

# Guidelines for Identifying Young Children with Special Needs

for Children Ages Three through Five Years Old\*



**COLORADO**  
Department of Education

## Introduction

*This guidance document describes the components of Colorado’s Child Identification System and Effectiveness Indicators for Special Education Administrative Units (AU) use in carrying out their requirements under the Individuals with Disabilities Education Act (IDEA) and the Exceptional Children’s Education Act (ECEA).*

This document was adapted from an original document titled **Colorado Child Identification Process Birth – Five Years Effectiveness Indicators** developed in 1992, and revised in 1994, and 2006. The original versions were developed through a cross-sector early childhood work group to describe the components and effectiveness indicators for identifying children birth through age 5 for early intervention and preschool special education services. This 2017 update focuses on Part B of IDEA requirements as a 2013 task group advised CDE to remove the references to the Birth to age 3 child identification activities now administered by Early Intervention Colorado (Part C of IDEA). The AU role in the Part C screening and evaluation process is described in the document released jointly by Early Intervention Colorado and the Colorado Department of Education in 2014, [Required and Permitted Roles of CCBs \(Community Centered Boards\) and AUs for Early Intervention Colorado \(Part C\) Implementation of Birth to Age 3 Child Find Requirements](#).

## Colorado’s Core Values for an Effective Child Identification System

- ✦ focuses on positive relationships as the foundation for the process
- ✦ is responsive to family concerns, priorities and resources
- ✦ elicits and honors family participation and choices
- ✦ is child centered
- ✦ honors diversity
- ✦ utilizes a collaborative approach
- ✦ incorporates continuous quality improvement
- ✦ is a continuous and integrated process, not a single event

## Vision

Colorado’s children and families have access to the earliest possible identification and services for young children with developmental delays and disabilities through a high quality and easily accessible system of early screening, referral, and assessment.

## Mission

- ✦ To ensure that young children with developmental disabilities are identified and receive services as early as possible and to facilitate smooth and effective transitions between programs serving children birth to three and three to five years of age.

- ✚ To obtain valid and useful information about the child and family that will inform decisions about program eligibility and service planning, as well as day-to-day interactions between primary caregivers and the child.
- ✚ To provide information to the family about their child's development as well as on local community resources that may be available to the family

### **\*Child Find for 5 to 21 year olds**

Child Find for children ages 5 through 21 is typically carried out through a referral to special education by the general education teacher or other school personnel who suspect an educational disability. For more information about the child find process for children in kindergarten through twelfth grade, including for students in public or private school, homeless, discontinuers, and dropouts, contact the Special Education Director in the Administrative Unit in which the child attends public or private school, or, if the child is not enrolled in school, contact the AU in which the child resides. This guidance document describes the components of Colorado's Child Identification System and Effectiveness Indicators for Special Education Administrative Units (AU) use in carrying out their requirements under the Individuals with Disabilities Education Act (IDEA) and the Exceptional Children's Education Act (ECEA).

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# A. LEADERSHIP & ADMINISTRATION

AU processes and procedures to support an effective child identification system, including coordination with partners across the early childhood system who support young children with delays or disabilities, or have opportunities to identify and refer them.

## 1) Coordinate with Systems Partners

- a) AUs nurture relationships with [community partners](#) to assure the implementation of a coordinated child identification system that is:
  - ✓ Easily navigable by families and the community
  - ✓ Available 12 months a year
  - ✓ Follows legal mandates
- b) AUs create and utilize written materials (protocols, procedures, and/or flow charts) to describe their local child identification process. The written materials:
  - ✓ Are available to be shared with relevant internal and external stakeholders
  - ✓ Provide consistent information to families and other stakeholders
  - ✓ Coordinate with screening and referral efforts in the community
  - ✓ Are family friendly
  - ✓ Are in multiple languages as needed
- c) The initial screening and/or evaluation process provides an opportunity to allow parents to sign paperwork permitting communication back to the referral source (i.e. a Referral Status Update - RSU)
- d) AUs have current Memorandum of Understandings (MOU) with any organization(s) that carries out child identification activities on its behalf.

## 2) Create Referral Intake Systems

- a) AUs create a referral intake process that facilitates early and timely identification of children with educational disabilities. The referral intake process includes:
  - ✓ Written materials for families in more than one language if needed, based on the most common languages represented in the community
  - ✓ Staff capacity to leave telephone greetings reflective of the primary languages of those in the community
  - ✓ Staff capacity to meet mandated timelines
  - ✓ Opportunity to contact a local Coordinator, or designee, year round, to ask questions and/or begin the process
  - ✓ A mechanism for the AU to request and review information and records provided by referral sources to reduce duplication of services (e.g. previous screening, relevant medical records)
- b) AUs develop systematic feedback and follow-up procedures for providing information back to referral sources pertaining to the status of the family referred (i.e. Referral Status Update)
- c) AUs develop a system for communicating with families about the need for ongoing rechecks and ongoing monitoring of children who are referred but do not qualify and who are at risk for developmental delays
  - ✓ This system may include notifying the child's primary care provider (with parental consent) about the potential delay and need for monitoring within the medical home

## 3) Develop and Utilize a Public Awareness Plan

- a) A written public awareness plan is in place and guides ongoing outreach. The plan is reviewed and revised as needed and includes:
  - ✓ Outlines of the key messages shared

- ✓ Designated efforts to establish consistent messaging among early childhood partners and key referral partners
- ✓ Method, frequency, and locations of information distribution, including use of online and social media
- ✓ Quantity of materials to be produced, shared via technology, and/or distributed
- ✓ Strategies that are family friendly and reach culturally diverse populations
- ✓ Plans for routine personal contacts with key community partners

## REGULATORY GUIDELINES AND LITERATURE BASED SOURCES FOR LEADERSHIP & ADMINISTRATION

Direct quotations, primarily from ECEA, are cited in text, whereas paraphrased information is cited in References (Appendix 1).

- ✚ “IDEA Part B Child Identification. Part B child identification shall include child find, special education referral, initial evaluation, and determination of disability and eligibility for special education. Child identification shall be the responsibility of the administrative unit in which the child attends public or private school or, if (s)he is not enrolled in school, it shall be the responsibility of the administrative unit in which the child resides. For children ages 3 to 21 under IDEA Part B, child identification shall be consistent with Sections 4.01 and 4.02 of these Rules.” [1 CCR 301-8 ECEA 4.02 (1) (b)]
- ✚ “The IDEA Part B child find process shall: Be designed to utilize available resources within the community.” [1 CCR 301-8 ECEA 4.02 (2) (a) (ii)]
- ✚ “Each administrative unit and state-operated program shall have one person designated as the child find coordinator who shall be responsible for an ongoing child identification process.” [1 CCR 301-8 ECEA 4.02 (2) (b)]
- ✚ “The child find process shall include specific strategies for children 3 through 5 years of age, children in school, and children out of school who are discontinuers or dropouts. It shall be available throughout the year and shall include the following components:
  - Planning and development in the areas of public awareness, community referral systems, community and building based screening, diagnostic evaluations, service coordination and staff development.” [1 CCR 301-8 ECEA 4.02 (2) (c) (i)]
- ✚ “A special education referral shall be clearly distinguished from a building level referral or a referral for screening both of which are regular education processes. The administrative unit or state-operated program shall establish and follow procedures for referring a child for an initial evaluation to determine whether or not the child has a disability and needs special education and related services.” [1 CCR 301-8 ECEA 4.02 (3)]
- ✚ Primary care providers who refer to you want to know the result of their referral so they can best support that family. Make sure parents have the opportunity to sign paperwork allowing for a Referral Status Update. <sup>1</sup>
- ✚ Primary care providers have linguistically and culturally appropriate information to share with parents or guardians of children about the referral process. <sup>2</sup>
- ✚ Leaders establish collaborations across and within communities to create coordinated systems. <sup>3</sup>
- ✚ Leaders establish collaborations to facilitate general screening and referral of children who may need further evaluation. <sup>3</sup>

## B. PARTNERSHIP & COLLABORATION

In the context of child identification, Partnership and Collaboration refer to the AU participation in the community's broader early childhood system to ensure that all child serving organizations within the broader system work together to support young children with delays or disabilities to be identified and have access to needed services as early as possible.

### 1) Coordinate Across the Early Childhood System

- a) AUs collaborate with community partners (as listed below) to clarify and establish pathways for identifying young children who may be eligible for IDEA services. This collaboration will often take the form of active participation in a cross-sector early childhood workgroup (referred to as Early Childhood Work Group below).
- b) Where appropriate, work together with local Early Childhood Council(s) or other collaborative groups focused on early childhood development in order to avoid membership duplication and to promote coordinated efforts in the community.
- c) AUs share information about the child identification process with the following community partners, including organizations that reach out to traditionally under-served or at risk populations, including families experiencing homelessness. These stakeholders are involved in local child identification workgroup meetings and activities, as necessary.
  - ✓ Families with young children, including friends and neighbors of those who suspect a child may have a need for special education services
  - ✓ Early Learning Programs (Colorado Preschool Programs/school district administered as well as community based; licensed home and center based programs)
  - ✓ Local Early Childhood Council (staff and members)
  - ✓ Head Start and Early Head Start
  - ✓ Community Centered Boards
  - ✓ Home visitation programs
  - ✓ Pediatric and family medical practices
  - ✓ Community based organizations and programs that serve young children with special needs and their families (e.g. business community, family organizations, health care providers, public health, mental health, human services, social services, child welfare, advocacy organizations, and recreational programs)
- d) The AU participates in conversations with community partners (often as part of the Early Childhood Work Group) to develop a shared awareness of all local developmental monitoring, screening, and referral efforts so as to:
  - ✓ Eliminate duplication of services and supports
  - ✓ Efficiently use resources to identify potentially eligible children
- e) The AU shares data with relevant stakeholders to inform the broader early childhood system partners about the effectiveness of the child identification system. Data on the child identification system is expected to:
  - ✓ Support stakeholder discussions about the current AU capacity to identify and serve eligible children
  - ✓ Support community partners' understanding of their contributions to effective referral and identification practices (e.g. are families able to complete the process, and the proportion of referred children found eligible for services)
  - ✓ Support stakeholder understanding and decision making of to what extent referral demographics mirror community demographics.

### 2) Generate Public Awareness

- a) The AU collaborates with community partners to inform all referral partners and the community at large about the child identification process (e.g. public awareness)

- b) Public awareness activities are ongoing, sustained throughout the year, and:
  - ✓ Provide information about developmental milestones
  - ✓ State the purposes of the child identification process
  - ✓ Provide information about how to access the child identification process
  - ✓ Inform the community of the value of early identification
  - ✓ Indicate that the identification process is at no cost to families
  - ✓ Coordinated to present clear consistent messages about how to access the system
- c) A variety of strategies are used to reach families, referral partners, and the community at large:
  - ✓ Messages are tailored to address culturally diverse populations
  - ✓ Materials are shared in multiple formats (printed, electronic, etc.) and placed where families and others can access them (religious institutions, childcare, preschool, health clinics, doctors' offices, grocery stores, schools, libraries, Laundromats, etc.)
  - ✓ Announcements and information are delivered through various media (Public Service Announcements, websites, text or mobile services, brochures, social media, etc.)

### 3) Support Community Screening Efforts

*Community screenings refer to screening efforts conducted by programs outside of the AU that are available to families, either universally to all families, or embedded into other early childhood programming, in order to identify potential concerns and generate referrals for further evaluation.*

- a) Community screening efforts are ongoing, proactive services for families that:
  - ✓ Are conducted by primary health care providers, early learning sites, home visitation programs, and other community agencies involved in supporting early childhood development
  - ✓ Occur year round
  - ✓ Allow for periodic re-screening, as developmentally appropriate, and as needed
  - ✓ Involve interagency coordination
  - ✓ Take place during well-child visits, as a part of preschool enrollment, or embedded in home visiting or other child focused services
- b) AU staff support the general community screening efforts by:
  - ✓ Offering their knowledge on effective screening tools and processes
  - ✓ Encouraging referrals (e.g., for early intervention or special education) when screening suggests delayed development
  - ✓ Ensuring screening entities understand local referral procedures
  - ✓ Using the [Early Childhood Work Group](#) as a forum for coordination among screening entities so that agencies agree that children would not typically receive multiple screenings within the same time frame
- b) AU staff participating in any community screening processes:
  - ✓ View the parent as an important and active member of the screening team
  - ✓ Respect the family's background
  - ✓ Are proficient in the administration of the instruments used
  - ✓ Are comfortable interacting with the children ages birth through five
  - ✓ Have a working knowledge of the referral, evaluation and eligibility determination processes

### 4) Actively Locate and Identify Children for Referral

- a) The local child identification process actively cultivates referrals of children who are suspected to have an educational disability by:
  - ✓ Discussing the referral process clearly with community partners, so that they can accurately refer and explain the process to families

- ✓ Providing community partners with accurate written documentation explaining the referral process (i.e. which form(s) to use, where parents should sign, what accompanying information to include), [pertinent referral forms](#), and contact information for pertinent staff (e.g. intake line, Child Find Coordinator, etc.)
- b) Referral sources include the following, along with other community partners who provide direct services to families:
  - ✓ Traditional referral sources:
    - Families
    - Public health
    - Community Centered Boards
    - Head start/Early Head Start
    - Local departments of social services
    - Medical professionals
    - Childcare facilities
    - Public and private preschool programs
    - Mental health professionals
  - ✓ Non-traditional referral sources:
    - Homeless shelters
    - Ethnic groups
    - Clergy
    - Private therapy providers

## 5) Support Well Coordinated Systems

- a) AU personnel are knowledgeable about services and programs in the broader early childhood community and connect families to other appropriate services before, during, and after their involvement in the child identification process.

Note: The following practices are considered “best practices,” as they are supported by early childhood literature but not required by law or Rules.

- b) The Early Childhood Work Group has developed shared values, mission and measurable goals related to child identification and referral.
- c) The Early Childhood Work Group develops procedures that promote active engagement and long-term involvement of its members. These may include:
  - ✓ Orientation for new members
  - ✓ Timely sharing of agendas and meeting minutes
  - ✓ Surveys to assess the effectiveness and efficiency of “workgroup” functioning
  - ✓ Strategic Learning Questions to ensure ongoing learning and progress
  - ✓ Facilitation skill training for “workgroup” leadership
  - ✓ Creating a Team Charter, Common Agenda, or other document to summarize and guide the work
  - ✓ Developing a plan for conflict resolution and problem solving
  - ✓ Defining and documenting the roles and responsibilities of “workgroup” members

## REGULATORY GUIDELINES AND LITERATURE BASED SOURCES FOR PARTNERSHIP & COLLABORATION

Direct quotations, primarily from ECEA, are cited in text, whereas paraphrased information is cited in References (Appendix 1).

- ✚ “Each AU shall develop and implement procedures of locating, identifying and evaluating all children ages birth to 21 who may have a disability and are eligible for early intervention services under either IDEA Part C Child Find (birth through age 2); or are eligible for special education services under IDEA Part B (ages 3 to 21) even though such children are advancing from grade to grade.” [1 CCR 301-8 ECEA 4.02 (1) (a)]
- ✚ “The IDEA Part B child find process shall: Be a process designed to inform the public and to identify children ages 3 to 21 who may be eligible to receive special education services. Notice shall be published or announced in newspapers or other media with adequate circulation to notify parents throughout the administrative unit.” [1 CCR 301-8 ECEA 4.02 (2) (a) (i)]
- ✚ “The IDEA Part B child find process shall: Be designed to utilize available resources within the community.” [1 CCR 301-8 ECEA 4.02 (2) (a) (ii)]
- ✚ “The child find process shall include specific strategies for children 3 through 5 years of age, children in school, and children out of school who are discontinuers or dropouts. It shall be available throughout the year and shall include the following components:
  - Planning and development in the areas of public awareness, community referral systems, community and building based screening, diagnostic evaluations, service coordination and staff development.” [1 CCR 301-8 ECEA 4.02 (2) (c) (i)]
- ✚ “The child find process shall include... Coordination and implementation in the areas of interagency collaboration, public awareness, referral, screening and resource coordination.” [1 CCR 301-8 ECEA 4.02 (2) (c) (ii)]
- ✚ “The child find process shall include... Screening procedures for identifying from the total population of children ages 3 to 21 years those who may need more in-depth evaluation in order to determine eligibility for special education and related services.” [1 CCR 301-8 ECEA 4.02 (2) (c) (iii)]
- ✚ “The child find process shall include... Referral procedures to ensure that parents of children are given information about all public and private resources that can meet identified needs...” [1 CCR 301-8 ECEA 4.02 (2) (c) (v)]
- ✚ “A special education referral may be initiated by either:
  - An administrative unit or state-operated program as a result of a building level screening and/or referral process; or
  - The parent of the child.
  - Any other interested person who believes that a child is in need of an initial evaluation must work with the parent or the appropriate administrative unit or state-operated program.” [1 CCR 301-8 ECEA 4.02 (3) (a) (ii)]
- ✚ “It is further the intent of this article to ensure that there is a coordination of all services available to children with disabilities and to promote interagency operating agreements or contracts between administrative units, other public agencies, nonprofit organizations, and eligible facilities for the provision of appropriate services for children with disabilities.” [[Senate Bill 07-255, 22-20-102. Legislative declaration. \(3\)](#)]
- ✚ “The IDEA child find requirements permit referrals from any source, including private and public preschools (e.g. Head Start) and community-based child care programs (hereinafter “preschool programs”), that suspects a child may be eligible for special education and related services.” [[OSEP Memorandum 16-7, A Response to Intervention Process Cannot Be Used to Delay-Deny an Evaluation for Preschool Special Education Services under the Individuals with Disabilities Education Act, issued on April 29, 2016](#)]

- ✚ “When developmental screening results show *significantly lower* than expected levels of development, a referral for additional evaluation should be made to determine whether special education services may support the child in benefitting from the general preschool curriculum.” [CDE Early Childhood Comprehensive Assessment System (April 2014) Fact Sheet Part 1: Developmental Screening in Early Childhood]
- ✚ Make sure to partner with agencies that reach out to underserved, at-risk populations. <sup>2</sup>
- ✚ States and communities coordinate screening and monitoring activities (among agencies such as Part C, Part B, early learning, physical health, mental health, parenting groups, etc.) to reduce duplication and increase ease of access for families. <sup>2</sup>
- ✚ Support medical providers in utilizing the American Academy of Pediatrics’/Bright Futures guidelines to perform developmental and social-emotional screening of children. <sup>2</sup>
- ✚ Collaborative workgroups use group facilitation strategies to improve team functioning and interpersonal relationships. <sup>3</sup>
- ✚ Collaborative workgroups jointly uncover community-based services and other resources that may meet families’ needs. <sup>3</sup>
- ✚ Collaborative workgroups have a clear leadership and support structure that includes plans for: <sup>4</sup>
  - Building meeting agendas
  - Tracking meeting minutes
  - Sharing data across partners
  - Communicating with partners

## C. INTAKE & REFERRAL

General intake refers to the AU process for receiving referrals of children for whom a concern is noted. These referrals may be treated as a referral to special education (triggering an IDEA evaluation process) when the AU suspects the child to be a child with an educational disability. Please note, however, in instances when a referral is received where there is not adequate information to suspect that the child has an educational disability that Individualized Screening activities provide information to support a decision about whether a full evaluation for determining eligibility for special education is warranted. In this case, local procedures influence whether the referral is considered a referral to special education prior to conducting Individualized Screening activities. AUs are encouraged to consider specific and differing processes for intake and referral based on whether the child is currently attending public or private preschool and what may already be known about the child. For example, helpful information may be available for consideration when the child is already enrolled in a preschool program, versus if the child does not yet attend any formal early learning setting outside the home.

### 1) Accept & Process Referrals

- a) Permit referrals from any source, including private and public preschools (e.g. Head Start) and community-based child care programs that suspect a child may be eligible for special education and related services.
- b) AUs request parental consent for a special education evaluation as soon as possible when parents indicate that they have concerns about whether their child may need special education,
  - ✓ If the AU suspects the child is not a child with a disability, they must either conduct [Individualized Screening](#) activities (with general consent) or issue IDEA Prior Written Notice refusing to conduct the evaluation
- c) Upon receiving a referral (e.g. a medical provider or community partner), the AU must decide whether they suspect the child has an educational disability.
  - ✓ AUs utilize developmental monitoring and/or screening information that accompanies the referral to help guide this decision
- d) Request permission from the parent to share information back to the referral source in the form of a [Referral Status Update](#).

### 2) Follow Timely Processes

- a) Upon agency receipt of referral information, family contact and scheduling for the next appropriate step takes place promptly.
  - ✓ Seek parental consent within a reasonable period of time after the referral for evaluation, if the AU suspects an educational disability
  - ✓ Document actions taken, method of contact and date, following AU procedures regarding the number of times and various methods for contacting the family
  - ✓ Timeline for completion of initial evaluation for special education for 3-5 year olds is 60 calendar days and up to 90 days to initial IEP development meeting, (both timelines begin on the date parental consent to evaluate was received by the AU)
    - Guidance about AU practices related to 0-3 Part C timelines can be found in "[Required and Permitted Roles of CCBs and AUs for Early Intervention Colorado \(Part C\) Implementation of Birth to Age 3 Child Find Requirements](#)"

### 3) Engage Families & Provide Resources

- a) Families are informed and understand their rights, responsibilities, and options before each step in the process begins. This includes providing:
  - ✓ A clearly written and/or verbal explanation to the family in their native language or other mode of communication, in terms the family can understand what the information means for their family
  - ✓ An explanation of parent consent for screening and/or special education evaluation
  - ✓ Families with an opportunity to examine records
  - ✓ Prior written notice concerning evaluation (which may include individual screening) and established timelines
- b) Information about early developmental expectations and relevant community resources is shared with all families at pertinent times throughout the process

## REGULATORY GUIDELINES AND LITERATURE BASED SOURCES FOR INTAKE and REFERRAL

Direct quotations, primarily from ECEA, are cited in text, whereas paraphrased information is cited in References (Appendix 1).

- ✚ “The use of RTI strategies cannot be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8.” [OSEP Memorandum 11-7, A Response to Intervention Process Cannot Be Used to Delay-Deny an Evaluation for Preschool Special Education Services under the Individuals with Disabilities Education Act, issued on January 21, 2011]
- ✚ “If, however, the LEA does not suspect that the child has a disability, and denies the request for an initial evaluation, the LEA must provide written notice to parents explaining why the public agency refuses to conduct an initial evaluation and the information that was used as the basis for this decision.” [OSEP Memorandum 11-7, A Response to Intervention Process Cannot Be Used to Delay-Deny an Evaluation for Preschool Special Education Services under the Individuals with Disabilities Education Act, issued on January 21, 2011]
- ✚ “The child find process shall include... Referral procedures to ensure that parents of children are given information about all public and private resources that can meet identified needs...” [1 CCR 301-8 ECEA 4.02 (2) (c) (v)]
- ✚ “Once a written special education referral has been initiated, the initial evaluation shall be completed within 60 calendar days from the point of initiation of the special education referral. The special education referral process is initiated when one of the following occurs:
  - The parent is informed of the special education referral as a result of the building level process or screening and the parent provides written consent to conduct the initial evaluation; or
  - The request for an initial evaluation is received from the parent and the parent provides written consent to conduct the initial evaluation.” [1 CCR 301-8 ECEA 4.02 (3) (c) (ii)]
- ✚ With parent consent, share a Referral Status Update (RSU) with the referral source. Information shared should include whether an evaluation was conducted, eligibility determination, and any services the child/family will receive. <sup>2</sup>
- ✚ Accept referrals for special education when a child’s developmental screen indicates developmental concerns or when there are caregiver or provider concerns. <sup>5</sup>

## D. INDIVIDUALIZED SCREENING

Individualized screening refers to screening conducted on individual children by the AU. This differs from [community screening](#) efforts that occur on whole populations of children as a part of universal screening and developmental monitoring efforts. Individualized screening is typically conducted for children referred to child find due to a known or suspected developmental or educational concern to determine whether further evaluation is needed and whether to initiate the special education evaluation process. Individualized screening differs from screening as described in 1 CCR 301-8 ECEA 4.02 (3), which refers to the practice of screening to inform instruction as part of a general education process.

In those instances when the information shared at the time of referral does not clearly suggest that a special education evaluation is needed, and when there is no general education data available, parents may consent to gather some preliminary standardized screening data prior to initiating the special education referral process, in order to inform that decision. At whatever point in the process AU personnel determine that more in-depth evaluation is warranted, the special education referral process should be initiated, which includes issuing IDEA Prior Written Notice obtaining parent consent.

### 1) Define the Screening Process & Tools

- a) Identify whether individualized screening has recently been conducted by other sources (e.g. medical practitioners, preschool providers, home visitors). Obtain permission to view screening tool(s) completed by other sources, if applicable.
  - ✓ Previous screening results or information may or may not be sufficient to determine whether further evaluation is needed. The screening should inform your next steps (consider significance of delay, completeness of tool, areas screened, etc.).
  - ✓ Gather brief birth/health/developmental history from caregiver(s) and referral source
- b) Parent consent for individualized screening obtained before the initiation of the special education referral process occurs prior to triggering IDEA parent consent requirements. Therefore, AU policies and procedures dictate how this consent process occurs and CDE suggests that the consent be written.
- c) Individualized screening is conducted:
  - ✓ When someone has a concern about one or more areas of development
  - ✓ To determine if a child is in need of further evaluation for preschool special education
- d) Areas screened may include:
  - ✓ Cognition
  - ✓ Social emotional
  - ✓ Communication
  - ✓ Self-help skills
  - ✓ Motor
  - ✓ Hearing and vision
- e) Professionals administering the screening are proficient in using the screening tools
- f) [Screening instruments](#):
  - ✓ Are objective, reliable, valid, and used with fidelity
  - ✓ Are culturally non-biased
  - ✓ May be combined to screen all areas of development
  - ✓ Are developmentally appropriate
  - ✓ Support AUs in deciding whether further evaluation is needed (but not to determine special education eligibility)

- g) Individualized screening activities may be conducted within the IDEA Part B special education evaluation process when, based on a review of existing information (such as previous screenings, referral and intake information), the individual child being screened is suspected of having an educational disability.
  - ✓ In this case, screening would be conducted after issuing IDEA Prior Written Notice and obtaining parent consent

## 2) Facilitate Family Engagement

- a) AU personnel are sensitive to families and engage them during the screening process by:
  - ✓ Including parent interview or information obtained from the parent about individual child and family strengths, concerns, routines, priorities, and needs
  - ✓ Making screenings easily accessible to families (time, date, locations)
  - ✓ Making every attempt to make the process culturally non-biased
  - ✓ Supporting families as decision-makers
  - ✓ Asking how they wish to participate and respecting their wishes (e.g. asking them to play with their child, trying a new skill with their child while being coached by a screener, etc.)
  - ✓ Describing screening activities in the IDEA Part B Prior Written Notice, including a description of the purpose of screening and how screening results are used to determine further evaluation needs

## 3) Share Screening Results

- a) AUs share screening results with the family at the time the screening is completed
- b) At the conclusion of the screening process, families are provided with information to assist them in selecting community services and support options best suited to their child and family needs. In addition to screening results, this includes providing:
  - ✓ Information to families about the strengths and needs of their child
  - ✓ Information to families regarding community supports for children who have not been recommended for further evaluation (e.g. public health programs, preschools, Head Start)
  - ✓ Information, materials, and training to families regarding general child development and parenting strategies
  - ✓ Parents with options of times, dates, and location for children who need further evaluation
  - ✓ What steps to take if they have new or more significant concerns about their child's development

## REGULATORY GUIDELINES AND LITERATURE BASED SOURCES FOR INDIVIDUALIZED SCREENING

Direct quotations, primarily from ECEA, are cited in text, whereas paraphrased information is cited in References (Appendix 1).

- ✚ "Screening instruments must be valid and reliable. CDE does not endorse the use of "homegrown" tools that are created by individual school districts or programs ..." [CDE Early Childhood Comprehensive Assessment System (April 2014) Fact Sheet Part 1: Developmental Screening in Early Childhood]
- ✚ "If those who know the child best have information that conflicts with the screening results, professional judgment will guide next steps which could include proceeding to an evaluation, rescreening and/or ongoing observation by members of the family and program staff." [CDE Early Childhood Comprehensive Assessment System (April 2014) Fact Sheet Part 1: Developmental Screening in Early Childhood]
- ✚ "When developmental screening results show *significantly lower* than expected levels of development, a referral for additional evaluation should be made to determine whether special education services may support the child in benefitting from the general preschool curriculum." [CDE Early Childhood Comprehensive Assessment System (April 2014) Fact Sheet Part 1: Developmental Screening in Early Childhood]

- ✚ [OSEP 11/3/09 response] “It is up to the State to develop criteria for determining whether a child qualifies as a child with a disability under 34 CFR §300.8, provided those criteria include a variety of assessment tools and strategies and do not use any single measure or assessment as the sole criterion...” [\[OSEP Letter to Brekken \(June 2, 2010\)\]](#)
- ✚ AUs are required to implement screening procedures to identify from the total population of children those who may need more in–depth evaluation in order to determine eligibility for special education and related services (ECEA 4.02 (2)(c)(iii)). Screening of this type is most typically provided within a regular education process, prior to a referral for special education being initiated, for example, when a teacher administers screening to an entire classroom, or to determine appropriate instructional strategies for curriculum implementation (34 CFR 300.300(d)(1) and 300.302).
- ✚ Children who are not yet attending public school, who have been referred to Child Find due to a concern, may sometimes be individually screened (with parent knowledge and consent) in order to establish if there is a need for more in-depth evaluation. In those instances when the information shared at the time of referral does not clearly suggest that a special education evaluation is needed, and when there is no general education data available, parents may consent to gather some preliminary formal screening data prior to initiating the special education referral process, in order to inform that decision. [\[CDE Memo \(September 2016\): Colorado Context and Reminders Regarding OSEP Memorandum on Delays and Denials of Evaluations for Preschool Special Education under IDEA\]](#)
- ✚ “When screening activities are conducted as part of the special education evaluation process, those activities must be described in the IDEA Part B Prior Written Notice and parental consent must be obtained.” as discussed in [1 CCR 301-8, 4.02 (3)]
- ✚ “‘Evaluation’ means: For the purposes of Part B child find, procedures used under IDEA for children with disabilities to determine whether a child has a disability and the nature and extent of special education and related services that the child will need.” [Senate Bill 07-255, 22-20-102. Legislative declaration. (11)]
- ✚ Staff use clinical reasoning in addition to screening results to determine the child’s next steps. <sup>3</sup>
- ✚ Staff report screening results in a way that is understandable and helpful to families. <sup>3</sup>
- ✚ Staff should explain the purpose and process of screening to the child’s family. <sup>5</sup>
- ✚ Staff should elicit parent concerns during the screening process. <sup>5</sup>
- ✚ Staff should provide developmentally appropriate support to families during the screening process. <sup>5</sup>
- ✚ In addition to communicating screening results back to the referral source, encourage parents to share with the child’s primary care provider. <sup>5</sup>

## E. INITIAL CHILD EVALUATION

Prior to engaging in child evaluation activities, the team determines and documents the evaluation plan in the Prior Written Notice and then gains signed consent from the parent. The purpose of the initial evaluation is to determine if the child meets the criteria for one or more of the disability categories under the Exceptional Children's Education Act (ECEA 2.08), is unable to receive reasonable benefit from general education, and to identify the educational needs of the child. AUs are encouraged to develop and implement local procedures to implement evidence-based early childhood assessment practices, as appropriate. Evaluation teams encompass the professionals involved in initial child evaluation along with the parent(s), who are expected to be meaningfully included in each step described below.

### Regulatory Requirements:

1) Obtain parent consent to conduct the initial special education evaluation, through issuing Prior Written Notice. The Prior Written Notice will outline the evaluation plan which is developed through a review of existing information.

- a) Collect/review existing body of evidence, which may include:
  - ✓ [Community Screening](#)
  - ✓ Notes from referring entity documenting referral reasons/concerns
  - ✓ Monitoring tools such as checklists and portfolios collected by early childhood teachers
  - ✓ Response to Intervention (RTI) data, as available, if the child is already enrolled in state funded preschool, though RTI should not be used to delay or deny evaluation
  - ✓ Classroom-based assessments
  - ✓ Data about the child's functioning in his or her natural environments (direct and multiple observations, and/or interviews with primary caregivers, including teachers, of the child)
- b) Determine if additional [screening measures](#) will be conducted as a part of the evaluation process, as appropriate
  - ✓ Individualized for the child and appropriate for determining if additional evaluation is needed in area(s) where existing information is not complete

2) Conduct initial evaluation ([see C. 2 \(a\) for timelines](#)) activities identified in the Prior Written Notice.

- a) Teams conduct additional assessment, including gathering meaningful input from families and other caregivers, including the child's teacher(s), through a variety of means to add to the body of evidence initially collected and reviewed:
  - ✓ Screening results when conducted as part of the evaluation
  - ✓ Interviews, checklists and testing protocols
  - ✓ Consideration of other relevant information shared by the parents, or other caregivers, such as evaluation results or progress notes from other service providers, observations or interviews with child care providers, etc.
- b) Teams conclude with enough information to determine whether or not an educational disability is present:
  - ✓ No single measure is used as the sole criterion
  - ✓ All instruments are technically sound with strong validity and reliability for intended purpose
  - ✓ Tools are administered in the intended format in accordance with manuals from test authors
  - ✓ Evaluation process assesses cognitive, behavioral and physical factors and needs
  - ✓ Assessment covers all areas of suspected disability regardless of common link to suspected disability
- c) Teams use an evaluation process that is not discriminatory with regard to a racial or cultural bias

- ✓ All instruments are administered in the child’s native language or another communication mode (i.e., alternative and augmented communication) acceptable to yield relevant information (for very young children assessment reveals an understanding of what the child knows in all languages to which they are exposed)
  - ✓ If circumstances prohibit use of instruments in the child’s native language, and no other communication mode is available, all factors from b) above must still be met
  - ✓ Team determines that limited English language acquisition is not the primary cause of the child’s learning difficulties 300.306(b)(1)(ii)
- d) Teams use an evaluation process that is sufficiently comprehensive to determine all needs for specialized instruction and related services.
- ✓ The evaluation process identifies the adverse effect of the child’s disability(ies) on participation in appropriate activities and daily routines

### 3) Evaluation data is used to establish whether or not the child has an educational disability and a need for Special Education

- a) Teams meet to review the body of information and establish if the child meets one or more of the disability categories, including demonstrating a need for special education.
- ✓ A meeting to make an eligibility determination is held post evaluation within a reasonable period of time
  - ✓ The multidisciplinary team making the eligibility determination includes:
    - Individuals knowledgeable about the child and able to interpret the meaning of the evaluation data
    - At least one teacher or other specialist
    - Other, appropriately qualified professionals, as needed (i.e., occupational therapist or other)
    - The parent/s and/or caregivers of the child
    - Special education administrator or his or her designee
  - ✓ Teams have a process to make informed decisions about whether the underlying concern and its impact is a disability or delay, or a difference that maturation and exposure to experiences and materials may ameliorate
  - ✓ Complete review of all applicable eligibility categories to establish whether or not the child meets eligibility criteria in one or more of them
  - ✓ If found eligible, team plans for initial IEP meeting
  - ✓ Eligibility and IEP meetings may be held separately or consecutively in the same session, in consideration of parent of child’s needs

### 4) Connect Evaluation and Eligibility Determination Results to Initial Individualized Education Program (IEP)

- a) Evaluation results clearly link to and establish the present levels of academic achievement and functional performance (PLAAFP) section of the IEP
- b) PLAAFP includes a statement of the child’s strengths and participation in appropriate activities and daily routines to determine the impact of disability
- c) The impact of disability statement prioritizes need and guides the development of goals and the selection of accommodations and modifications.
- d) IEP goals identify services and service delivery in the Least Restrictive Environment (LRE).
- e) The initial IEP is standards aligned

## Best Practices Guidelines:

### 5) Embed Evidence Based Practices for Early Childhood Evaluation into Local Policies, Procedures, and Practices

Child Find Coordinators, along with their teams, establish a process through which they determine how to implement evidence based practices within their initial evaluation procedures.

Note: The following practices are strongly encouraged as they are supported in the early childhood literature as best practices for evaluating young children, however, they are not specifically required by law or rules.

- a) Utilize a whole child approach
  - ✓ Vision and hearing screening occurs as a priority first step in the evaluation process as a part of the overall assessment of physical development for each child
  - ✓ Relevant background information is collected in an interview type format along with intake forms completed by the parent
  - ✓ All areas of development are evaluated or screened for if not an area of need
  - ✓ Team members integrate their knowledge and are familiar with the nature of young children's development and the interrelatedness of all areas of development
- b) Form interdisciplinary or transdisciplinary evaluation teams
  - ✓ Teams observe and evaluate the child at the same time in the same location and reflect together across disciplines and domains to develop a comprehensive picture of the child
- c) Build capacity across team members of various disciplines in order for each team member to observe and evaluate developmental domains beyond the professionals' specific area of training in use of authentic assessment measures
  - ✓ Play-based and curriculum-based tools are utilized as the cornerstone of the process
  - ✓ Assessment measures chosen include components for gathering information from key caregivers (e.g., parents, relatives, child care, etc.) and comprehensive measurement of functional development and clinical reasoning such that multiple measures are not necessary (e.g., TPBA-2, AEPS-2, etc.)
- d) The team values and implements family-centered practices throughout the evaluation process
  - ✓ Evaluation occurs in the most natural environment for the child (e.g., the family home, classroom, child care center, etc.)
  - ✓ Evaluation occurs in the language(s) of the family
  - ✓ Evaluation includes people and materials familiar to the child and parent
  - ✓ The family's information and knowledge of their child is integral in the collection of the body of evidence for determining the presence of a disability
  - ✓ Strengths and assets of the child and family are used to plan interventions
  - ✓ Goals and priorities are selected by the family with meaningful input from the teacher(s) and provider(s)
- e) Assessment results are linked to the preschool curriculum
  - ✓ Results Matter data (i.e., Teaching Strategies Gold), where applicable, informs and helps guide the assessment
  - ✓ Results of the initial evaluation guides intervention and instruction within a curriculum framework
- f) Families receive appropriate referrals to a full array of community supports, where appropriate
  - ✓ Formal, intermediate and informal resources are identified for each family and leveraged to enable the family towards self-sufficiency and improved family quality of life
    - Formal includes doctors, child care providers, special services providers, private therapists, etc.
    - Intermediate includes neighbors, work colleagues, church, recreation, etc.
    - Informal includes grandparents, parents, siblings, best friends, etc.

## REGULATORY GUIDELINES AND LITERATURE BASED SOURCES FOR INITIAL CHILD EVALUATION

Direct quotations, primarily from ECEA, are cited in text, whereas paraphrased information is cited in References (Appendix 1).

- ✚ “An initial evaluation process for children ages three to twenty-one shall be provided for the purposes of determining whether the child is a child with a disability under section 2.08 of these rules and what the educational needs of the child are. The requirements and procedures for initial evaluations shall be in accordance with 34 CFR 300.301, 300.304 and 300.305 and shall ensure that the initial evaluation is sufficiently comprehensive to appropriately identify all of the child’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.” [1 CCR 301-8 ECEA 4.02(4)]
- ✚ “Parent. The term ‘parent’ means-
  - A natural, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent):
  - A guardian (but not the State if the child is a ward of the State):
  - An individual acting in the place of a natural adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare;
  - Except as used in Section 1415(b)(2) and 1439(a)(5), an individual assigned under either of those sections to be a surrogate parent.
- ✚ “Conduct of Evaluation. In conducting the evaluation, the local educational agency shall –
  - use a variety of assessment tools and strategies to gather relevant functional developmental, and academic information, including information provided by the parent...” [34 CFR 300.304(b)(1)]
- ✚ “Review of existing evaluation data on the child, including –
  - Evaluations and information provided by the parents of the child;
  - Current classroom-based, local or State assessments, and classroom-based observations; and
  - Observations by teachers and related service providers [34 CFR 300.305(a)(1)(i)(ii)(iii)]
- ✚ Though RtI cannot be used as a reason to delay or deny evaluation for eligibility, the data obtained from an RtI process for preschoolers already enrolled is appropriate for use as a part of the initial evaluation process for a child suspected of a disability. 6 OSEP Memo 11-07
- ✚ “Whether the child is a child with a disability...” [34 CFR 300.304(b)(ii)]
- ✚ “Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and
- ✚ “Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical and developmental factors.” [34 CFR 300.304(b)(2)(3)]
- ✚ “Other evaluation procedures. Each public agency must ensure that—
  - Assessments and other evaluation materials used to assess a child under this part –
    - Are selected and administered so as not to be discriminatory on a racial or cultural bias;
    - Are provided and administered in the child’s native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;
    - Are used for the purposes for which the assessments or measures are valid and reliable;
    - Are administered by trained and knowledgeable personnel; and
    - Are administered in accordance with any instructions provided by the producer of assessments.” [34 CFR 300.304(c)(1)(i)(ii)(iii)(iv)(v)]

- ✚ “In evaluating each child with a disability under 300.304 through 300.306, the evaluation is sufficiently comprehensive to identify all of the child’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.” [34 CFR 300.304(c)(6)]
- ✚ “Determination of Disability and Eligibility. Requirements and procedures for determining disability and eligibility shall be consistent with 34 CFR 300.306. Once a special education referral has been made and the initial evaluation has been completed, a meeting shall be held to determine if the child has a disability and if the child is eligible for special education. If the child is determined to have a disability and is eligible, an IEP shall be developed for the child in accordance with Section 4.03 of these Rules. These functions may occur at the same meeting or at different meetings.
  - Participants. Meetings to determine if the child has a disability and is eligible for special education, whether held separately or in connection with a meeting to develop an IEP, must include:
    - A multidisciplinary team knowledgeable about the child and about the meaning of the evaluation data. The multidisciplinary team shall include:
      - At least one teacher or other specialist with knowledge in the area of the child’s suspected disability;
      - As necessary, other qualified professionals, e.g., an occupational therapist; a speech language pathologist; a physical therapist; and a school psychologist; and
      - The parent of the child
    - At the discretion of the special education director for the administrative unit of residence, the special education director or designee for the administrative unit of residence. [1 CCR 301-8 ECEA 4.02(6)(b)(i)(A)(B)(C)(ii)]
- ✚ “A meeting to discuss the initial evaluation of the child to determine if the child has a disability and is eligible for special education shall be held within a reasonable period of time after the initial evaluation is completed.” 1 CCR 301-8 ECEA 4.02(6)(a)(i)
- ✚ The evaluation team members have a comprehensive understanding of development and the interplay of developmental domains in order to assess a child’s strengths, needs and preferences.<sup>3, 6, 7</sup>
- ✚ In order to gather a full picture of child development professionals work in collaboration to crossover disciplines during the assessment process.<sup>3, 6</sup>
- ✚ Family members serve as equal partners and meaningful contributors in all phases of assessment and experience collaboration towards mutually agreed upon outcomes for their child.<sup>3, 6, 7, 8</sup>
- ✚ Assessment is sensitive to a variety of developmental needs and systematic, resulting in enough useable points of data to inform needed instruction and how to progress monitor.<sup>3, 6</sup>
- ✚ Assessment includes sufficient information from parents to learn of available resources already in their lives, where other resources may be needed, and are supported to access identified resources.<sup>3</sup>
- ✚ Resources in the families life are considered informal when it’s an important family or friend, formal when it is a paid professional or service and intermediate when it’s an important organization (i.e., church) or acquaintance (i.e., co-worker).<sup>8</sup>

## F. CONTINUOUS QUALITY IMPROVEMENT

Continuous quality improvement refers to an ongoing and systematic utilization of data to proactively evaluate whether a process is effective, to identify needed improvements, and to engage in ongoing improvement activities. In the context of this document, Continuous Quality Improvement refers to the ongoing process of evaluating how an AU's child identification process for children 3 through 5 years old can be improved and to continually strive towards improving the process. Analysis of effectiveness and opportunities for improvement of the child identification process for young children should be coordinated and intentionally intersect with the broader AU responsibility for evaluating the effectiveness of the special education system as a whole.

### 1) Define the Process

- a) The AU has a clear process for determining the effectiveness of the child identification process for children ages 3 through 5. Program evaluation should examine all components of the child identification process:
  - ✓ Considers how well the process fulfills the core values, vision, and mission articulated in this document
  - ✓ Provides families with access to services as early as possible
  - ✓ Meets the criteria articulated in this document, as required by state and federal law and Rules
  - ✓ Is easily accessible
- b) The evaluation model includes:
  - ✓ Identification of the specific questions to be answered
  - ✓ Identification of meaningful data to be collected
  - ✓ Identification of methods and timeline for data collection (e.g. surveys, child files, event documents)
  - ✓ Designation of staff for data compilation and analysis
  - ✓ Development of mechanisms to review data and design strategies to modify and adapt components as evaluation outcomes indicate
  - ✓ To the extent practicable and feasible, connections to the program evaluation activities related to the child identification process for children birth to age 3 and kindergarten through age 21.

### 2) Select Data Sources and Methods

- a) Data collection methods include (at a minimum):
  - ✓ Qualitative and quantitative process review methods
  - ✓ Family satisfaction survey data, including return rates
  - ✓ Internal and external stakeholder survey data
  - ✓ Review of procedures, tools and methods compared to local, state and federal requirements and industry best practices (are tools reliable and valid, do staff have appropriate training, needed knowledge and skills, etc.)
- b) Data to be collected includes:
  - ✓ Data on each special education referral, including all data fields required by CDE as a part of the process for submitting Student Special Education Participation files which includes:
    - Referral source
    - Date on which the AU first learned of a potentially eligible child
    - Date of parental consent for evaluation
    - Individual screening date (if applicable)
    - Child's ethnicity/race
    - Age of child at time of referral
    - Referral outcome

- ✓ Whether children are identified as early as possible, or what barriers may prevent earlier identification
- ✓ Reason for referral (and whether that reason/concern is shared by the family)
- ✓ Documentation of completed follow-up activities (such as sending a Referral Status Update to the referral source)
- ✓ Family satisfaction data about their experiences with the child identification process
- ✓ Family attendance at any child identification events or general community screenings
- ✓ Internal and external stakeholder perceptions of the child identification process, specifically ease of referring families
- ✓ Proportion of children identified for special education compared to the general population (census data)

### 3) Use Findings for Continual Improvement

- a) Qualitative and quantitative data is collected and made available to internal and external child identification stakeholders on a regular basis for discussion, review, and influencing system and process improvements.
- b) Data collected by the AU or other child identification stakeholders allows for the broader Early Childhood Work Group, of which the AU is a part, to discuss the following:
  - ✓ Is the child identification process culturally non-biased? (i.e. compare enrolled demographic data with local demographic information)
  - ✓ Are there AU capacity needs? (i.e. survey – do stakeholders and families perceive the child identification process as timely?)
  - ✓ Is the child identification process easily accessible? (i.e. survey – do families and stakeholders perceive the process as easy to navigate?)
  - ✓ Is the community approach to general screening working? (i.e. event demographics – are a wide variety of families able to access screening?)
  - ✓ Is the community system for referrals working? (i.e. examine referral intake data to see the proportion of referred families that are able to connect with services)
  - ✓ Do some community referral partners need support to make appropriate referrals? (i.e. examine referral intake data to see whether families referred by each source agree with the referral reason and/or are disproportionately ineligible)
  - ✓ Are families offered services and support options throughout the process? (i.e. family satisfaction survey data)

## REGULATORY GUIDELINES AND LITERATURE BASED SOURCES FOR CONTINUOUS QUALITY IMPROVEMENT

Direct quotations, primarily from ECEA, are cited in text, whereas paraphrased information is cited in References (Appendix 1).

- ✚ “Each administrative unit or approved facility school shall maintain records or results of all qualitative and quantitative evaluations of special education services rendered. Evaluations of special education services shall occur annually and within a period of five years systematically cover aspects of services to children with disabilities. Such evaluations shall review:
  - Extent to which quality special education policies and practices are in place and where improvements can occur.
  - Degree to which children with disabilities are achieving their individual goals as well as school, district, and state standards and student outcomes.” [1 CCR 301-8 ECEA 3.06]
- ✚ “The child find process shall include... Evaluation of the effectiveness and efficiency of child identification procedures.” [1 CCR 301-8 ECEA 4.02 (2) (c) (vi)]

- ✦ “A record shall be maintained of the disposition of each special education referral.” [1 CCR 301-8 ECEA 4.02 (3) (d)]
- ✦ “In the Student Special Education Participation file the LEA should submit a record for every student who was referred, evaluated, or received special education or related services in your Administrative Unit or State Operated Program. This should include resident students who are eligible for services regardless of where they receive services and students who are parentally placed in a private school within the boundaries of your Administrative Unit and do not receive any services from yours or any other AU.” [[CDE 2016-2017 Special Education IEP Interchange – Participant File](#)]
- ✦ Leaders collaborate with internal and external stakeholders to collect data to examine program effectiveness and facilitate program improvement. <sup>3</sup>
- ✦ Collaborative workgroups have a plan for how to jointly track progress toward goals. <sup>4</sup>

# APPENDICES

## I. REFERENCES

- <sup>1</sup> CDE Exceptional Student Services Preschool Special Education and Child Find (February, 2016). *Fact sheet referral status updates: Enhancing communication and partnerships with Child Find's Referral Partners*. Retrieved from <http://www.cde.state.co.us/early/referral-status-updates>
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- <sup>8</sup> McWilliam, R. A. (2010). *Routines-based early intervention: Supporting young children and their families*. Baltimore, MD: Paul H. Brookes Pub.

## II. Administration of the Child Identification Process

The Exceptional Children's Education Act (ECEA) Rules require that each Special Education Administrative Unit designate a Child Find Coordinator (4.02(2)(b)) responsible for an ongoing child identification process. ECEA Rules require that the Child Find Coordinator, as a Special Education Coordinator, have at least a Bachelor's degree and licensure in Special Education. Coordinators who also have responsibility for conducting evaluations as a member of a Child Find team also need to be appropriately licensed for the disciplines/roles they fill on the evaluation team.

The following are suggested functions and qualifications of the Child Find Coordinator, as related to the coordination of a community, interagency child identification process for children ages birth through five who may need early intervention and/or special education related services.

Special Education Administrative Units (AUs) are encouraged to consider the functions and responsibilities outlined below when defining and filling the local Child Find Coordinator role. As the child find process is required to be available throughout the year, the position should also be maintained throughout the year. The specific roles of the Coordinator in each AU will vary dependent on the geographic size and population, as well as the need and/or opportunity to pair this role with other functions. Some AUs have full time dedicated Child Find Coordinators, while in other AUs, this may be a part time role or one of numerous roles one individual may fill. Some Administrative Units have multiple designated Child Find Coordinators due to the size or complexity of the system.

### Recommended Functions of the Child Find Coordinator and Suggested Qualifications

#### Program Planning and Development

- ✓ Initiate and/or sustain an interagency child identification process
  - cultivate liaisons with community entities through ongoing personal contacts
- ✓ Develop a marketing plan for public awareness
- ✓ Develop community referral procedures
- ✓ Establish a proactive, ongoing, community screening process
- ✓ Develop an evaluation process
- ✓ Facilitate the design of a community approach for service coordination that links families with community resources
- ✓ Cultivate the development of community options for services and supports that best meet the needs of the individual family and child
- ✓ Construct a plan for ongoing staff development
- ✓ Develop strategies for active participation of families throughout the process

#### Program Coordination and Implementation

- ✓ Ensure the coordination and implementation of a community child identification process which includes:
  - interagency collaboration
  - public awareness
  - referral
  - screening
  - service coordination
  - evaluation
- ✓ Ensure the formulation and implementation of a process to inform families of service and support options
- ✓ Coordinate staff and resources needed for implementation

#### Program Evaluation

- ✓ Ensure the development and implementation of a process for evaluating the effectiveness of the entire child identification process including:
  - determination of meaningful data to be collected

- collection and analysis of data
- identification of strategies to make changes as evaluation outcomes indicate

### **Suggested Minimum Qualifications of the Child Find Coordinator**

- ✓ College degree and appropriate certification/licensure in Special Education (required in ECEA Rule 3.04(1)(c)).
- ✓ Knowledge of normal child development and conditions associated with developmental delays
- ✓ Experience with children birth through five years of age
- ✓ Competence related to family systems and cultures
- ✓ Demonstrates leadership skills
- ✓ Demonstrates excellent verbal and written communication skills

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Preschool Special Education Advisory Committee members 2016-2017

All attendees of the 2016 Fall Regional Child Find Meetings hosted by the Colorado Department of Education who engaged in review and input sessions on the draft document.

The following 2013 Work Group Members provided advisement on the revision of the Colorado Child Identification System for Young Children Birth to Five Years (2006) and articulated a clear vision and goals for the 2016 revision process:

Teresa Bandel-Schott	Sondra Lee
Kim Bundgaard	Mary Morin
Lisa Franklin	Kristie Phillips
Amy Green	Sondra Ranum
Lisa Grimm	Stacey Schillig
Janet Gutman	Cathy Smyth
Lenita Hartman	Pam Walker
Cynthia Hunt	

The following participants are recognized as having substantively contributed to the Colorado Child Identification Process Birth-Five Years Effectiveness Indicators (1992) and Colorado Child Identification Process Birth – Five Years Screening and Evaluation Process Guidelines (1994) versions:

Harriet Able-Boone	Peg Grippe	Janis Pottorff
Marilyn Allen	Susan Hall	Judy Robinson
Darcy Allen-Young	Dick Hartman	Theresa Schrotberger
Jane Amundson	Judie Hunt-Brandt	Judy Shelton
Mary Ellen Anderson	Linda Ikle	David B. Smith
Kris Black	Carol Kumpost	Susan Smith
Penny Bayley	Hal Lewis	Elizabeth Soper Hepp
Jennifer Burnham	Evelyn Lynch	Pat Tesauero-Jackson
Kathy Cavanaugh	Patsy McAteer	Nan Vendegna
Pat Chacon	Brian A. McNulty	Pam Walker
Carol Chazdon	Debbie Medina	Kathy Watters
Pam Crouch	John Miles	Sue Weimer
Dianne Garner	Jeri Miller	Gail Whitman
Julie Geiser	Susan Moore	Donna Wittmer
Sheila Goetz	Jackie Morlan	Danielle Young
Nancy Graham	Chris Perreau	

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