

COLLABORATION WITH OTHER AGENCIES AND REFERRALS**Transition from IDEA Part C to Part B Preschool Programs**

- A. Local Education Agencies (LEAs) must participate in a transition planning conference arranged by the designated lead agency for children who participated in early intervention programs. To experience a smooth and effective transition to preschool programs, LEAs must have procedures describing evaluation and transition planning. Procedures are as follows:
- 1) Children who are served in an early intervention program under Part C of IDEA and who are believed to be potentially eligible for Part B services will be referred to the local school district of residence by a Service Coordinator employed by the Mississippi Department of Health. Such a referral will be made at least ninety days prior to the child's third birthday. A transition planning conference will be arranged by the Mississippi Department of Health, the lead agency for implementation of Part C, in collaboration with the family and local school district personnel at least ninety days prior to the child's third birthday. Children suspected of having a disability, and who may be in need of special education and related services, must be evaluated under the requirements contained in Sections II and IV.
 - 2) State agencies providing services for children ages birth through two under IDEA, Part C, program will adhere to the policies and procedures of that program when identifying children ages birth through two for services. Local school districts will implement Preliminary to Child Study referral procedures under IDEA, Part B for children birth through two and for preschool children. State agencies will also implement Preliminary to Child Study referral procedures for preschool children who are suspected of having a disability under IDEA, Part B. Preschool children are defined as three, four, and five year old children not yet eligible for State-funded kindergarten.
- B. LEAs must make a free appropriate public education available to each eligible child residing in their jurisdiction no later than the child's third birthday; and have an Individualized Education Program (IEP) in effect for the child by that date. If the child's third birthday falls during the summer months, the IEP Team (along with IDEA 2004 Part C personnel who participated in planning) will determine when the local educational agency will begin providing special education services.

Reference citation: IDEA 2004 §612(a)(9); Federal regulations §300.111

Descriptor Term:

IDAC

**PRESCHOOL
AGES BIRTH TO 5**

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First Steps and Project Prints

Children who are served in an early intervention program under Part C of IEDA and who are believed to be potentially eligible for Part B services will be referred to the local school district of residence by the Mississippi Department of Health. Such a referral will be made at least ninety days prior to the child's third birthday. Children suspected of having a disability and who may be in need of special education and related services must be evaluated under the requirements contained in Sections III and IV of the Mississippi Department of Education Policies and Procedures.

Jackson County Civic Action Committee (Head Start)

The Jackson County School District maintains a Cooperative Agreement with the Jackson County Civic Action Committee. As per the Cooperative Agreement, the JCCAC Head Start refers children with suspected disabilities to the Jackson County School District for diagnostic evaluations. Head Start also recruits, enrolls and serves eligible children ages 3-5 making available no less than 10 percent of enrollment opportunities in Head Start Programs available for children with disabilities who are eligible to participate. The Jackson County School District provides referrals of pre-school disabled/suspected disabled children or those in need of Head Start service to Head Start when appropriate and provides diagnostic evaluations when appropriate.

Private Schools/Parents

Private schools and/or parents may make referrals for evaluation to the Jackson County School District for children suspected of having a disability.

EVALUATION PROCESS:

- A. Referral received.
- B. Parent notified of referral
- C. **Invitation to Parent Conference-Notice of Proposed Action, Procedural Safeguards and Parent Invitation Response Form** sent/given to parents
- D. **Developmental History** form completed
- E. **Consent for Screening and Initial Evaluation** form signed
- F. Screening Instruments, Hearing/Vision Screenings and or Observations conducted
- G. LSC meets
- H. STEP B & C Testing completed
- I. **Parent invitation to Eligibility Determination Conference, parent Invitation Response Form B, and Procedural Safeguards** sent/given to parents
- J. Multidisciplinary Team meets, **Summary of Eligibility Report** completed
- K. Data forwarded to appropriate school campus

**DEFINITIONS OF DISABILITIES ELIGIBLE FOR SPECIAL EDUCATION SERVICES
FOR AGES THREE TO FIVE****Definition of Developmentally Delayed (DD)**

Developmentally Delayed is a noncategorical disability for children ages birth through five (5). Such a disability is described according to functional and/or developmental levels. Children included in this population either have

A. Established delays in two or more of the following areas:

1. Cognitive-the ability to think, which includes processes such as reasoning, problem solving, inferring, conceptualizing, classifying, symbolizing, imager, and memory;
2. Fine and/or gross motor-motor skills requiring the control of small, coordinated movements or motor skills used for body control such as standing, walking and climbing
3. Language-the ability to acquire, use and comprehend symbols utilized in communication; and/or
4. Social-the ability to build or maintain age-appropriate interpersonal relationships and/or adaptive behavior which is the effectiveness with which the individual meets the standards of personal independence and social responsibility expected of his age; or

B. A diagnosed disorder of known etiology which will affect development in a negative fashion and has a high probability of resulting in a developmental delay**Autism**

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a child's educational performance. A child who manifests the characteristics of Autism after age three could be diagnosed as having autism if the criteria are satisfied. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability.

Deaf-Blind

The child who is deaf-blind is one who has a combination of auditory and visual disabilities that adversely affects a child's educational performance. These disabilities must also cause such severe communication and other developmental and educational needs that the child cannot be accommodated in special education programs designed solely for children with hearing impaired or with visually impaired disabilities.

Emotional Disability

A child who has an emotional disability exhibits one or more of the following characteristics that adversely affects educational performance over a long period of time and to a marked degree,

- A. An inability to learn that cannot be established by intellectual, sensory or health factors;
- B. An inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers;
- C. Inappropriate types of behavior or feelings under normal circumstances;
- D. A general pervasive mood of unhappiness or depression; and/or
- E. A tendency to develop physical symptoms or fears associated with personal or school problems.

Hearing Impaired

Children with a hearing impairment are those who are deaf or who are hard of hearing. Deaf means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance. Hearing impairment means an impairment in hearing, whether permanent or fluctuating, which adversely affects the child's educational performance. Children with hearing impairments have sufficient hearing to allow them to process information through the auditory channel with or without amplification.

Language/Speech

Language/Speech impaired means a communication disorder, such as stuttering, impaired articulation, a language problem or a voice impairment, which adversely affects a child's educational performance. Children with language and/or speech impairments have disorders, which interfere with or limit, to varying degrees, the child's ability to receive, interpret, formulate or express oral language.

Mental Retardation

Children who have mental retardation exhibit learning problems, which vary in degree of severity, including Educable Mentally Retarded, Trainable Mentally Retarded or Severely/Profoundly Retarded. These children have significantly subaverage intelligence existing concurrently with deficits in adaptive behavior and in academic functioning or performance that adversely affects a child's educational performance. Delays in cognitive abilities, adaptive behavior and developmental milestones must have been evidenced during a child's developmental period, and upon entering school, such delays must have adversely affected a child's educational performance.

Multiple Disabilities

A child with Multiple Disabilities is one who has a combination of disabilities that adversely affects a child's educational performance. The disability must also cause such severe educational needs that the child cannot be accommodated in a special education program designed solely for one of the disabilities. The term does not include a Deaf-Blind disability.

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Orthopedic Impairment

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. "Orthopedic impairments" include those caused by a congenital anomaly, impairments caused by disease and impairments resulting from other causes.

Other Health Impairment

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, attention deficit disorder or attention deficit hyperactivity disorder and adversely affects a child's educational performance.

Traumatic Brain Injury

Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical function; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative or brain injuries induced by birth trauma.

Visually Impaired

Visually Impaired children are those who have a visual impairment which, even with correction, adversely affects their educational performance and includes;

- A. Blind; Children who have so little remaining vision that they must use Braille as their reading medium;
- B. Partially Sighted: Children who have a significant loss of vision but who are able to use regular or large print as their reading medium. Generally, these children will have a visual acuity between 20/70 and 20/200 in the better eye after correction.
- C. Legally Blind: Children who have a visual acuity of 20/200 or less in the better eye after correction and/or a peripheral field so contracted that the widest diameter subtends an arc no greater than twenty degrees; and
- D. Other severe visual problems