

Early On® Michigan

Self Assessment Manual

March 2006

Introduction & Special Instructions

The Michigan Department of Education has developed this manual to assist local service areas in completing their self-assessment. The information requested in the self-assessment is a direct result of questions the Federal Office of Special Education Programs (OSEP) is requiring for all states. Michigan is required to focus on different and more detailed data than in the past. The format of the self-assessment is linked closely to the Annual Performance Report.

It is suggested that you **read the entire self-assessment document** before attempting to complete. Several questions have some relationship with other questions and may require looking up information that if done once, would be more efficient for you. Keep a list of files reviewed in completion of this document on file, as this list may be required during *Early On* monitoring.

This self-assessment should be viewed as Performance Measurement, Improvement, and Reporting (PMIR). All portions of this self assessment need to be completed. If any portion is missing, it will be sent back in order to ensure that all self assessments are complete.

Information entered onto MEGS this year will be under the green year heading.

General Instructions

Baseline

This is the starting point or initial level against which future levels will be compared. Indicate the performance data as described in the question and in this manual. In other words, what is the “effect” of your “efforts”?

Target

Provide for the next reporting period, July 1, 2006 through June 30, 2007, information on targets. A target is a desired level of performance to be reached. In some instances, targets will be 100% per federal requirements. If your baseline data show that your baseline data is in 100% compliance and performance is acceptable, you can retain the maintenance targets.

Future Activities

Provide for the next reporting period, July 1, 2006 through June 30, 2007, information on activities to achieve the target results. Only two activities are required. If your baseline data show that you are in compliance and performance is acceptable, you should provide strategies used to maintain full compliance and continued acceptable performance. Activities need to show “effort” to achieve the desired “effect”. If your target will be “maintained”, please indicate activities and resources being used to provide the support and/or upkeep of the target.

Timelines

What will be completed within the next reporting period, July 1, 2006 through June 30, 2007? If your baseline data indicates that you are not in 100% compliance, timelines cannot exceed one year. When do you expect to have the activity completed?

Resources

Resources include staff time, materials, grants, stakeholders, other agency providers, etc. If your baseline data show that a particular question is in compliance and performance is acceptable, you will need to list resources needed to maintain full compliance and continued acceptable performance.

Selecting a Sample

Ten percent of your files should be reviewed. However, you do not need to review more than 20 and cannot review less than 10. Please be sure that ½ of the files you review have a child who has entered *Early On* since 12/1/04. The other ½ of the files you review must have a child who is either in the transition process or has transitioned out of *Early On*. You will use the transition files to answer questions 15 through 18c. The other files should be used to answer the remaining file review questions.

Comprehensive Public Awareness and Child Find System Questions 1-3

State Goal: The implementation of a comprehensive, coordinated, child find system results in the identification of all eligible infants and toddlers.

Hint: Save often

Question 1: Based on the snapshot count from the EETRK “Summary Profile for December 1, 2005 Collection Date”, how many Part C children in your local service area were counted?

This data will be found on your EETRK “Summary Profile for December 1 Collection Date” report. This information can be found under the heading Snapshot and children counted on 12/1. Enter your figure. This is your actual count number. Press enter. After filling in this box, another box will automatically fill in the number of files you will be required to review in order to complete this self-assessment.

Question 2: Based on the snapshot count from the EETRK “Summary Profile for December 1, 2005 Collection Date” what is your percent of children identified as Part C eligible, birth to three years of age?

Baseline data is information from your EETRK “Summary Profile for December 1 Collection Date” report. This information can be found under the heading Snapshot and percent children served on 12/1 on the report. Target goal is 2.2%. You can have a higher percentage but not lower than 2.2%. Enter what your target goal is, even if your goal is to maintain your current percentage.

Question 3: Based on the snapshot count from the EETRK “Summary Profile for December 1, 2005 Collection Date” what is your percent of children identified as Part C eligible, birth to one year of age?

Baseline data is information from your EETRK “Summary Profile for December 1 Collection Date” report. This information can be found under the heading Snapshot and percent children served on 12/1 on the report. Target goal is 1%. You can have a higher percentage but not lower than 1%. Enter what your target goal is, even if your goal is to maintain your current percentage.

State Goal: Family supports, services, and resources increase the family's capacity to enhance outcomes for infants, toddlers, and their families.

Hint: Save often

Question 4: What is the total membership of your Local Interagency Coordinating Council?

Enter the total membership of your LICC.

Question 5: How many are parents of children age 12 and under who participated in or are currently enrolled in Part C?

When you enter the baseline information on number of parent membership MEGS will automatically calculate percent of parents who are members. The collaborative requirements state that parent membership on your LICC should be at least 20%. The composition of the LICC is based on Federal Law 20 U.S.C. 1400 Section 641 (b)(1)(A), and states that parents on your LICC “should be parents of infants or toddlers with disabilities or children with disabilities ages 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. Not less than 1 such member shall be a parent of an infant or toddler with a disability or a child with a disability ages 6 or younger.” Therefore, your target should be at least 20%.

Parents with children over the age of 12 do not qualify as “parents” for LICC purposes. They can be listed as community members if you so choose.

State Goal: Early Intervention Services are provided in the Natural Environment, and are meeting the unique needs of infants, toddlers, and their families.

Hint: Save often

Question 6: How many files did you actually review for this assessment? (Can be more than suggested.)

Even though you will automatically be prompted at the beginning of this document as to the number of files you should be reviewing for the self-assessment file review you will always have the option of reviewing more. You have the option of completing a more comprehensive file review.

Question 7: Using definitions defined in Federal Regulation 34 CFR §303.12, what is the total number of services identified on all of the IFSP's reviewed?

Note: Although we have a new law in place, we do not have the regulations to accompany this law. We will be using the old definitions from the Regulations for this Self-Assessment.

Data Required

This would be an actual count of *Early On* services, not other services identified from the above Federal Regulation on files reviewed for this self-assessment.

Note: Information from this Question also will be needed to answer Question 11, Question 12, and Question 13. Be sure to read ahead.

See also 34 CFR § 303.22 – Service Coordination definition.

34 CFR §303.12 services as follows:

“Services that are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child’s development”

34 CFR §303.12 (d)

- (1) “Assistive technology device means any item, piece of equipment, or product system” “that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Services include –
 - (i) evaluation;
 - (ii) purchasing, leasing or otherwise providing for the acquisition of assistive technology devices;
 - (iii) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

- (iv) coordinating and using other therapies, interventions, or services with assistive technology devices;
 - (v) training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
 - (vi) training or technical assistance for professionals or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.
- (2) Audiology includes –
- (i) identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
 - (ii) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - (iii) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
 - (iv) provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 - (v) provision of services for prevention of hearing loss; and
 - (vi) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices and evaluating the effectiveness of those devices.
- (3) Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
- (4) Health services (34 CFR §303.13) means services necessary to enable a child to benefit from the other early intervention services under this part includes –
- (b) (1) clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services;
 - (b) (2) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.
 - (c) (1) The term does not include the following: services that are
 - (i) surgical in nature
 - (ii) purely medical in nature
 - (c) (2) devices necessary to control or treat a medical condition
 - (c) (3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.
- (5) Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services
- (6) Nursing services includes –
- (i) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;

- (ii) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 - (iii) administration of medications, treatments, and regimens prescribed by a licensed physician.
- (7) Nutrition services includes –
- (i) Conducting individual assessments in –
 - (A) Nutritional history and dietary intake;
 - (B) Anthropometric, biochemical, and clinical variables;
 - (C) Feeding skills and feeding problems; and
 - (D) Food habits and food preferences;
 - (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
 - (iii) Making referrals to appropriate community resources to carry out nutrition goals.
- (8) Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include –
- (i) Identification, assessment, and intervention;
 - (ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 - (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- (9) Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include –
- (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
 - (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- (10) Psychological services includes –
- (iv) Administering psychological and developmental tests and other assessment procedures;
 - (v) Interpreting assessment results
 - (vi) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and

- (vii) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- (11) Service coordination services means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under Section 303.22.
- (12) Social work services includes -
 - (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interactions;
 - (ii) Preparing a social or emotional developmental assessment of the child within the family context;
 - (iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
 - (iv) Working with those problems in a child's and family's living situation that affect the child's maximum utilization of early intervention services; and
 - (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.
- (13) Special instruction includes –
 - (i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
 - (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
 - (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
 - (iv) Working with the child to enhance the child's development.
- (14) Speech-language pathology includes – (**new law includes and signed language and cued language services.**)
 - (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
 - (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
 - (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

- (15) Transportation and related costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.
- (16) Vision services means -
- (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
 - (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
 - (iii) Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

Question 8: How many services identified, from above, were delivered? (Goal is 100%.)

Baseline and Target

Your baseline information would be, how many of the services identified in Question 7 were actually delivered. Your target will be 100%.

Question 9: How many children had at least one service initiated within 14 days of the IFSP?

Baseline and Target

Determine how many of the children had at least one *Early On* service initiated within 14 days of the date the IFSP was signed. Your target will be 100%.

Question 10: How many children had all listed services initiated within 30 days of the IFSP?

Baseline and Target

Determine how many of the children had all listed *Early On* services initiated within 30 days of the date the IFSP was signed. Your target will be 100%.

Question 11: How many services identified as delivered in Question 8 were provided in the child's natural environment?

Please refer to the Implementation Guide to Natural Environments, November 2003 issued by the State Interagency Coordinating Council if you have any questions regarding Natural Environments. This document can be found on the MDE website at www.michigan.gov/mde.

Baseline and Target

Baseline data is how many services were delivered in the child's Natural Environment. Your target will be 100%.

Question 12: Based on your answers to questions 8 and 11, there were ____ services not provided in the child's natural environment. How many have a family-driven written justification that the child's outcomes would not be met if they **were** provided in the NE? (Family choosing a segregated environment is not an acceptable justification.)

MEGS will automatically calculate how many services were not provided in the child's natural environment. Was there a written justification on the IFSP? When the family and the team develop a plan that calls for the child to receive individualized treatment, the

location selected for the services should be one that maximizes the child's and parents' opportunities to generalize learning. It is often most effective when it uses routines, materials, and people common to the family and child. Justification must address why the intervention cannot be achieved satisfactorily on an individual basis in a natural environment. Providing services for the parent (parent support groups) cannot be used as justification for providing services to the child in other than natural environments. Unacceptable justifications would be, "we operate a center program for speech services" or "school is an extension of the home environment" as examples.

Baseline and Target

Baseline data is how many written justifications were found. Target is that for every service **not** delivered in the child's natural environment, 100% have written justifications.

Question 13: Using the worksheet provided in the Self Assessment Manual, how many children primarily received early intervention services in the home or other programs for typically developing children?

Baseline

Make a copy of the worksheet for every file you are reviewing that was opened since 12/1/04. For each file, complete the worksheet counting only *Early On* services, not "Other" services. Remember that Family Training is not required to be in the natural environment, so you will also not count that service in the worksheet. After completing the worksheet for each child, count the number who primarily received their services in a natural environment and enter that number for your baseline.

Question 14a: How many children had their evaluation completed within 45 days?

Baseline

Enter the number of children who had their evaluation completed within 45 days of referral to *Early On*.

Question 14b: How many children had a multidisciplinary evaluation?

Baseline

Reviewing the files opened since 12/1/04, how many children had at least two professionals from different fields involved in their evaluation? Enter that number for the baseline. Your target will be 100%.

Question 14c: How many children had an evaluation including the five areas of development and had that information included on their IFSP?

Baseline

Enter the number of children who had an evaluation for each area of development in the first column. Enter the number of children who had the information from the evaluation for each area of development included on their initial IFSP in the second column.

Question 14d: How many children had a timely, multidisciplinary and comprehensive evaluation and had that information included on their IFSP?

Baseline and Target

For each child whose evaluation you reviewed, determine if all of the following are true: the evaluation was multidisciplinary, each of the five areas of development was evaluated, the information for the evaluation was included on the IFSP, and the evaluation was completed within 45 days. Count the number of children who had all of this happen and enter that number for your baseline. Your target will be 100%.

State Goal: All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

Hint: Save often

Question 15: How many files were reviewed for transition information?

Actual number of transition files reviewed. Remember, you may always do more than the required number for this self-assessment.

Question 16: Of the files reviewed for transition, how many include a written transition plan, including transition steps and services?

Baseline and Target

Enter the actual number of written transition plans that include transition steps and services found in the files reviewed. Your target will be 100%.

Question 17: Of those files, on how many did transition planning begin at least 90 days prior to the child's third birthday?

Baseline and Target

Enter the actual number of files for which transition planning took place at least 90 days prior to child's third birthday. Your target will be 100%.

Question 18a: How many children, from the files reviewed, are eligible or potentially eligible for Special Education (Part B)?

Baseline

Enter the number of children, from the files reviewed for transitions, who have already been found to be eligible for Part B, who have been referred to Part B, or who seem (according to your file review) to need a referral to Part B.

Question 18b: Of the children who are eligible or potentially eligible for Special Education (Part B), for how many were notifications sent to the LEA?

Baseline and Target

Enter the number of eligible or potentially eligible children (as determined in 18a) who had a notification sent to the LEA. Your target will be 100%

Question 18c: Of the children who are eligible or potentially eligible for Special Education (Part B), for how many was a transition conference held?

Baseline and Target

Enter the number of eligible or potentially eligible children (as determined in 18a) who had a transition conference. Your target will be 100%.

State Goal: Effective General Supervision of the implementation of the Individuals with Disabilities Education Act, through the Lead Agency's utilization of mechanisms, results in all eligible infants, toddlers, and their families having the opportunity to received Early Intervention Services in the Natural Environment.

Hint: Save often

Questions 19-21 relate to systemic issues. Systemic issues are barriers you have encountered to effective implementation of IDEA – Part C – not just focusing on Early Intervention Services in the Natural Environment but on the implementation of *Early On*. What is affecting your entire system? What is a barrier that you face? Is it an isolated incident or a system wide barrier to *Early On* in your local area?

Question 19: How many systemic issues were identified? Please rank order Systemic Issues identified, with “1” being most important.

This question asks how many system issues were identified. What were the issues relating to? Which of the issues listed are keeping your system from being more successful? Please rank order by placing numbers in the boxes with “1” being the most important to your service area.

Question 20: How will your identified systemic issues be remediated?

What will be done to resolve these systemic issues?

Question 21: How many providers/staff do you have involved in your Service Area's implementation of the *Early On* system for each of the following classifications?

What does your service provider staff look like? Who are they? People working for other agencies may be contracted by the local lead agency to fulfill a certain position, or there could be an agreement between agencies for services. When answering this question, we are looking for the number of providers you have in each designated classification. There are two classifications, those providers that work 0- 0.5 FTE and those that work 0.5- 1.0 FTE. If you have two physical therapists that work 0.4 FTE, then under the column 0- 0.5 FTE, for physical therapists, you would fill in 2.

Question 22: How often did you have difficulty locating service providers?

Chart

The timeframe for this chart is the past year. For each listed service provider, including service coordinator, check the appropriate answer for that service provider. If you have not needed one or more of the service providers within the last year, please check 'Not applicable.' If you have needed a service provider, but haven't had difficulty locating one within the last year, please check 'Never.'