue Resolved**  
 Yes  
 No **Follow-Up Date**

**Next Steps**

**Date**

**Name of Contact**

**Means**  
 Call  
 Email  
 Text  
 In-person  
 Other:

**Role/Position**

**Summary of Conversation**

**Issue Resolved**  
 Yes  
 No **Follow-Up Date**

**Next Steps**

**Date**

**Name of Contact**

**Means**  
 Call  
 Email  
 Text  
 In-person  
 Other:

**Role/Position**

**Summary of Conversation**

**Issue Resolved**  
 Yes  
 No **Follow-Up Date**

**Next Steps**

PAVE's policy is to offer support, information, and training to families, professionals, and those interested in various topics. Please note that PAVE is not a legal services agency and cannot provide legal advice or representation. The information is not intended for legal counsel and should not be used as a substitute for legal advice.

# WHO'S WHO ON THE IEP TEAM

School Year

School or Program

Name of Contact

Phone Number

Text Messages

Yes  No

Role/Position

Email Address

Name of Contact

Phone Number

Text Messages

Yes  No

Role/Position

Email Address

Name of Contact

Phone Number

Text Messages

Yes  No

Role/Position

Email Address

Name of Contact

Phone Number

Text Messages

Yes  No

Role/Position

Email Address

Name of Contact

Phone Number

Text Messages

Yes  No

Role/Position

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Name of Contact

Phone Number

Text Messages

Yes  No

Role/Position

Email Address

Name of Contact

Phone Number

Text Messages

Yes  No

Role/Position

Email Address

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# Glossary of Terms

**Alternative Dispute Resolution (ADR)**: also known simply as dispute resolution or procedural safeguards; options for resolving disagreements between parents and school districts; Washington’s options include facilitation, mediation, community complaint, and due process hearing

**Americans with Disabilities Act (ADA)**: the federal law that makes it unlawful to discriminate against individuals with disabilities in all areas of public life, including jobs, schools and transportation

**Appropriate Evaluation**: IDEA requires that a child must be assessed in all areas of suspected disability to determine eligibility for special education and related services

**Assistive Technology (AT)**: includes devices that are used by individuals in order to perform functions that might otherwise be difficult or impossible, and services that assist with the selection, acquisition, or use of an assistive technology device

**Augmentative and Alternative Communication (AAC)**: “all of the ways that someone communicates besides talking”

**Bureau of Indian Education (BIE)**: offering high-quality educational opportunities spanning early childhood to adulthood and aligned with the cultural and economic requirements of each tribe, recognizing the unique cultural and governmental identity of Indian tribes and Alaska Native villages. The BIE aims to acknowledge the holistic well-being of individuals by considering their spiritual, mental, physical, and cultural dimensions within the context of their family and tribal or village affiliations.

**Behavior Intervention Plan (BIP)**: a working document that the school and family build together and review regularly to make sure the child is supported with positive reinforcement and encouragement for meeting behavioral expectations

**Center for Parent Information and Resources (CPIR)**: the central “Hub” of information and products created for the network of Parent Centers serving families of children with disabilities

**Child Find**: IDEA requires that public school districts identify and evaluate children with potential disabilities to determine their eligibility to receive school-based supports and services to meet their unique needs

**Community Parent Resource Center (CPRC)**: *see also parent training and information (PTI)*; federally-funded programs that provide information, training, and resources to traditionally families of children with disabilities in traditionally underserved communities

**Department of Children, Youth and Families (DCYF)**: Washington’s lead agency for providing state-funded services that help kids and families become stronger, healthier, and do better in school

**Developmental Disabilities Administration (DDA)**: the Washington agency responsible for administering the Medicaid waiver to eligible individuals with developmental and intellectual disabilities

**Developmental preschools**: also known as inclusion preschool programs; these are special classes in the school district where children aged 3-5 with special needs receive custom-tailored instruction to meet their individual requirements

**Early intervention services (EIS)**: services to help infants and toddlers with disabilities or delays to learn and catch up in their development

# Glossary of Terms

**Early Support for Infants and Toddlers (ESIT)**: *also see early intervention services*; the program under Department of Children, Youth and Families (DCYF) that administers early intervention services in Washington state

**Exceptional Family Member Program (EFMP)**: *also see Special Needs Program (SNP)*; Department of Defense (DoD) programs for dependents of active-duty service members (ADSMs) of the U.S. Armed Forces with special medical or educational needs

**Every Student Succeeds Act (ESSA)**: the federal law that governs Kindergarten through 12th grade public education “to provide all children significant opportunity to receive a fair, equitable, and high-quality education, and to close educational achievement gaps”

**Family-to-Family Health Information Center (F2FHIC)**: also known as Family-to-Family (F2F); helps families of children and youth with special health care needs, and the professionals who serve them, to find healthcare funding

**Free Appropriate Public Education (FAPE)**: students with disabilities who need a special kind of teaching or other help have the right to an education that is not only free but also appropriate, designed just for them, and provided through the local education agency (public school district)

**Family Resource Coordinator (FRC)**: *also see Early Support for Infants and Toddlers (ESIT)*; the ESIT point of contact and case manager who can answer questions, provide information, and refer to resource programs related to child development

**Inclusion preschool programs**: also known as developmental preschools; special classes in the school district where children aged 3-5 with special needs receive custom-tailored instruction to meet their individual requirements

**Individuals with Disabilities Education Act (IDEA)**: the federal law that governs special education and related services for students with disabilities aged 3-21

**Individualized Education Program (IEP)**: a dynamic program written and tailored to the needs of a student with a disability, aged 3-21, in order to help them participate in and make progress in their education

**Individualized Family Support Plan (IFSP)**: a whole family plan, with the child’s primary caregivers as major contributors to its development and implementation,

**Least Restrictive Environment (LRE)**: IDEA requires that children who receive special education and related services be with other children who do not have disabilities as much as is appropriate for their unique needs

**Local Educational Agency (LEA)**: also known as lead educational agency; they operate independently as 295 districts throughout the state and include a school board governance structure

**Multi-Tiered System of Support (MTSS)**: *see also response to intervention (RTI)*; schools support well-being for all students and offer higher levels of support based on student need by creating a structure for positive behavioral supports and trauma-informed interventions

**Office of Superintendent of Public Instruction (OSPI)**: *see also state educational agency*; the lead agency for Kindergarten through 12th grade public education, including 295 public school districts and 6 state-tribal education compact schools throughout the state of Washington

**Office of Special Education Programs (OSEP)**: the U.S. Department of Education program dedicated to improving results for infants, toddlers, children and youth with disabilities aged 3-21

# Glossary of Terms

**Other Health Impairment (OHI)**: one of the 14 eligibility categories listed in IDEA “having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that (i) is due to chronic or acute health problems... and; (ii) adversely affects a child’s educational performance...”

**Parent to Parent (P2P)**: programs that provide hands-on support, training, and technical assistance and education to parents and caregivers of individuals with disabilities and/or special healthcare needs; [PAVE houses the P2P program for Pierce County](#).

**Parent and Student Participation**: IDEA and [state regulations about IEP team membership](#) make it clear that parents or legal guardians are [equal partners](#) with school staff in making decisions about their child’s education, until the educational decision-making authority transfers to the student on their 18th birthday

**Part B**: also called special education; the section of IDEA that governs how special education and related services are provided to school-aged children with disabilities

**Part C**: also called early intervention; the section of IDEA that governs early intervention services for infants and toddlers with disabilities

**Positive Behavior Interventions and Supports (PBIS)**: a framework schools use to organize behavior supports for students that emphasizes prevention instead of waiting for problems to happen, and ranges in intensity and duration depending on the level of behavior

**Parent Training and Information (PTI)**: a federally-funded program created by IDEA that provides information, training, and support to family caregivers, youth, and professionals with questions about services for and educational rights of children and young people with disabilities; PAVE is the PTI of Washington state

**Prior written notice (PWN)**: a document that explains school district decisions about a student’s Individualized Education Program (IEP)

**Procedural Safeguards**: IDEA requires schools to provide the parents/guardians of a student who is eligible for or referred for special education with a notice containing a full explanation of the rights available to them

**Response to Intervention (RTI)**: a system for helping students with potential learning problems early and an acceptable way to identify students with learning disabilities

**State educational agency (SEA)**: *see also Office of Superintendent of Special Education (OSPI)*; the state board of education or other agency primarily responsible for the State supervision of public elementary schools and secondary schools

**Specially Designed Instruction (SDI)**: the “special” in special education; individually tailored curriculum, services, and delivery that meets the unique needs of the child with a disability, provided at no expense to the family through the lead educational agency (LEA)

**Special Needs Program (SNP)**: *see also Exceptional Family Member Program (EFMP)*; Department of Homeland Security (DHS) program for dependents of active-duty service members (ADSMs) of U.S. Coast Guard with special medical or educational needs

**Supplemental Security Income (SSI)**: a monthly financial payment made to persons meeting specific eligibility requirements defined by the Social Security Administration (SSA)

**Unauthorized Practice of Law (UPL)**: the crime of providing legal advice or representation as non-attorneys. Please note that PAVE is not a legal services agency and cannot provide legal advice or representation. Information provided is not intended for legal counsel and should not be used as a substitute for legal advice.

## How do I know if my child has a developmental delay?

If you suspect that your child might have a developmental delay, you should talk with your child's pediatrician. They may conduct a [developmental screening](#).

## Where can I learn more about tracking milestones?

The [Learn the Signs. Act Early](#) website includes tools for tracking milestones and materials for families to learn more and plan home-based activities to promote skill development.

## What do I do if I have concerns about my child's development?

Washington families concerned about a young child's development can call the Family Health Hotline at 1-800-322-2588 (TTY 1.800.833.6384) to connect with a Family Resource Coordinator (FRC).

## What is an Individualized Family Service Plan (IFSP)?

The Individualized Family Service Plan (IFSP) is a whole family plan, with the child's primary caregivers as major contributors to its development and implementation. The IFSP includes goals, and progress is monitored to determine whether the plan is supporting appropriate outcomes. [Read this article to learn more about the IFSP.](#)

## How do I request an eligibility evaluation for early intervention services (EIS) from Early Support for Infants and Toddlers (ESIT)?

Begin by contacting your local school district to find out the correct office and person. Send [a letter requesting an evaluation](#) for an IEP to the local school district. Keep a copy of the letter for your records and refer to the [IEP Referral Timeline](#) to track your child's progress.

## How do I get the information and documentation for my child's IFSP translated to my first language?

Washington State Department of Children, Youth & Families (DCYF) provides language access through a families and individuals with a preferred language other than English (PLOTE) through an agency-wide [language access plan](#). Early Support for Infants & Toddlers (ESIT), as a program of DCYF, provides verbal and written language interpretation for inclusive communications and understanding of vital documents.

## Where can I find out about early intervention services in another state?

The US Department of Education Office of Special Education Programs (OSEP) provides funding for the [Early Childhood Technical Assistance Center](#), based at the University of North Carolina, Chapel Hill. The center builds state and local capacity to improve outcomes for young children with disabilities and their families.

## How can I request more help with my child's educational and medical needs and supports?

Complete a [Get Help request](#) on the PAVE website to connect with a team member for additional support.



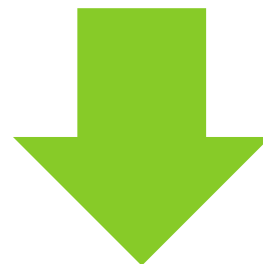
# WE ARE HERE FOR YOU!



## Completing the help request:

All fields marked with an asterisk\* are required.

1. Choose your role
2. Fill out your information
3. Check the box that you are not a robot
4. Click submit and we have received your form!



**[WAPAVE.ORG/GET-HELP/](https://wapave.org/get-help/)**

Essential information is your name, a phone numbers and email address. What if you don't have all of three of those? Please call 1-800-572-7368 and then press 115 to leave a message.

A YouTube video thumbnail with a green background. On the left, the text "HOW TO GET HELP FROM PAVE" is written in white and green. A red play button icon is overlaid on the word "PAVE". On the right, there is a photo of a smiling family: a woman, a man, and a young boy. In the top left corner of the thumbnail is the PAVE logo and the text "How to get help from PAVE". In the top right corner is a "Copy link" icon. At the bottom left, it says "Watch on YouTube".

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