DFSS DISABILITIES SERVICES POLICIES AND PROCEDURES
2014 – 2015

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Forms and additional resources can be found at: www.childrenserviceschicago.com/content-areas/disabilities
SECTION 1 DFSS DISABILITIES POLICIES AND PROCEDURES

I. DISABILITIES SERVICE PLAN
Delegate agencies must develop a disabilities service plan, as outlined in the Head Start Performance Standards (45 CFR 1308.4), that serves the needs of children with disabilities and their families in their respective communities. The plan must reflect the community’s needs and must be reviewed and updated on an annual basis. There must be parent input in the plan, which must be signed and approved by the delegate agency Policy Committee. The date on the plan must reflect the current program year and the date on which it was approved by the committee.

II. THE LAW
The Head Start Act requires that “the Secretary shall establish policies and procedures to assure that, for fiscal year 2009 and thereafter, not less than 10 percent of the total number of children actually enrolled by each Head Start agency and each delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individual with Disabilities Education Act by the State or local agency providing services under section 619 or Part C of the Individuals with Disabilities Education Act (IDEA).”

The most recent Head Start reauthorization requires that agencies have 10% enrollment of children with a valid Individualized Education Plan (IEP) or current Individual Family Service Plan (IFSP). The Individuals with Disabilities Act (IDEA) shifts the responsibility for the identification, evaluation and provision of services to children with disabilities from Head Start/Early Head Start to the Local Education Agency (LEA). In Chicago, the LEA is the Chicago Public Schools (CPS), which is responsible for provision of services to children for the three to five year-olds with disabilities. Child and Family Connections (CFC) agencies are responsible for services to infants/toddlers with disabilities. Other laws that govern services to children with disabilities are the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

III. RECRUITMENT OF CHILDREN WITH DISABILITIES
Delegate agencies are responsible for ensuring that 10% of their funded enrollment consists of children with a diagnosed disability as evidenced by a valid IEP or IFSP. As a result, outreach and recruitment of prior diagnosed children with disabilities are an ongoing process and the responsibility of each delegate agency. A recruitment plan should be developed annually and include specific activities to locate children with disabilities. Recruitment efforts should include documentation such as copies of letters to Child and Family Connections agencies and other agencies serving children with disabilities and establishing cooperative agreements with community agencies that serve children with disabilities. All recruitment materials must include a statement that indicates children with disabilities are welcome.

IV. ENROLLMENT
DFSS delegate agencies must comply with the Head Start/Early Head Start mandate to have 10% of funded enrollment of children with a diagnosed disability through an IEP or IFSP. DFSS also monitors disabilities percentage based on cumulative enrollment. Prior approval for enrollment from DFSS is only required if the child’s disability status is necessary to qualify them for the program. If the family qualifies for Head Start/Early Head Start without the disability status, no prior approval is needed and you may enroll the child.
V. INDIVIDUALIZATION
Early Head Start and Head Start programs are full inclusion programs. Every effort must be made to include children with disabilities in all program activities. The Disabilities Coordinator should collaborate with the Education Coordinator to support the teacher in utilizing information provided in the child’s IEP and IFSP when planning individualization strategies. Any accommodations, modifications, and adaptations used to support a child with a disability in program activities should be documented in the teacher’s monthly/weekly lesson plans.

VI. TRANSITIONING
A transition plan should be developed by each agency that includes steps to be followed, staff responsible, and timelines. The Disabilities Coordinator should collaborate with the Education Coordinator to assist parents in the smooth transitioning of children with IFSPs and IEPs into and out of EHS and HS, which will ensure continuity of needed services. See the Early Head Start and Head Start sections for information more specific to each program.

VII. TRAINING
Delegate agencies are responsible for developing a training plan that ensures all staff receive appropriate training on the disabilities services requirements and on the disabilities identified in IDEA, ADA, Section 504, and the Head Start/Early Head Start Performance Standards.

DFSS requires delegate agencies to provide, or arrange for, training of appropriate staff on the following topics during each program year: Developmental Screening, Role of the DSC, the Referral Process, Individualizing Utilizing the IFSP/IEP, Advocacy and Parents’ Rights, and Transition.

VIII. COPA INFORMATION/REPORTS
Information for the following COPA Reports must be entered as soon as the information becomes available: Developmental Screening Report #456; Disabilities Referral Tracking Report #451, Overall Referral Tracking Report #459 filtered for Disabilities, Transportation Report #701 and the Disabilities Status Report #411. Additionally, this information must be updated throughout the program year as the child’s referral proceeds and the child obtains either an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP). A tutorial on the completion of each report can be found on COPA under the Disabilities Resource Section.

IX. PROGRAM INFORMATION REPORT (PIR)
The questions in Section C of the PIR 999, C.25 - C.27, which pertains to the area of disabilities, should be reviewed by the Disabilities Coordinator at the end of each month to ensure the accuracy of the numbers reported. Any inaccuracies should be corrected immediately. Before submitting this report at the end of the program year, the total number of children with an IFSP/IEP should be reflected. Children with 504 plans are NOT counted as children with IEPs on the PIR.

X. DELEGATE AGENCY MONITORING SYSTEM
Delegate agencies must have in place an internal system for monitoring the following disability components:

A. Disabilities Service Plan  H. Transportation
B. Recruitment of children with disabilities  I. Individualization
C. Enrollment of children with disabilities  J. Transitioning
D. Developmental screening  K. Training of agency staff
E. Referrals  L. COPA
F. Evaluations  M. PIR
G. IEP/IFSP services
SECTION 2 EARLY HEAD START POLICIES AND PROCEDURES

I. MEMORANDUM OF AGREEMENT (MOA)

An Interagency Agreement has been developed for Early Head Start with Child and Family Connections for Part C Early Intervention services. All DFSS agencies serving Early Head Start children must access services for children with a suspected or diagnosed disability through Child and Family Connections.

II. DEVELOPMENTAL SCREENING

A timely and systematic approach toward screening indicates which children require formal evaluation of their developmental needs. Developmental screenings for all children must be performed within 45 calendar days of the child’s enrollment date in a program. Children with an IFSP are not screened. Developmental screening results are entered for each child on COPA in the developmental screening section. Follow the Developmental Screening Process found on COPA under Health Policies and Procedures.

III. REFERRAL PROCEDURES FOR EARLY INTERVENTION

A. Children from birth until three years of age

1. As soon as the need for referral is evident, but not to exceed five calendar days, the referral information should be initially entered into COPA on the child’s Referral page. This page needs to be updated as the referral process continues and new information is obtained. See the COPA Manual for Disability Referrals for further guidance.

2. Once the decision to refer a child to Early Intervention has been made, the Procedures for Referral to Early Intervention form must be started and the steps followed. This form is to be kept in the child’s Disability File and used as guidance throughout the process.

3. Referrals for EHS/CC infants/toddlers are made to the Early Intervention (EI) system. There are four EI agencies, also known as Child and Family Connections (CFC), that serve families residing within Chicago city limits. The zip code of the child’s home address determines which CFC will serve the family.

   a. CFC #8: Easter Seals Society of Metropolitan Chicago
   b. CFC #9: Hektoen Institute for Medical Research
   c. CFC #10: LaRabida Children’s Hospital
   d. CFC #11: Rush University Medical Center Child and Family Connections

4. Reasons for referrals include observations by parents or professionals and/or the child scored below the cutoff on the Ages & Stages Questionnaire-3 (ASQ-3) and/or above the cutoff on the Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) in any of the following domain areas:

   a. Gross Motor
   b. Fine Motor
   c. Cognitive
   d. Social/Emotional
   e. Communication
   f. Behavior
   g. Vision
   h. Hearing
   i. Adaptive/Self-Help Skills
5. Within 5 days of screening or notice of concern:
   a. The EHS/CC staff informs the Disabilities Coordinator, if the ASQ-3/ASQ:SE screening scores or parent/staff observations indicate further evaluation is necessary.
   b. Review of Child’s Progress Meeting:
      i. The Disabilities Coordinator meets with the EHS/CC staff and mental health consultant, if necessary, to review child’s screening results and performance.
      ii. The Disabilities Coordinator collects information from child’s health history, vision/hearing screenings, and observations of child that are relevant to the referral recommendation. This will help prepare for the SRT meeting.

6. Within 10 days of screening or notice of concern:
   a. The Disabilities Coordinator convenes a Screening Review Team (SRT) meeting to review child’s performance, and explain the referral process to the parent. The SRT team should consist of the parent, EHS/CC staff, and mental health consultant (when appropriate).
   b. SRT meeting includes:
      i. Purpose of the developmental screening
      ii. Screening results
      iii. Observations/examples from the classroom/FCCH/home visits
      iv. The Early Intervention referral process
      v. Parents’ rights and responsibilities (see Appendix F for a summary of rights to give to parent)
      vi. Inform the parent that if invited, the Disabilities Coordinator would attend the Individualized Family Service Plan (IFSP) conference with the parent.
      vii. Inform the parent that services may be provided in the home or at the EHS/CC program.
   c. If parents agree to the referral:
      i. The Disabilities Coordinator determines which EI Agency (CFC) serves the family based on their zip code (COPA for EI/CFC contact information).
      ii. The **EHS/CC Referral to Early Intervention/Authorization for Release** form is completed by Disabilities Coordinator and signed by parent.
      iii. The Disabilities Coordinator supports the family with scheduling an appointment, with the appropriate CFC, for enrolling the child for further evaluation. The referral form may be faxed or mailed to the CFC. The Disabilities Coordinator may also choose to call the CFC at the time of the meeting and make the referral over the phone. The referral form is still sent to the CFC to provide information and give consent for release of information.
      iv. The Disabilities Coordinator compiles the following documents to be sent to the CFC:
         (a) EHS/CC Referral to Early Intervention/Authorization for Release form
         (b) Copy of the ASQ-3 screening(s)
         (c) Copy of the ASQ:SE screening(s)
         (d) Hearing/vision screening results
         (e) Observation notes, as needed
         (f) Other evaluations of child, if applicable
v. The Disabilities Coordinator forwards the Disabilities Referral Packet to the appropriate CFC in person, by mail, or fax. The Disabilities Coordinator should arrange with the CFC how to best send these documents.

vi. Within 10 days of receiving the referral from EHS/CC the CFC Service Coordinator will contact the family.

vii. The Disabilities Coordinator continues to monitor the referral by checking in with the parent and documents the progress and any issues in the child’s case notes on COPA. See COPA manuals in the Disabilities section of the DFSS CSD website for more guidance.

viii. The Disabilities Coordinator, or a designee, attends the IFSP meeting (with teacher/provider/home visitor, when possible) and requests a copy of the IFSP.

d. If the parent chooses to decline the referral to the CFC at any point of the process, they must sign the Procedures for Referral to Early Intervention form to document their decision. The staff should continue to support the parent and child and inform the parent they may request an evaluation at a later date. The Disabilities Coordinator supports the EHS/CC staff in meeting the child’s needs and can seek support from the Erikson SME Team and the program’s Mental Health Consultant.

B. Children aged two years, ten months and older should be referred to Chicago Public Schools (CPS) for evaluation. The CFC can decline to evaluate children within 45 days of their third birthday. See the Head Start section for CPS referrals and contact the Erikson SME Team for guidance.

IV. EVALUATION
The CFC must complete the evaluation within 45 calendar days of the referral. The Disabilities Coordinator will check with the parent to see if the CFC has scheduled an evaluation. If the parent has not been contacted within 10 days of the referral, the Disabilities Coordinator will assist the parent in contacting the CFC. The IFSP meeting will take place within the 45 day schedule. The Disabilities Coordinator must monitor the progress of the referral by communicating regularly with parents and the CFC Service Coordinator, as needed, and document progress on the Procedures for Referral to Early Intervention form and on COPA.

V. IFSP CONFERENCE
Parents should invite the EHS/CC Disabilities Coordinator and the classroom staff to attend this meeting to support them and be a part of the process. The IFSP conference may occur the same day as the evaluation.

VI. ELIGIBILITY FOR EARLY INTERVENTION SERVICES
Children are eligible for services through one of the following categories:
- Significant delay, 30% or greater, in at least one area of development;
- Have a condition known to cause disability or delay confirmed by medical diagnosis; or
- At high risk for developmental disability or delay, determined by informed clinical opinion

If a parent refuses IFSP Services, document the parent’s refusal, reason for the refusal, and any efforts made to provide continued support. Parents should be informed that should they change their minds, agency staff will assist them in securing the services as specified in the child’s IFSP. In addition, the Disabilities Coordinator may call upon the Erikson SME Team to provide strategies to support the child in the EHS program activities.
VII. SERVICE PROVISION

Once a child is found eligible for services, the CFC has 30 days to assign a service provider. The Disabilities Coordinator should inform the CFC of providers already giving services to children at their Center/FCCH, to aid in finding a provider. Services may be given in the child’s home or in the EHS Center or Family Child Care Home. EHS staff must make every effort to encourage parent involvement in the services if given at the EHS program. The Disabilities Coordinator will monitor EI services according to the IFSP and document in child case notes.

VIII. TRANSITIONING FROM EI TO CPS

Early Intervention services end when a child turns three years old. Once a child with an IFSP turns 2 years, 6 months of age, the process to transition them to Chicago Public Schools begins. The Disabilities Coordinator needs to support the child’s transition by communicating regularly with the parent and CFC Service Coordinator to ensure the process is moving smoothly.

A. As soon as a child turns 2 years, 6 months of age, a transition referral is entered into COPA for the child. See the COPA manual for referrals for guidance.

B. The first step in the transition process is to determine where the child is in the transition process and if the child needs to continue services. The Disabilities Coordinator needs to communicate with the parent to see if they have had a transition meeting with the CFC and CPS. The Disabilities Coordinator also needs to contact the CFC Service Coordinator or Therapists to determine if it is recommended that the child transition to CPS to continue services. The child may have met the goals of the IFSP and not need to continue services. The need to transition must be determined by the CFC/EI and not by EHS staff alone.

C. EI to CPS Transition Meeting

The Disabilities Coordinator convenes an EI to CPS Transition meeting to review child’s performance and explain the transition process to the parent. This will help prepare the parent and staff attending the evaluation/eligibility conference. The Transition team should consist of the parent and EHS/CC staff.

1. The EI to CPS Transition Meeting includes:
   a. Reviewing the most recent IFSP with parent
   b. Explaining the Transition process, including the steps of a Chicago Public Schools evaluation that will determine if the child is eligible for further services.
   c. Assuring the parents that EHS/CC staff will support them throughout the referral process, including attending the evaluation with them, if parent agrees.
   d. Reviewing the parents’ rights and responsibilities with them, gaining a signature from them on the Summary of Parent Rights found on COPA, and giving them a copy of the signed document.

2. The Disabilities Coordinator monitors the progress of the transition by maintaining communication with the parent, the CFC Service Coordinator, and the Erikson SME Project Director. Updates are documented under child case notes on COPA.
   a. The Erikson SME Project Director will support monitoring the progress of the transition by sending a monthly, or more often, tracking sheet to Disabilities Coordinators with information on the status of the referral from the CPS database and recommendations for follow-up.
   b. Should there be issues interfering with the process, or the transition not be completed, the Erikson SME Project Director will provide assistance in collaboration with the CPS SMEs.
IX. **GRANTEE MONITORING/TECHNICAL ASSISTANCE AND SUPPORT**

EHS/HS grantees monitoring is conducted by the DFSS Education/Disabilities Support Services Coordinators (SSCs). The SSCs assure that the delegate agency adequately monitors the disabilities services and processes, in accordance with Head Start Performance Standards, to ensure that services to children and families are provided in a timely and appropriate manner. Appropriate grantee staff will provide technical assistance and training as necessary. The Erikson/DFSS Early Head Start Disabilities Subject Matter Experts (SMEs) provide support through training and technical assistance to delegate agency and grantee staff.

The Erikson/DFSS Early Head Start Disabilities Subject Matter Experts may be utilized in the following manner:

1. Review the Delegate Agency’s Disabilities Service Plan, in collaboration with DFSS Support Services staff, and provide technical assistance
2. Provide training to Delegate Agency staff on the ASQ-3, the ASQ:SE, and other disabilities services related topics
3. Support Delegate Agency in effective administration of the ASQ-3 and ASQ:SE and in interpretation of results, as needed
4. Conduct child observations and provide feedback to support individualization or make recommendations for further evaluation
5. Assist Delegate Agency staff in working with parents to access Early Intervention evaluation and services, including acting as a liaison with the CFC
6. Serve as a resource person for Disabilities Services to Delegate Agency staff
7. Provide support for classroom staff on understanding and utilizing the IFSP and assist with modifications and accommodations, as needed
8. Provide consultation to Delegate Agency staff on classroom management, as it relates to IFSP services
9. Assist with transitioning of children into DFSS Head Start programs and Chicago Public Schools

X. **EARLY HEAD START DISABILITIES CONTACTS**

<table>
<thead>
<tr>
<th>Department of Family and Support Services</th>
<th>Children Services Division Administration</th>
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<tbody>
<tr>
<td>DFSS 1615 W. Chicago Ave.; Chicago, IL 60622</td>
<td></td>
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<td>FAX: (312) 743-1938</td>
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SECTION 3 HEAD START POLICIES AND PROCEDURES

I. MEMORANDUM OF AGREEMENT (MOA)

According to the Head Start Performance Standards, Head Start must collaborate with the LEA to serve children with disabilities. Head Start (DFSS and the Ounce of Prevention), with the support of HHS and Region V have entered into a formal agreement with the LEA, which is the Chicago Public Schools’ Office of Diverse Learners Supports and Services (ODLSS). This agreement stipulates that Head Start will screen children and make referrals to the LEA, which will evaluate the children and provide services. All DFSS delegate agencies must implement the process for serving Head Start children with disabilities through the Chicago Public Schools.

II. DEVELOPMENTAL SCREENING

A timely and systematic approach toward screening indicates which children require formal evaluation of their developmental needs. Developmental screenings for all children must be performed within 45 calendar days of the child’s first day of program attendance. Children with an IEP are not screened. Developmental screening results are entered for each child on COPA in the developmental screening section. The Health Coordinator is responsible for ensuring that the screening information is entered into COPA. Follow the Developmental Screening Process found on COPA under Health Policies and Procedures.

III. REFERRAL PROCEDURES FOR CPS

A. Head Start/Child Care (3 to 5 years):
   1. As soon as the need for referral is evident, but not to exceed five calendar days, the referral information should be initially entered into COPA on the child’s Referral page. This page needs to be updated as the referral process continues and new information is obtained. There must be collaboration between the Disability Coordinator, Education coordinator, and the Health coordinator prior to making a decision to refer a child. The decision to refer is based on medical reports, observations, parent/teacher concerns, developmental screening results, or a professional recommendation. See the COPA Manual for Disability Referrals for further guidance.
   2. Any child who is receiving specialized services privately, but does not have an IEP, must be referred to CPS so that an IEP can be developed for the child. Only IEPs are counted towards 10% enrollment of children with disabilities.
   3. Within 10 days of screening or notice of concern the Disabilities Coordinator convenes a Screening Review Team (SRT) meeting to review child’s performance, and explain the referral process to the parent. The SRT team should consist of the parent, HS/CC staff, and mental health consultant (when appropriate). The SRT Meeting includes:
      a. Initiation of completion of the steps for the Procedures for Referral to Chicago Public Schools Specialized Services for Evaluation form. This form is to be kept in the child’s Disability File and used as guidance throughout the process.
      b. Explaining the purpose of the developmental screening to the parent(s)
      c. Reviewing and explaining to parents the Screening results that indicate an evaluation is needed at Chicago Public Schools.
      d. Observations/examples from the classroom/FCCH/home visits.
      e. Explaining the Chicago Public Schools referral process to the parent(s)
      f. Assuring the parents that staff will support them throughout the referral process.
g. Reviewing the parents’ rights and responsibilities with them, gaining a signature from them on the Summary of Parent Rights found on COPA, and giving them a copy of the signed document.

h. Informing the parent that if invited, Head Start Staff would attend the (IEP) conference with the parent. Parents are encouraged to complete, date, and sign the DFSS Head Start Parent Invitation Letter indicating that they wish to invite the Head Start staff to participate in the evaluation, eligibility determination meeting, and IEP meeting, if applicable, for their child. This letter is available in both English and Spanish on the Children Services Division website.

4. If the parent chooses not to have the child evaluated by CPS, they must sign and date the “Procedures for Referral to Chicago Public Schools Specialized Services for Evaluation form” to document their decision to decline a referral for an evaluation. The staff should supply the parent with educational information and continue to support the parent and child. Parent may request an evaluation at a later date. The Disabilities Coordinator supports the HS/CC staff in meeting the child’s needs. The CPS/DFSS Team can also be consulted for further recommendations for the child in the classroom.

5. If parents agree to the referral:
   a. The Disabilities Coordinator determines what is the home school based on the child’s home address by calling CPS at (773) 553-1000 or clicking on “CPS school locator” under resources at http://cys.mycopa.com/. Homeless Policy: If the family is homeless or doubled up due to loss of housing, economic hardship, domestic violence or similar reason, the child should be enrolled without proof of address. The address used on the Joint Consent can be based on the child’s actual living location or the Head Start site address. A “homeless” child can attend any school in the city of Chicago.
   b. The HS/CC Joint Screening/Referral/Consent form (Appendix K) is completed by the Disabilities Coordinator or their designee then reviewed with the parent. The parent signs the Joint Screening Consent in order to proceed with the referral.
   c. The Disabilities Coordinator compiles and scans the following documents for the referral packet (see the complete list of required documents on COPA):
      i. The signed Joint Screening/Referral/Consent Form
      ii. Current (within a year) Illinois physical examination report
      iii. Up-to-date immunization record
      iv. ESI-R
      v. ESI-R parent questionnaire
      vi. ASQ-SE (both parent- and teacher-completed with scores)
      vii. Current (within 6 months) hearing and vision screening results if available
      viii. Observation notes/checklist describing strengths and weaknesses as related to: speech/language skills, cognitive academic skills, social emotional concerns, motor skills
      ix. Other evaluations of the child (IFSP, Medical Reports, etc)
      x. Head Start Parent Invitation Letter – completed at the parent’s discretion
   d. The forms for the folder may be obtained on COPA or by contacting your assigned Disability Team Liaison.
   e. Disabilities Coordinator scans all of the referral packet documents and submits
them via email to their CPS/DFSS Disabilities Liaison. The Liaison will review all documents within 72 hours of receipt. Referral packets missing documentation will be returned to the Disabilities Coordinator via email identifying corrections needed.

f. The Disabilities Coordinator continues to monitor the referral by checking in with the parent and documenting the progress and any issues in the child’s case notes on COPA. See COPA manuals in the Disabilities section of the DFSS CSD website for more guidance.

g. The Disabilities Coordinator, or a designee, must attend the IEP meeting (with teacher/provider/home visitor) at the parent’s discretion. In addition, it is recommended that the teacher most familiar with the child also attend. The parent(s) should request a copy of the IEP for the Head Start representative at that time for the disability folder.

h. It is expected that the Site Staff and/or the Disabilities Coordinator will support the parent throughout this process of enrollment, evaluation, and services.

6. The CPS referral process for HS/CC:

a. Completed scanned referral packets will be forwarded to the CPS/DFSS Disabilities Team liaison. Once reviewed and approved by the Disabilities Team liaison, the referral packet will be forwarded by email to the Office of Diverse Learners Supports and Services (ODLSS) Central Scheduling Team, with a cc to the Disabilities Coordinator. Incomplete referral packets, or referral packets considered to be invalid for referral by the CPS/DFSS Disabilities Team, will be sent back to the Disabilities Coordinator for correction.

b. ODLSS Central Scheduling Team will:
   i. Enroll the student into the CPS SIM System as a non-attending student for evaluation purposes.
   ii. Import the student into SSM 24 hours after enrollment.
   iii. Create a referral in SSM.
   iv. Create a referral packet via PDF file into SSM.
   v. Schedule the student at one of the main CPS City-wide Assessment Site locations:
      - Shoop Academy 11140 S. Bishop St. (773) 535-2719
      - Garfield Park Office 2651 W. Washington Blvd. (773) 535-1266
      Locations subject to change with notice.
   vi. Send a Notice of Conference Letter within 10 school days (via mail) to the parent/Guardian to invite them to an Assessment Planning Meeting and subsequent evaluation of their child.
   vii. Please note: these evaluations are by appointment only.

7. The CPS evaluation process for HS/CC:

a. The ODLSS Assessment Center Coordinator will assign the child to a Clinical Team consisting of a Case Manager, Psychologist, Nurse, Social Worker, Speech and Language Pathologist, Occupational Therapist, and any other professional needed to make an accurate diagnosis of the student.

b. The Case Manager will conduct the Assessment Planning Meeting with the parent(s) and the Assessment Center Clinical Staff to review the Joint Consent
and supporting documentation to complete the Consent for Evaluation/Assessment Plan.

c. Once the parent signs the CPS Consent, the student will be administered a
diagnostic evaluation by the Clinical Staff designated on the Assessment Planning
form.

d. The student will be inactivated in the Student Services Management (SSM) of
IMPACT, if the parent refuses/revokes consent for an evaluation.

e. The Case Manager will document all events cited above in SSM.

IV. EVALUATION

CPS will conduct all necessary evaluations within 60 school days from the date of the signed
CPS parental consent. The evaluation may include the psychologist, speech pathologist, nurse,
social worker and other specialists. Once the parent has signed the Consent for Evaluation, the
Disabilities Coordinator should monitor the progress of the evaluation process and its
documentation the progress on the “Procedures for Referral to Chicago Public Schools
Specialized Services for Evaluation form” and on COPA.

V. IEP CONFERENCE

CPS will send the parents the Notification of Conference form. Parents are encouraged to invite
the HS/CC staff to attend this meeting for additional support. (The Head Start Parent Invitation
letter would facilitate this action.) Preferably, the classroom teacher should attend this meeting.

VI. ELIGIBILITY FOR CPS SERVICES

Parents have ten (10) days within which to accept or refuse services that are offered. Following
this, the Disabilities Coordinator will monitor the services that are specified on the child’s IEP.
If a parent refuses IEP Services: Staff should refer the parent to the “Procedural Safeguards”
and continue to support the child and his/her family. Document the parent’s refusal, reason for
the refusal, and any effort made to provide continued support in COPA. Parents should be
informed that should they change their minds, agency staff will assist them in securing the
services as specified in the child’s IEP. Staff should also assist parents with other referrals if the
current program is not the appropriate place for the child. In addition, the Disabilities
Coordinator may call upon the CPS/DFSS Disabilities Team to provide strategies to support the
child in the HS program activities.

If a child is found ineligible for services from CPS: The site may request that the CPS/DFSS
Disabilities Team provide technical assistance to the program to assist the staff with program
modifications and accommodations to address the child’s needs. The Mental Health Consultant
may also assist in developing plans for children with behavioral issues to be implemented in the
classroom.

VII. SCHOOL ASSIGNMENT

Once the child receives an IEP, the Case Manager will complete a School Assignment Request
form in the CPS IMPACT system. The Disabilities Coordinator should inform the case manager
that the child is enrolled in a DFSS community-based Head Start program. The Case Manager
should include in the School Assignment Request form “Child attends a community-based Head
Start Program” and the address of the site. Children cannot be enrolled at two Head Start
programs. The CPS School Assignment Department will process the request and assign the child
to a school that is closest to the child’s home and can implement the IEP. A School Assignment
letter will then be mailed to the parent(s) within 14 calendar days informing them of their child’s
school assignment. The parent should follow the steps on the School Assignment letter to enroll
their child into the assigned school, within ten days, so as not to lose the assignment. If parents do not follow through with school assignment procedures, the LEA reserves the right under law to make a school assignment the following semester. The Disabilities Coordinator is responsible to ensure that children are receiving their services, including transportation. If any issues arise regarding the provision of IEP services, the Disabilities Coordinator or their designee first contacts the home school Case Manager to resolve the issues. If the issue is not resolved in a timely manner, then the Disabilities Coordinator should contact their CPS/DFSS Disabilities Team liaison for assistance.

**VIII. TRANSPORTATION**

Children with IEPs may or may not be found eligible for transportation services. Determine if a child is eligible for transportation services by referring to the Transportation section of the child’s IEP. If a child is eligible for transportation, two-way services are provided. The child must be enrolled in the assigned school to access CPS transportation services. There are many steps to this process and once followed, it may take ten days to two weeks for services to begin. If there are CPS transportation issues, the Disabilities Coordinator or their designee should contact the assigned school Case Manager to resolve the issue. If the issue is not resolved in a timely manner, contact the CPS/DFSS Disabilities Team liaison for resolution. Transportation services should be regularly monitored as with the child’s other IEP services. Complete the transportation section on COPA for every child with an IEP. See the Transportation COPA Manual for entry guidance. According to Head Start Performance Standards, when transportation to IEP services is not available, the Head Start program must provide the transportation, which can include the use of Head Start program funds.

**IX. TRANSITIONING TO KINDERGARTEN**

The Delegate Agency’s policies and procedures (i.e. timelines and activities) should be followed for children exiting Head Start and entering into Kindergarten. Transition planning should include the following:

A. Informing the parent(s) of their rights under the Individuals with Disabilities Education Act (IDEA).
B. Building parent confidence, skills, and knowledge in accessing resources and in advocating to meet their child’s special education needs
C. Participating in the child’s IEP conferences to discuss the child’s transition into Kindergarten
D. Ensuring that the parent has a copy of the child’s most current IEP prior to exiting Head Start. Gathering appropriate documentation for the parent(s) that will be needed by the Kindergarten program and obtaining a parent signature on a Release of Information form
E. Ensuring that the child has a Kindergarten placement
F. Addressing any questions or concerns that the parent(s) may have regarding the child’s transition into Kindergarten
G. Reaching out to the neighborhood school’s principal and teachers to establish continuity of programming
H. Planning a field trip for children and parents to visit the neighborhood school’s Kindergarten to meet the teacher and play in the Kindergarten classroom
I. Encouraging parents to attend the orientation session of their child’s new school
J. Contacting the local school administrators in the spring to provide a list of children and their demographic information who will attend that school in the fall
K. Providing parent and staff training on transitioning children into Kindergarten to enhance the continuity of the child’s transition from Head Start to the public school
L. Providing parents with school district informational materials to acquaint parents in becoming familiar with school policy and procedures
M. Collaborating with the receiving school on the implementation of disabilities services
N. Providing a variety of classroom activities for children transitioning into Kindergarten (i.e. art activities of the new environment dramatic and role play the new school situations, etc.)

X. PARAPROFESSIONAL PROJECT
The role of the paraprofessional is to serve as additional support in Head Start classrooms where Head Start children with moderate to severe disabilities are enrolled. For multi-site agencies, and depending upon the number of paraprofessionals budgeted, paraprofessionals can and should be scheduled to travel between Delegate Agency sites where children are identified with an IEP. The Para, who is an additional full time staff person, is adequately prepared to meet the significant needs of children with disabilities, as well as, group needs of the other children in the classroom. The project is in collaboration with DFSS, delegate agencies and CPS Office of Diverse Learners Supports and Services. Refer to the Disabilities section on COPA for more information.

XI. GRANTEE MONITORING/TECHNICAL ASSISTANCE AND SUPPORT
EHS/HS grantee monitoring is conducted by the DFSS Education/Disabilities Support Services Coordinators (SSCs). The SSCs assure that the delegate agency adequately monitors the disabilities services and processes, in accordance with Head Start Performance Standards, to ensure that services to children and families are provided in a timely and appropriate manner. Appropriate grantee staff will provide technical assistance and training as necessary. The CPS/DFSS Head Start Disabilities Subject Matter Experts (SMEs) provide support through training and technical assistance to delegate agency and grantee staff. CPS/DFSS Head Start Disabilities Subject Matter Experts may be contacted and used in the following manner:

1. Review the Delegate Agency’s Disabilities Service Plan in collaboration with DFSS Support Services staff
2. Support Delegate Agency in interpretation of screening results, as needed
3. Conduct child observations
4. Make recommendations for training of Delegate Agency staff on Disabilities Services
5. Assist Delegate Agency staff in working with parents to access CPS evaluation and services
6. Conduct SPL screenings
7. Serve as a resource person for Disabilities Services to Delegate Agency staff
8. Provide support for classroom staff and assist with modifications and accommodations as needed
9. Provide consultation to Delegate Agency staff on classroom management, as it relates to IEP services
10. Assist with transitioning of children into DFSS Delegate Agency programs and CPS
XII. **DFSS HEAD START DISABILITIES CONTACTS**

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