

**the CHICKASAW NATION HEAD START PROGRAM
DISABILITIES SERVICE PLAN
2007-2008**

Performance Standard: 1308.4 (a) and (b)

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.
- b. The plan must be updated annually.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
(a) A written plan is in place to guide the Head Start services for children with disabilities. We will continue to collaborate with our twenty-three local education agencies (LEA) and to utilize the local resources and outside agencies to assist the special needs of Head Start children and their families.	disabilities /health manager LEA Sooner Start parents teachers	October	Disabilities Service Plan	Copies of the Head Start Program Performance Standards and Other Regulations and access to the Oklahoma State Department of Special Education	To guide and support the educational process for children with disabilities through local resources (LEA) and Head Start program. The Chickasaw Nation Head Start program will connect children and their families to services to address the learning strategies.
(b) The disabilities /health manager with the help of local resources will plan and update annual on any changes that occurs. The plan review and approval by the Policy Council and Governing Board.	disabilities /health manager Policy Council and Governing Board	November	Revise to accommodate changes into a draft	Copies of the drafted changes	To create a working document to guide the implementation of services in the classroom to address needs.

Performance Standard: 1308.4 (c)

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

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
Review applications that center supervisors have questions about in regard to suspected disabilities and next step for gathering appropriate documentation and information of current services;	<ul style="list-style-type: none"> ▪ education manger ▪ disabilities /health manger ▪ center supervisors 	during recruitment	Applications and appropriate documents from: <ul style="list-style-type: none"> ▪ Sooner Start (evaluation, multi-discipline team decision, individual family service plan –IFSP) ▪ Oklahoma Child Study Center ▪ Medical /gene diagnosis ▪ Public school released records and current Individual education plan (IEP) 	Copies: <ul style="list-style-type: none"> ▪ Diagnostic evaluations ▪ IFSP ▪ IEP 	To provide children with opportunity to participate in a classroom that uses a wide variety of materials for multiple aged eligible children
Plan with the staff and use an approved priority ranking score sheet in the process of ranking enrollees	<ul style="list-style-type: none"> ▪ education and disabilities/health program managers ▪ Head Start staff 	Mar.- Feb.	Priority Ranking score sheet and applications from the center	Copies: <ul style="list-style-type: none"> ▪ Diagnostic evaluations ▪ IFSP ▪ IEP 	To ensure that children with disabilities are given ten percent of the slots available for enrollment during the major recruitment activity period.
Through planning with the staff the first day of school is established for approval of the Governing Board and Policy Council. From those days the disabilities/health manager identifies the 44th day following the individual school opening day. This is used as the target date for all screenings at the center to be completed. To ensure that children are screened within the first 44 days after the first day of attendance, the program provides assistance to families in the form of computer and phone access to locate providers in the appropriate locations, transportation, accompaniment and local screenings.	<ul style="list-style-type: none"> ▪ disabilities/health manager ▪ Head Start staff ▪ Governing Board ▪ Policy Council 	May	Head Start Planning Calendar	Starting dates of each center	To coordinate health fairs and screening activities to meet the 45 day deadline.

Performance Standard: 1308.4 (d)

The Head Start grantee and delegate agency must use the disability 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 groups activities, for modifications of large group activities and for any individual special help.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Teachers will work with children with disabilities by encouraging them to try new things and to meet their IEP goals. Teachers will help them develop initiative by including them in opportunities to explore, create, to ask questions and include them in a wide variety of materials in science, art, costumes to develop skills, imagination, provide pictures, books to children and their parents from different cultural.	<ul style="list-style-type: none"> ▪ disabilities/health manager ▪ education manager ▪ frontline staff 	Aug.- May	Materials in the classroom: <ul style="list-style-type: none"> ▪ art supplies ▪ digital camera ▪ books ▪ pictures ▪ costumes ▪ investigative tools ▪ demonstration cards ▪ multi-sized tools 	Copies: <ul style="list-style-type: none"> ▪ IEPs ▪ books ▪ pictures ▪ craft materials ▪ science project materials and tools ▪ Lending Library ▪ SMART Boards & DVD 	To successfully include all children in classroom large or small group activities

Performance Standard: 1308.4 (e)

The grantee or delegate agency must designate a coordinator of services for children with disabilities 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 assure that all relevant coordination, other staff and parents are consulted.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCE NEEDED	OUTCOME
Planning for the grant budget has to be a team effort of the disabilities coordinator, staff and director. It requires careful consideration of services costs implementation through the several sources, review of the past year’s activities, training requirements and community changes	Team effort: <ul style="list-style-type: none"> ▪ disabilities/health manager ▪ education manager ▪ center supervisors ▪ frontline staff ▪ director ▪ budget manager 	May –Aug.	Disabilities service plan	Copies: <ul style="list-style-type: none"> ▪ IEPs 	Although each child with disabilities is unique with strengths and areas to build or accommodate, our centers and field trips are planned with anticipation of architectural barriers: strollers are purchased, additional staff/volunteers are available to assist, lift or transport, and disability bus with lift is ready for use—all children must have the same opportunity to experience

Performance Standard: 1308.4 (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 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) Assurance of accessibility of facilities, and
- (4) Plans to provide appropriate special furniture, equipment and materials if needed.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND REDOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>Students must have their developmental screening, the behavior observation, and sensory exams and screenings completed by the first 45 calendar days of their enrollment. Once the developmental and sensory exams and screening results are available a classroom observation is made by the disability/health manager. A meeting with the staff and parent will be sought to review student file information and possibly begin the referrals to the LEA for further evaluation. The LEA is given notice of intent to refer for further evaluation (LEA may or may not choose to attend the meeting with the parents). A scheduled meeting is made with parents/guardians and teaching team. Written notice of meeting and Parent Rights are given to parents/guardian.</p> <p>(continued on page 5)</p>	<p>frontline staff, family service workers, center supervisor, education manager, disabilities/health manager, parents community partners, LEA</p>	<p>Aug. – May</p>	<p>1.Student File information is reviewed for copies:</p> <ul style="list-style-type: none"> ▪ Application ▪ Custody ▪ Social Security Card copy ▪ Child Health Record ▪ Brigance Screening ▪ Physical exam ▪ Dental exam ▪ Blood screenings ▪ Sensory screenings ▪ Speech screenings ▪ Behavioral observation ▪ Graph of height and weight for age and gender <p>2. Classroom observation 3. Attendance is reviewed 4. Teaching staff is queried 5. Parents provided additional information and concerns</p>	<p>Copies:</p> <ul style="list-style-type: none"> ▪ results ▪ interpretations ▪ follow-up ▪ referrals ▪ parent consent for evaluations ▪ IEP goals ▪ notes 	<p>to provide support based on individual needs identified in the IEP purchases must be considered for the children with disabilities for special equipment, furniture and materials</p>

1308.4 (f) continued from page 4

Meeting is held with parent and teaching team at which time the Review of Existing Data and the Parent Consent for Evaluation are completed if parents are in agreement to pursue evaluation

- Evaluations are conducted
- Reports are written by each evaluator
- Written notice and parental rights are given to parents/guardians
- Multi-disciplinary Evaluation and Eligibility Team Meeting Summary is scheduled to discuss evaluation results with parents/guardians, teaching team, evaluators, LEA representatives and special education teacher

Once eligibility determination has been completed an IEP can be written. Teachers, service providers and parents are involved in planning the IEP goals if the child is eligible for special service or activities to strengthen skill areas if the child is ineligible for services.

The children have the necessary equipment, furniture and materials in the classroom in order to accommodate the child's needs.
(continued on page 6)

(continued from page 6)					
<p>The IEP goals are placed in the student file to give the teaching team access to goal information for implementation in the classroom.</p> <p>The parents are given a copy of the IEP and MEETS with suggestions for exercises and activities that they can do with the student at home.</p>					

Performance Standard 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 next placement. The plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Sooner Start, LEA, or parents will invite the disability/health manager to the transition IEP meeting. The meeting purpose will be to discuss the overall goals and objectives to continue services for the child and parent.	Sooner Start LEA parents Teaching Staff	Jan. - May	Release of records Meeting notes IEP goals	Copies of the records, notes, goals	The program schedules a transition IEP with the receiving school and the teachers, service providers and parents are informed about the meeting.

Performance Standard: 1308.4 (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 identifying children with hearing loss and referral needed.
- (2) Physical therapy to facilitate gross motor development.
- (3) Occupational therapy to improve, develop or restore fine motor.
- (4) Psychological services such as evaluation of child’s functioning and share results with the staff and parents regarding disabilities
- (5) Transportation for children with disabilities to and from the program, adapted buses equipped to accommodate wheelchair if required.
- (7) Assistive technology services such as vision, communication to meet the objective in the IEP.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>The Chickasaw Nation Head Start program will collaborate with other agencies such as the LEA, Sooner Start and Tribal facilities to provide services for children with disabilities based on the individual needs addressed in the goals of each IEP.</p>	<ul style="list-style-type: none"> • disabilities/health manager • LEA support services • teaching staff • Tribal facility personnel • training facilitator 	<p>Aug. -May</p>	<ul style="list-style-type: none"> ▪ Interagency Agreement (IA) with LEAs, ▪ IEP ▪ Memorandum of Understanding (MOU) with Tribal medical providers, therapist ▪ Contracts for mental health ▪ transportation for special needs log ▪ training sign-in sheets 	<p>Copies:</p> <ul style="list-style-type: none"> ▪ IAs ▪ MOUs ▪ IEP ▪ Medical prescriptions for therapies 	<p>To increase the ability of staff to serve children with disabilities. and to involve parents.</p> <p>To meet the special needs of child with disabilities in the classroom and at home the disability/health manager will arrange training opportunity for the staff and parents.</p>

Performance Standard: 1308.4 (k)

The grantee must ensure that the disabilities services plan addresses grantee efforts to meet State standards for personnel serving children with disabilities, special education and related services must be provided by or under the supervision of personnel meeting State qualifications by 1994-95 school year.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
The Chickasaw Nation Head Start program provides training opportunities for the teaching staff to modify large groups, small groups or individual activities through pre-service, in-service, outside trainings to meet the needs of children with disabilities and to identify or arrange the necessary support to carry out training for parents and staff.	Head Start Director, disabilities/health manager, education manager, teaching staff, and parents	Aug.- May	Training certificates, continuing education units (CEU), sign-in sheets, training notes	Lesson Plans to stress the areas of individualization	To accommodate the training needed in response to the student's documented disability or condition requiring additional special skills or knowledge to perform special techniques or operate specialized equipment.

Performance Standard: 1308.4 (l)

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

- (1) Head Start participation in the public agency's Child Find plan under Part B IDEA:
- (2) Joint training of staff and parents:
- (3) Procedures for referral for evaluation, 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 LEA Child Count report by December 1 annually:
- (7) Any other terms agreed to by both parties. Grantee must make effort s to update the agreements annually.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
The Chickasaw Nation Head Start program has twenty-three IAs signed with LEAs and an MOU signed with Sooner Start.	Disabilities/health program manager, Head Start Director, LEA, and Sooner Start	Feb.-Aug.	IA MOU	Contact information, addresses, appointments agreements ,transportation	to increase communication and partnership for student transition we assist with Child Find activities such as screenings, training, equipment and resources,

Performance Standard: 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 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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
The director, budget manager, education manager, and disability/health manager work together to plan the budget to allow for expenses of hiring disability aides, special materials, special foods trainings and transportation requirements.	<ul style="list-style-type: none"> • Head Start Director • Administrative Assistant • budget manager • education manager • transportation manger • facility manager • parent involvement manager • disabilities/health manager • Policy Council • Governing Board 	June-August	<ul style="list-style-type: none"> • Full grant • Continuation grant • Cuff accounts • Notes 	<ul style="list-style-type: none"> • computer access • meetings • written requests 	to accommodate twenty-six to thirty children (greater than the ten percent required by federal grant) with documented disabilities the budget is projected and planned and adjusted as needed

Performance Standard: 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 Standard.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
The budget should reflect resources available from other agencies and to meet the needs of all children enrolled including those with disabilities.	<ul style="list-style-type: none"> • Head Start Director • Administrative Assistant • budget manager • disabilities/health manager • Tribal Finance • LEA • Child and Adult Care Food Program 	December	Budget application Names of agencies	Copies of the budget and names	to serve the children with disabilities and their families the budget process is actively in place to provide services for needs in the classroom and at home

Performance Standard: 1308.4 (o)

The budget request included with the application for funding must address the implementation of the disabilities service plan.

Allowable expenditures include:

- (1) Salaries: for a full or part-time coordinator capability to recruit, enroll, arrange for the evaluation of children, provide or arrange services to children with disabilities.
- (2) Evaluation of Children: by screenings or re-screening results, teacher observation or parent request, arrangement will be made for evaluation.
- (3) Services: program funds may be used to pay for services include special education or related services.
- (4) Making services accessible: grantee must meet new statutory and regulatory requirements.
- (5) Transportation: related services to be provided to children with disabilities to and from the program or any special services can be accessed from other agencies.
- (6) Special Equipment and Materials: purchase or lease of special equipment and materials.
- (7) Training and Technical Assistance: increasing the abilities of staff to meet the special needs with disabilities:
 - (i) travel and per diem expenses for disabilities coordinator, teachers, and parents to attend training and technical assistance;
 - (ii) provision for substitute teaching staff to attend any training and technical assistance;
 - (iii) fees for course related to serve children with disabilities;
 - (iv) fees and expenses for training and technical assistance for consultants.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
The disabilities/health manager will arrange evaluations with the LEA or other agencies. The parents must authorized the evaluation process. The staff and the parents are given opportunities to be involved in trainings set up by the Chickasaw Nation Head Start.	<ul style="list-style-type: none"> • parents • Head Start Director • disabilities/health manager • LEA • teaching team • consultants 	Aug. - May	<ul style="list-style-type: none"> • budget • application • service plans • screening results • meeting invitation • Review of Existing Data • consent to evaluate • IEP goals 	<ul style="list-style-type: none"> • budget, • services plans • screenings • Parent Rights • referrals • IEP 	To provide services for children with disabilities the budget includes line items to cover salaries, evaluations, services accessible, transportation, special equipment, materials, trainings and technical assistance.

SUBPART C- SOCIAL SERVICES

Performance Standard: 1308.5 (a)

Recruitment and enrollment of children with disabilities:

The grantee or delegate agency outreach and recruitment activities must incorporate specific actions to activity locate and recruit children with disabilities.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>The Chickasaw Nation Head Start program recruits children during Child Find activities as well as from Sooner Start and the public schools.</p>	<ul style="list-style-type: none"> • Sooner Start program • LEAs • disabilities/health manager • Head Start staff 	<p>April-Sept.</p>	<ul style="list-style-type: none"> • applications for enrollment • waiting list • student files • database 	<ul style="list-style-type: none"> • transportation • applications • 	<p>To develop and share potential resources that specializes in serving children with disabilities with the parents.</p> <p>To comply with the requirements from the Head Start and State regulations to carry out the services.</p>

Performance Standard:1308.5 (b)

A grantee must insure that staff engaged in recruitment and enrollment of children are knowledgeable about the provision of 45 CPR 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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCE NEEDED	OUTCOME
The student file is a confidential collection of documents that is kept in a lockable room within a locking file cabinet. The student file is used by the Head Start staff and parents. Any person to view the records must sign the access page, state the purpose and enter the date. Confidentiality statements are signed by all the Head Start staff. Breach of confidentiality is grounds for immediate employment termination and pursuit of legal action.	<ul style="list-style-type: none"> • Head Start Staff • parents • monitors • LEA • DHS • ICW 	July.- June	<ul style="list-style-type: none"> • confidentiality forms • student file record access pages • employee records 	<ul style="list-style-type: none"> • forms • locking files • keys • security enforcement 	To guard confidentiality and access to student files kept; the teachers have access to the IEP goals.

Performance Standard 1308.5 (c)

A grantee must not deny placement on the basis of a disability or its severity to any child when:

- (1) The parents wish to enroll the child,
- (2) The child meets the Head Start age and income eligibility criteria,
- (3) Head Start an appropriate placement according to the child’s IEP, and
- (4) The program has a space to enroll more children, even though the program has 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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
We actively pursue applications with written documents of disabilities when the child meets age and income eligibility requirements parents want the child in the program regardless of the disability.	Head Start staff	year round	<ul style="list-style-type: none"> • community recruitment activities sign-in sheets • applications • waiting lists • Sooner Start MOU • IA 	Copies of the forms	To entice parents we inform them that we provide services to children with disabilities including transportation and working with medical staff and the LEA.

Performance Standard 1308.5 (d)

The grantee must access resources and plan for placement options, such as dual placement, use of resource staff and training 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 attitude 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 other toilet training.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
We provide training for staff and parents through local resources or other programs to assist children with disabilities. Transportation to and from other service facilities may need to be provided to maintain appropriate consultation and medical support.	<ul style="list-style-type: none"> • Head Start staff • parents • LEA • Tribal facilities and consultants • Medical facilities and consultants 	year round	<ul style="list-style-type: none"> • disability aide daily observation log • sign-in sheets • written goals of the IEP • IA & MOU for services • equipment packing slips • certification for teaching 	budget notebook IEP IA MOU	To provide staff with training and needed equipment before the child begins school.

Performance Standard 1308.5 (e)

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

- (1) The number of children with disabilities in the Head Start service area including types of disabilities and their severity;
- (2) The services and resources provided by other agencies; and
- (3) State laws regarding immunization of pre-school children. Grantee 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 disease.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
The Chickasaw Nation Head Start program has obtained training and access to the Oklahoma State Immunization Information System (OSIIS) and use the immunization reports to assist parent begin catch up immunization for children before they enter the program.	<ul style="list-style-type: none"> • education manager • disability/health manager • parent involvement manager • family service worker • disability aide • parents • community partners 	year round	<ul style="list-style-type: none"> • application • immunization record • written diagnosis • health fair sign-in sheets • IEP • Sooner Start MOU • database 	<ul style="list-style-type: none"> • personal data • computer • internet • printer • database 	To prepare children with disabilities to school.

Performance Standard: 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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
Children with documented disabilities are given points on the priority ranking scale after their applications are submitted.	<ul style="list-style-type: none"> education manager center supervisors disability/health manager 	Mar.- Aug.	<ul style="list-style-type: none"> application written documentation of disability 	Access to application from each center	To fill the requirement of ten percent of our slots be available for children with disabilities.

Subpart – D Health Services

Performance Standard: 1308.6 (a)

Assessment of Children

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 development 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 responsibility for this third step, evaluation, only.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOMES
Parents are encouraged to get physical and dental exams and sensory screenings completed before school begins. To assist parents we sponsor three health fairs for enrolled students and assist with Child Find activities through public school. After school begins and before the forty-five day deadline we also provide two more health fairs to assist with the completion of the first step of the assessment process. To address developmental skills the Brigance Screening is completed.	<ul style="list-style-type: none"> disabilities/health manager teaching staff parents community partners LEA 	<p>June-.Sept.</p> <p>And for later enrolling children we assist parents to complete the medical and dental forms through their primary care providers.</p>	<ul style="list-style-type: none"> physical exam form dental exam form sensory screening forms health fair sign-in sheets Brigance screening forms public school screening project forms medical reports notes with results screening consent form 	<ul style="list-style-type: none"> Copies of the assessments and results of the exams and screenings. parental consent 	To obtain information that will identify children in need of further evaluations and interventions as soon as possible to allow the parents and staff to work together to improve the children’s opportunities to learn and become independent learners..

Performance Standard: 1308.6 (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 indicates that a child may need further evaluation to determine whether the child has a disability. Re-screening must be provided as needed.

- (1) Grantee must provide for development, hearing and vision screening to all Head Start children within 45 days of the entry into the program, does not include in the spring.
- (2) Grantee must make effort to reach the most in need and hardest by providing assistance to parents by completing screenings before the start of the program year.
- (3) Developmental screening a brief check to identify children who need further evaluation to determine whether that may have disability. The disabilities coordinator must coordinate with health coordinator and staff who have responsibility for implementing health and developmental screening.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
The Chickasaw Nation Head Start program arranges sensory and developmental screenings within the first forty-five calendar days of a child’s attendance.	<ul style="list-style-type: none"> • disability/health manager • family service worker • teaching staff • community partners • parents 	June - July	<ul style="list-style-type: none"> • screening forms • medical follow-up results • sign-in sheets • Brigance screening • written recommendations from the medical providers • consultation notes 	copies of all health, developmental screenings and the Screenings Summary sheet	To identify any child that may need further evaluation to determine a need for an individualized intervention.

Performance Standard: 1308.6 (c)

Staff must inform parents of the types and purpose of the screening week in advance of the screening, the results of these screenings and the purpose and results of any subsequent evaluations.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
During the enrollment process parents are provided with information on our screenings process and purpose. Parents sign a consent form to allow us to arrange screenings. Family service workers work with the teaching staff to establish additional screening opportunities.	<ul style="list-style-type: none"> • disabilities/health manager • family service workers • teaching team • community partners 	during enrollment and as needed throughout the school year	<ul style="list-style-type: none"> • parent consent to screen • screening and exam forms • notes & notifications • request for meetings • student file access • follow-up strategies 	<ul style="list-style-type: none"> • notification forms • meeting request forms • results • student file 	To identify any child that may need further evaluation to determine a need for an individualized intervention.

Performance Standard: 1308.6 (d)

Developmental Screening the second step:

Is the collection step 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/expressive language. The disabilities must coordinate with the Education Coordinator in the on-going assessment of each Head Start child's functioning in all developmental areas by including this developmental information in later diagnostic and program planning activities for children with disabilities

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Coordination of ongoing assessment of children requiring additional information on developmental strengths and areas indicated as needing improvement.	<ul style="list-style-type: none"> • disabilities/health manager • education manager • teaching team 	June – May	Developmental screening/Assessments Observations Lesson Plans	Copies of the screening/assessment, observations and lesson plans	To provide parents with information from developmental assessment on-going process and give parents an opportunity to plan activities to meet the children's needs and address the concerns of the family.

Performance Standard 1308.6 (e)

The disability 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.
- (2) If the LEA does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation or using its own resource to meet the following requirements:
 - (i) testing and evaluation procedures must be selected and administered in child’s native language.
 - (ii) must be administered by a trained personnel State certified or licensed.
 - (iii) determining an appropriate educational program for a child.
 - (iv) the evaluation must be made by a multidisciplinary team.
 - (v) evaluators must use only assessment materials.
 - (vi) tests used must administered 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) primary disability is speech or language impairment, a pathologist should be involved in the evaluation.
- (3) Parental consent in writing to be obtained before initial evaluation.
- (4) Confidentially must be maintained according to the grantee and State requirements, parents must be given the opportunity to review their child’s record and the parents are explain the purpose of the evaluation.
- (5) The multidisciplinary team provides the results of the evaluation, if the child does or does not need special services.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>After the parents has learned of the teaching staff concerns and of the results of the completed screenings and exams, the disability/health manager meets with the parents and teaching staff to give parents a copy of the Parent Rights, to complete the Review of Existing Data (RED), parent consent for further evaluation, and referral form.</p> <p>The LEA is given a verbal notice that a meeting with the parents will take place to set the referral in motion. The LEA may choose not to attend the meeting but set an appointment to meet with the disability/health manager.</p>	<ul style="list-style-type: none"> • disabilities/health manager • parents • teaching staff • LEA 	<p>Aug. - May</p>	<ul style="list-style-type: none"> • written invitation to meeting for parents • Parent Rights • parental consent to evaluate • Screening Summary • Screening forms • RED 	<ul style="list-style-type: none"> • student file • state special education forms 	<p>To link the child and family to the LEA services as a support to later transition for kindergarten.</p> <p>LEA paperwork will transition smoothly to public school and services with not be interrupted.</p>

In the state of Oklahoma for child count for LEAs and federal grant purposes:

young children must have an identified suspected disability category of exceptionality classification for special education in the state of Oklahoma requires proof of a 50% delay in one or more areas or a 25% delay in two or more areas.

However, children receive services under the umbrella of developmentally delayed to allow the family and staff to provide an assortment of techniques and learning approaches to matching the interest and preferences as the children’s maturation processes in the learning environments as they come on line.

Performance Standard: 1308.7 (a); 1308.7 (b); 1308.7 (c)

Eligibility criteria: Health Impairment.

- (a) A child is classified as health impairment who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects learning.
- (b) The health Impairment classification must include, but is no 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 fibrosis, heart disease and attention deficit disorder.
- (c) The category includes medically fragile children such as ventilator dependent children who are in need of special education and related services.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
During enrollment or screening process, if a child is found to have medical issues that interfere with or impede with the developmental growth and maturity process, with parent permission the disability/health manager pursues medical documentation and recommendations, and coordinates training activities with LEA and other community partners.	<ul style="list-style-type: none"> • education manager • disability/health manager • parent involvement manager • frontline staff • LEA • community medical partners 	July-June	<ul style="list-style-type: none"> • Child Health Record • documentation of medical diagnosis and treatment requirements • meeting notes • written notice of meeting • Parent Rights • evaluation reports • Multidisciplinary Evaluation and Eligibility Team Summary (MEETS) • Student file access sheet • training sign-in sheets 	<ul style="list-style-type: none"> • student file • state special education forms • notes • medical authorization release 	To assist the child with a diagnosis of health impairment special attention is given to medical treatment follow-up and training for family, the Head Start staff, and LEA service providers.

Performance Standard: 1308.7 (d)

A child may be classified as having an attention deficit disorder under the category who 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, grantee 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 activities that requires orienting, focusing or maintaining attention during classroom instruction.
- (2) Children must be classified as having attention deficit disorder based on:
 - (i) Temporary problems in due to events such as divorce, death of a family member or post-traumatic stress such as sexual abuse or violence.
 - (ii) Problems in attention which occur suddenly with psychiatric disorder such as depression, and anxiety.
 - (iii) Behaviors which may be caused by frustration stemming by developmentally inappropriate demands for long periods of inactive, passive activity.
 - (iv) Intentional noncompliance or opposition to reasonable requests that are typical of good pre-school 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 persist through the course of child development., because children younger than four have difficulty orienting, maintaining or focusing and are highly active Head Start is responsible for evaluation applies to four and five years old, but not three years old.
- (4) Assessment procedures must include teachers reports which documents the nature of indications of possible attention deficit disorders reports must indicate how the child’s functioning was impaired and must be confirmed by second observer.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>Children are observed by Head Start staff and meetings are held with parents to seek additional assistance for the child. Attention deficit disorder is a medical diagnosis and requires treatment and documentation. In the meantime, Head Start staff and parents collaborate on behavior plans to modify the environment and instructions to identify the child’s strengths and interest as well as the child’s trigger for non-compliance behaviors.</p>	<ul style="list-style-type: none"> • Head Start staff • parents • physician • behavioral consultant 	<p>Aug.- May</p>	<ul style="list-style-type: none"> • Child Health Record • Screening Summary • Written observations • Meeting notes • plan of action • review of what worked and what did not work for the parent or staff member • list of child’s interest and preferences • Medical statements 	<ul style="list-style-type: none"> • Written concerns • Student File • Physician • Medical reports 	<p>To improve child’s focus and compliance while participating in age appropriate activities at home and at school.</p>

Performance Standard: 1308.8 (a); 1308.8 (b); 1308.8 (c)

Eligibility criteria: Emotional/behavioral disorder

- (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 behavioral. A child is classified as having an emotional/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 interpersonal relationships with peers or adults.
 - (2) Inappropriate behavior (dangerous aggressive towards others)
 - (3) A general pervasive mood of unhappiness or depression, or evidence anxiety or fears or:
 - (4) Has a professional diagnosis of serious emotional disturbance.
- (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.
- (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.

ACTION STEPS	PERSON TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
Collaboration and team interaction is essential to provide services that allow the child to gain self-control and socialization skills without creating serious risk to the child or others.	<ul style="list-style-type: none"> • disability/health manager • disability aide • parents • education manager • mental health service provider • medical consultant 	July- June	<ul style="list-style-type: none"> • Child Health Record • Summary of Screenings • written observation • progress notes • medical documentation • behavior plan • transportation plan • fieldtrip assistance plan • training sign-in sheets 	Student file	To develop a plan to use at home, school, and in social areas.

Performance Standard: 1398.9 (a); 1308.9 (b); 1308.9 (c); 1308.9 (d)

Eligibility criteria: Speech or language impairments.

- (a) A speech or language impairment means a communication disorder such as stuttering, impaired articulation, or a voice impairment, which adversely affects a child’s learning.
- (b) A child is classified as having a speech/language impairment whose speech is unintelligible much of the time, or who has been professionally diagnosed as having speech impairments which require intervention or who is professionally diagnosed as having a delay in development in his or her primary language which requires intervention.
- (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).
- (d) A speech disorder occurs in the production of speech sounds (articulation), the loudness, pitch or quality of voice (voicing), of the rhythm of speech (fluency).

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>Children with communication concerns are identified early through parent concerns, Child Find activities, brief observations, and medical referrals.</p> <p>Children and parents are given modeling practice through classroom activities, the screening process identifies samples of errors and modification strategies are provided if sounds and language are considered emerging and age appropriate. Those children with emerging communication skills will be monitored and re-screened after opportunities to learn, interact and match peer performance. For those children with the need of direct interventions such as speech therapy they will be referred to the LEA for further evaluation.</p>	<ul style="list-style-type: none"> • parents • disability/health manager • education manager • teaching staff • medical care personnel • LEA • mental health consultant 	<p>Aug. - May</p>	<ul style="list-style-type: none"> • Application • Child Health Record • Screening Summary • written classroom observations • written meeting requests • meeting notes 	<p>Student file Home activities</p>	<p>To address parent and staff concerns and empower student communicate to express ideas and requests with clarity for age.</p>

Performance Standard: 1308.9 (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) Disorder of a temporary nature due to conditions such as a 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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Children with a primary language other than English will not be referred for further evaluation unless the family is concerned also about the child’s primary language skills.	<ul style="list-style-type: none"> • disabilities/ health manager • parents • LEA • primary language screener 	Aug. - May	<ul style="list-style-type: none"> • Application • Child Health Record • Behavior Observation Checklist • Screening Summary • speech screening • written concerns 	Student File	To support cultural and ethnic difference in families and to minimize undue attention to child’s differences.

Performance Standard: 1308.10 (a); 1308.10 (b); 1308.10 (c); 1308.10 (d)

Eligibility criteria: Mental retardation.

- 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.
- Measurements 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.
- 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 judgments are to be used instead.
- Determination that a child is mentally retarded is never to be made on the basis of any one test alone.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Children with this diagnosis have usually been seen through the Sooner Start program and are transitioned to the LEA with joint enrollment with us. Additional staff and training are anticipated.	<ul style="list-style-type: none"> • Education and disability/health managers • Teaching Staff • Parents • LEA • training facilitator 	Aug. -May	<ul style="list-style-type: none"> • Application • Child health Record • prior preschool interventions • Screening Summary • preference and interest list 	<ul style="list-style-type: none"> • Student File • Developmental ages and stages skill lists • Behavior modification training 	To support instruction that meet the IEP goals set for the child and to provide opportunities for learning with peers with reasonable assistance and guidance.

Performance Standard: 1308.11 (a)

Eligibility criteria: Hearing impairment including deafness.

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 hearing impairment which.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Medical diagnosis identifies the child's hearing ability and strategies to improve instruction for the child.	<ul style="list-style-type: none"> • education manager • audiologist • disabilities/health manager • parents • LEA • teaching staff 	July – June	<ul style="list-style-type: none"> • Child Health Record • Screening Summary • Hearing exam • meeting notes 	Student File	To connect student to instruction that will allow for use of abilities.

PERFORMANCE STANDARD: 1308.12 (a); 1308.12 (b)

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 joint 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 performance.
- (b) An orthopedic impairment includes, but not limited to, spine bifida, cerebral palsy, loss of or deformed limbs, contractures caused by burns, arthritis, or muscular dystrophy

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Children with orthopedic management issues require additional training for staff. Staff must prepare the environment to facilitate the child's movement and participation in all activities.	<ul style="list-style-type: none"> • education, disability/health, and parent involvement managers • parents • teaching staff • LEA • community partners 	Aug. - May	<ul style="list-style-type: none"> • Application • Child health Record • prior preschool interventions • Screening Summary • preference and interest list • training sign-in sheets 	<ul style="list-style-type: none"> • Student File • Developmental ages and stages skill lists • Behavior modification training 	To allow child and family to participate in activities that promotes peer development skills.

PERFORMANCE STANDARD: 1308.13 (a); 1308.13 (b)

Eligibility criteria: Visual Impairment including blindness.

- (a) A child is classified as visual impaired when visually impaired, with correction, adversely affects a child’s learning. The term includes both blind and partially seeing children. A child is visually impaired.
 - 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 with connective lenses, or visual acuity is greater from 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.
- (b) A child is classified as having 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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>Services to children with vision issues must focus on the abilities that the child has and the preferences that are observed.</p> <p>Vision care will guide strategies for maximizing the child’s participation with peers.</p>	<ul style="list-style-type: none"> • parents • education, disabilities/health, and parent involvement managers • vision care specialist • LEA • teaching staff • training facilitator 	<p>June -May</p>	<ul style="list-style-type: none"> • Application • eye examination report • written observations • Child Health Record • prior preschool interventions • Screening Summary • preference and interest list • training sign-in sheets • meeting notes 	<ul style="list-style-type: none"> • Student File • Ongoing vision follow-up 	<p>To empower children to use the ability that they have to learn and participate.</p>

PERFORMANCE STANDARD: 1308.14 (a); 1308.14 (b); 1308.14 (c)

Eligibility criteria: learning disabilities.

- (a) A child is classified as having learning disability who has a disorder in one or more of the basic psychological processes involved in understanding or written, which might 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.
- (b) An evaluation team may recommend that a child be classified as having a learning disability if:
 - (1) The child 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 pre-mathematics, or
 - (3) The child shows deficit in such abilities as memory perceptual-motor skills, thinking, language and non-verbal activities which are not due to visual, motor, hearing, emotional disabilities, mental retardation, cultural or language factors, or lack of experiences which would help develop these skills.
- (c) The definition for learning disabilities applies to four and five years 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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Collaboration and observations are essential to home and school efforts to reinforce new skills as they are learned.	<ul style="list-style-type: none"> • Education manager • disability/health manager • teaching staff • parents • LEA • mental health consultant 	June - May	<ul style="list-style-type: none"> • Application • Child health Record • previous interventions home and school • Screening Summary • preference and interest list • ongoing observations • training sign-in sheets • individualization on lesson plans 	<ul style="list-style-type: none"> • Student File • home activities 	To assist students to become independent learners.

PERFORMANCE STANDARD 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 communications and social interaction, that is generally evident before the age of three and that adversely affects educational performance.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>Recognize that regular strategies and order of events may not receive the expected response. Parents are the best source for likes and dislikes and communication tactics. Every child with autism is unique. Trial and error strategies will be attempted until something works consistently. Training is essential for staff and parent. Teamwork is required to provide supervision, to build structure and transition activities. Due to the lack of communication meltdowns are almost impossible to avoid. Document behavior daily for pattern predictors.</p>	<p>Disabilities/Mental Coordinator Professional diagnostician</p>	<p>July-June</p>	<ul style="list-style-type: none"> • Application • Child Health Record • prior preschool interventions • written observations • meltdown occurrence anticipation list • avoidance list • medical follow-up • Screening Summary • preference and interest list • preference list of structured activities • training sign-in sheets • personal reward list 	<ul style="list-style-type: none"> • Student File • medical history • training facilitators • efficient communication mode 	<p>To provide an environment of trust for the children whether they are at home, at school or on social outings.</p>

PERFORMANCE STANDARD 1308.16

Eligibility criteria: Traumatic brain injury

A child 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 closed head injuries, but does not include children with brain injuries that are congenital or degenerative or caused by birth trauma.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>Children with traumatic brain injury require close supervision as they often do not see danger or risks. Their learning focus may rise with maturation for some fine motor tasks. The injury most often affects the communication area. Direct instruction will be essential for most academic skills.</p>	<ul style="list-style-type: none"> • Education and disability/health managers • Teaching Staff • Parents • LEA • training facilitator • physician • speech pathologist 	<p>Aug. -May</p>	<ul style="list-style-type: none"> • Application • Child health Record • prior preschool interventions • Screening Summary • preference and interest list 	<ul style="list-style-type: none"> • Student File • Developmental ages and stages skill lists • Behavior modification training 	<p>To support instruction that meet the IEP goals set for the child and to provide opportunities for learning with peers with reasonable assistance and guidance.</p>

Performance Standard: 1308.17 (a) ; 1308.17 (b); 1308.17 (c); 308.17 (d); 1308.17 (e)

Eligibility Criteria: Other Impairments

- (a) The purpose of the classification, "Other impairments", are
 - (1) To further coordination with LEA's and reduce problems of record keeping,
 - (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 pre-school children who are considered to have disabilities in their State.
- (b) If the State Education Agency eligibility criteria for pre-school 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", "educationally handicapped," and "non-categorically handicapped."
- (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 and who by reason thereof need special education and related services as children with disabilities in Head Start programs.
- (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 solely for deaf or blind children are eligible for services under this category.
- (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 record keeping purposes.

Continued from page 28 (Other Impairments)

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>Collaboration is essential to providing educational and social opportunities to children with multiple of challenges that interfere with communication and performance. These children need close supervision to ensure that they have opportunities to experience classroom learning and social event activities.</p>	<ul style="list-style-type: none"> • education manager • disabilities/health manager • teaching staff • LEA • training facilitators • budget manager • mental health consultant 	<p>June - May</p>	<ul style="list-style-type: none"> • Application • Child health Record • Release of Information Authorization • medical diagnosis • medication list • prior preschool interventions • Screening Summary • evaluation reports • preference and interest list 	<ul style="list-style-type: none"> • Student File • training facilitators • volunteers • equipment • service providers 	<p>To provide multiple services to accommodate student's inclusion in activities with classmate in Head Start and for transition into kindergarten.</p>

Performance Standard: 1308.18 (a) ; 308.18 (b); 1308.18 (c); 308.18 (d)

Disabilities/Health Services Coordination:

- (a) The grantee ensures that the disabilities coordinator and 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.
- (b) The grantee must ensure coordinator between the disabilities coordinator and the staff person responsible for the mental health component to help teachers identify children who show signs of problems such as possible serious depression, withdrawn, anxiety or abuse.
- (c) Each Head Start director or designee must supervise the administration of all medication, including prescription and over-the-counter drugs, to children with disabilities in accordance with the State requirements.
- (d) The health coordinator under the supervision of the Head Start director or designee must:
 - (1) Obtain the doctor's instruction 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.
 - (3) Record changes in a child's behavior which has implications for drugs dosage or type and shares this information with the staff, parents and the physician.
 - (4) 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

Continued on page 30.

Continued from page 29.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<ul style="list-style-type: none"> • The Disability/Health Program Manager for the Chickasaw Nation Head Start program oversees three components: disabilities, health and mental health. • The teaching staff submits a completed observation checklist on each child in the classroom twice each school year. Numerous observations are conducted by the disability/health manager for each of the classrooms. Meetings with the teaching staff and parents are scheduled to discuss concerns. Parents can be referred to one of the mental health consultants. • At each facility one or more staff members have been trained to work with parent on the administration of medication during the school day. Parents are given opportunity to review information on the medication policy described in the Parent Handbook at the Parent Orientation meeting in August of each year. Frontline staff makes arrangements with the parents following our policy for giving medication. 	<ul style="list-style-type: none"> • disabilities/health manager • teaching staff • family service workers • consultants • LEA • community partners 	<p>June.- May</p>	<ul style="list-style-type: none"> • Child Health Record • Application • Screening Summary • scheduled appointment • Behavior Observations Checklist • formal and informal classroom observations • meeting notes • parent consent forms • consultant reports • physician instructions • child's records • Medication Administration packet • Mental health contracts • IA • MOU • Parent Orientation sign-in sheets • training sign-in sheets or certification 	<ul style="list-style-type: none"> • Student Files • Monthly reports • Parent Handbook • Emergency Information for each student • Health Advisory notes • Mental Health Advisory notes • written concerns • special education paperwork • confidentiality • release of records 	<p>To blend services and efforts of the Chickasaw Nation Head Start program to make a positive impact on student performance and achievement and enhance the relationships of the family.</p>

**Subpart E – Education Services
Performance Standard**

**Performance Standard: 1308.19 (a); 1308.19 (b)
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, observation and the parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.
- (b) Every child receiving services in Head Start who has been evaluated and found to have a disability and a need of special education must have an IEP before special education and related services are provided to ensure that comprehensive information is used develop the child’s individual needs.
- (c) When the LEA develops the IEP, a representative from Head Start must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements.
- (d) If Head Start develops the IEP must take into account the child’s unique needs, strengths, developmental potential and family strengths and circumstances as well as the child’s disabilities.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>The Chickasaw Nation Head Start works with parents and LEAs to provide evaluation and special education and related services. Following the completion of the evaluation and documentation in the written reports of the evaluation specialist, a multidisciplinary meeting will be scheduled and written notices will be delivered. Each multidisciplinary team (MDT) makes the determination and recommendation if the child qualifies for special services through the assessments and evaluations. The disability/health manager will coordinate the information gathering efforts with the LEA and prepare teaching staff and parents for meeting to develop an IEP with consideration for curriculum and activities for use at home.</p>	<p>Multidisciplinary Team members:</p> <ul style="list-style-type: none"> • parents • classroom teacher • special education teacher • disability/health manager • LEA representative • evaluation specialist • other service providers <p>The same people are involved in the creation of goals and objectives in the IEP or 504 plan.</p>	<p>Aug.-May</p>	<ul style="list-style-type: none"> • Referral • RED • Assessments • observations • Written Reports • Written Notice of Meetings • MEETS • IEP • meeting notes • alternative plan to assist IEP ineligible students • extended school year plans • ongoing observations 	<ul style="list-style-type: none"> • Student File and its internal documents • Progress notes • Computer access and state special education department website • Ongoing classroom assessments and observations • Access to teaching staff and parents 	<p>To obtain appropriate services for child with identified needs through either an IEP or a 504 plan.</p>

Performance Standard 1308.19 (e); 1308.19 (f); 1308.19 (g); 1308.19 (h); 1308.19 (i);

(e) The IEP must include:

- (1) A statement of the child’s present level of functioning in the social-emotional, motor, communication, 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 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 the 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 disabilities when they are essential to the child’s progress.

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

- (1) The Head 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.

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

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

(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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
Collaboration with the parents and LEA to develop a working document is the disabilities/health manager’s objective. The IEP requires that an annual meeting take place to review the goals and make appropriate changes to objectives and services.	<ul style="list-style-type: none"> • MDT • education manager 	Aug. – May	<ul style="list-style-type: none"> • IEP • meeting notes • sign – in • anecdotal • progress notes • samples of student work • Parent Rights • Written notification 	Student File Database tracking	The implementation of IEP services will enhance student performance through skill acquisition at home, in social environments, and school.

Performance Standard 1308.19 (j)

Grantee and their delegates must make vigorous efforts to involve parents in the IEP process.

(j) The grantee must:

- (1) Notify parents in writing and, if necessary, also verbally or by other appropriate means of the purpose, attendance, time and location of the IEP meeting for enough time 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 can attend, after repeated attempts to establish a date or facilitate their participation, through records of phone calls, letters in the parents’ native language or visit 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

(k) Grantee must initiate the implementation of the IEP as soon as possible after the IEP meeting by modifying the child’s program in accordance with 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.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>The disability/health manager arranges a mutual meeting time with the parents and verifies the meeting in writing. An interpreter will be made available if necessary.</p> <p>Dates in IEP will identify the agreed upon timeframe.</p>	<p>disabilities/health manager</p>	<p>Aug. - May</p>	<ul style="list-style-type: none"> • Parent Rights • copies of written notices • notes from the parents if they need to reschedule meeting • Student File access sign-in • MEETS • IEP 	<p>Emergency list Student File</p>	<p>To ensure that parents are involved in the IEP process and trained to advocate for the services for their child.</p>

Subpart F – Nutrition Performance Standard

Performance Standard: 1308.20 (a); 1308.20 (b); 1308.20 (c); 1308.20 (d)

Nutrition services:

- (a) The disabilities must work with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.
- (b) Appropriate professionals, such as physical, speech, occupational therapists, nutritionist, and dietitians must be consultant on ways to assist Head Start staff and parents of children with severe disabilities with problems of chewing, swallowing and feeding themselves.
- (c) The plan for services for children with disabilities must include activities to help children with disabilities to participate in meal and snack times with classmates.
- (d) The plan for services with disabilities must address prevention of disabilities with a nutrition basis.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>The disabilities/health, education and nutrition managers will work with staff to assure that the children with disabilities have opportunities to learn to place table setting on a table by being a kitchen helper, to interact using social skills, to demonstrate more expressive and receptive vocabulary, build eating and meal concepts, and developed manners at meal or snack time.</p> <p>Tooth brushing training for children, staff and parents will be made available.</p> <p>Dental caries prevention techniques such as Lift-the-Lip will be shared with parents. Drinking a glass of water after eating can help to prevent some dental caries when brushing is not possible. Serious dental problems can create problems in articulation.</p>	<ul style="list-style-type: none"> • education manager • teaching staff • dental consultants • nutrition manager • disabilities/health manager • LEA • community partners • parents • family service workers • volunteers 	<p>June-May</p>	<ul style="list-style-type: none"> • lesson plans • classroom observation • training sign-in sheets • meeting notes • consultants as guest speakers at Parent Meetings • helpers rotation • consent to screenings 	<ul style="list-style-type: none"> • Parent Involvement and Parent Meeting binder • Training agenda, notes, hand outs, and sign-in sheets 	<p>To provide opportunities for all children to participate in the nutrition program including the family style eating process and for training with the staff, children and parents for the prevention of dental caries.</p>

Subpart G – Parent Involvement Performance Standard

Performance Standard: 1308.21 (a); 1308.21 (b); 1308.21 (c)

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 Supplement Security Income (SSI) Program, the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Programs and other sources and assist them with initial efforts to access such resources.
 - (8) Identify needs (caused by 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.
- (b) Grantee 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 child's parent, must notify the school of the child's planned enrollment prior to the date of enrollment.

ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCES INDICATORS	RESOURCES NEEDED	OUTCOME
<p>The Chickasaw Nation Head Start program support transition for children with disabilities entering the program. Tours are made possible through center supervisor. Parents are given the opportunity to observe large/small group and individual activities being implemented from the written IEP. Community resources are made available to parents.</p> <p>For parents of children transitioning from Head Start into public school the April Parent Meeting is dedicated to providing a kindergarten teacher from the public school to provide information and to answer questions. Parents are invited to join the school tour field trip for the Head Start graduating students. The graduating students' IEPs are reviewed and updated to provide for a smooth transition into public school for the fall.</p>	<ul style="list-style-type: none"> • teaching staff • education manager • parent involvement manager • disabilities/health manager • LEA 	<p>Aug. - May</p>	<ul style="list-style-type: none"> • IA • MOU • Resources list • Written meeting notice • IEP • April Parent Meeting 	<p>Parent Involvement binder</p>	<p>To transition smoothly the children and parents need to have positive introductions to the new environments and new people.</p>