

S T A R T I N G  O U T

*Together*



## An Early Intervention Guide for Families

*California Department of Developmental Services  
Health and Human Services Agency*



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*Together*

**An Early Intervention Guide for Families**

*Developed for the California Early Start Program  
by the Department of Developmental Services in collaboration  
with the California Interagency Coordinating Council*



## **Publishing Information**

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## **Ordering Information**

For additional copies, contact Early Start Resources at 800.869.4337.

For information about California Early Start, contact DDS at 800.515.BABY, visit our website at [www.dds.ca.gov/earlystart](http://www.dds.ca.gov/earlystart), or e-mail [earlystart@dds.ca.gov](mailto:earlystart@dds.ca.gov).

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# *"Families*

*are big, small, extended, nuclear, multi-generational,  
with one parent, two parents, and grandparents.*

*We live under one roof, or many. A family can be as  
temporary as a few weeks, or as permanent as forever.*

*We become a part of a family by birth, adoption,  
marriage, or from a desire for mutual support...*

*A family is a culture unto itself, with different values  
and unique ways of realizing its dreams; together our  
families become the source of our rich cultural heritage  
and spiritual diversity... Our families create  
neighborhoods, communities, states, and nations."*



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The WestEd Center for Prevention and Early Intervention was also instrumental in the development of the publication.

# Welcome

## ...to Early Start

### Families Make the Difference



**T**his guide contains information about California’s program to help families whose infants or toddlers have developmental delays or disabilities. It was written by parents who understand raising children with special needs because they’ve “been there.” They’ve learned how important it can be to talk with someone who can share information, encouragement, frustrations, dreams, and strategies.

As a parent, you are the most influential, consistent adult in your child’s life, the first and most important expert. You may have noticed that your child is growing or doing things differently from your other children or from children that you know, or you may have been told by a health care provider or other professional of their concerns about your child’s development. However your infant’s or toddler’s special needs have been identified, starting early to enhance your child’s development benefits you, your child, and your community.



You may need assistance in finding and using early intervention services. This guide provides information to you about the California Early Start Program for infants and toddlers with disabilities and their families. We hope it will help you to access services, ask questions, and make informed decisions to get an “early start” for you and your child. Although there is a lot to read here, we believe you will find all of it worth knowing.





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# Q What Is Early Start?

**A** The Early Start Program is California's response to federal legislation ensuring that early intervention services to infants and toddlers with disabilities and their families are provided in a coordinated, family-centered manner. The Early Start Program is a multi-agency effort by the Department of Developmental Services and the California Department of Education that encourages partnerships between families and professionals, family support, and coordination of services. The statewide program is available throughout California and can be accessed through regional centers for developmental disabilities, county offices of education or local school districts, health or social service agencies, and network of family resource centers in your community.



An important part of Early Start is the network of family resource centers (FRCs) that provide parent-to-parent contact, information about disabilities and early intervention, and assistance in accessing services. Phone contact, home or hospital visits, and support groups are all ways in which families might connect with experienced, knowledgeable parent “peers” through their local FRC.



# Q What Is Early Intervention?

**A** Early intervention brings together resources and services, not only to help your child grow and learn, but also to provide support to your family to enhance your child’s development. Early intervention services under Early Start are provided by public and private programs that focus on the health and well-being of young children. These include regional centers, county offices of education or school districts, local education agencies, family support programs, and other service providers.

“Development” is defined as progress for your child in any of these five areas:

- Ability to move, see, and hear (physical)
- Ability to think and learn (cognitive)
- Ability to understand, talk, express self (language and speech)
- Ability to relate to others (social and emotional)
- Ability to eat, dress, and care for or help self (adaptive)

Early intervention services and support are planned and delivered through a partnership between families and professionals to coordinate community services based on the child’s needs and the preferences of each family.

Early intervention may:

- Help answer your questions about your child's development.
- Link you with other families who have had similar experiences.
- Help you understand and become closer with your child.
- Improve your child's developmental status.
- Help prevent the need for special services later in your child's life.
- Help children with special needs become part of their communities.
- Help communities become more aware of the abilities and gifts of all children.





## Q Who Is Eligible?

# A.

Eligible children include those infants or toddlers (birth through 36 months) who:

- Have a significant delay in at least one area of development.
- Have a condition with a known probability of causing a disability or delay.



If you are concerned about any of these issues, your child's eligibility for early intervention services under Early Start should be determined by referral to a regional center, county office of education, or local school district.

# Q. What Are Early Intervention Services?

A. Eligible children and their families may receive a variety of early intervention services. Some children and families need many services, while others may need only one or two. Based on your child's developmental needs and your family's concerns, priorities, and resources, services may include:<sup>1</sup>

- Assistive technology, including devices or services
- Audiology or hearing services
- Counseling, home visits, and training for your family
- Health services necessary for your child to benefit from other early intervention services
- Medical services for diagnosis and evaluation only
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination<sup>2</sup>
- Social work services

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1. For a detailed definition of these terms, please refer to page 31.

2. Service coordination (case management) is always a part of services to eligible children and their families, acting as a bridge between agencies in the community and your family.



- Special instruction
- Speech and language services
- Transportation and related costs necessary for your child to receive services
- Vision services



# Q How Are Services Delivered?

A Early intervention services are delivered through county offices of education or school districts, regional centers, and public and private agencies, which are all part of California's Early Start Program in your community. While a variety of services are available for children who need them, where and how these services are delivered is determined individually by you and your early intervention team. For example, services may be provided in your home, at a center or agency program with other babies, in child care, or in other natural settings. Each of these services may have special advantages for you and your baby, depending on how old your child is, his or her strengths and special needs, and your needs as a family.





## Q How Does It Work?

A After referral to Early Start, you should expect to go through several steps. You can participate by providing records and other information about your child to the professional members of the early intervention team. Your written consent is necessary at several of the steps:

- First contacts (with agencies, family resource center, etc.) and information gathering.
- Evaluation to determine eligibility and assessment to determine service needs.
- A planning process for services, the Individualized Family Service Plan (IFSP).
- Delivery of services (infant programs, therapies, etc.).
- Periodic review of the IFSP.
- Transition out of Early Start or to other services at age three.

## Q Who Makes Referrals?

A A family with an infant or toddler who seems to have a delay or disability might be referred by a doctor or other care provider to a county office of education, a local school district, or a regional center for early intervention services.



Families might seek early intervention help because they have concerns. You may already understand that delays or disabilities can sometimes be hard to recognize or difficult to identify.

Once the initial referral is made, you are assigned a service coordinator, and the process of evaluation for eligibility takes place. You are entitled by both state and federal law to early intervention services if your child is eligible, including assessment of developmental status and appropriate services. You then meet with your team within 45 days of your referral to the county office of education, school district, or regional center to develop an IFSP.



## Q. What Is the Individualized Family Service Plan?

A. The Individualized Family Service Plan (IFSP) is the foundation of services that are family centered. It is based on your child's strengths and your family's concerns and priorities for your child. You can participate actively in the process of assessment and planning by gathering information about your child's medical and developmental history and making observations about his or her strengths, talents, preferences, and difficulties.

Talking with other parents, learning more about your child's diagnosed condition, and listing your questions and concerns are all ways to prepare for a planning meeting. Identifying needs for transportation, child care, or interpreters is important.

In planning the IFSP meeting with your service coordinator:

- Share information that you think is important, for example, medical records, a baby book, growth chart, or other evaluation or report.
- Talk about your child and any questions or concerns you have about his or her development.

- Decide how you will participate in the process of evaluation, assessment, and service planning.
- Plan times or locations that are convenient for your family.
- Decide which members of the family should be included.
- Think about whether someone else should be included, such as a friend, another parent, a child care provider, or baby sitter.
- Consider which service delivery environment — home, child care setting, infant development program, etc. — best suits your child’s needs.



## Q Who Develops the IFSP?

**A** You do! You are an equal member of the IFSP team that develops the service plan. Along with your service coordinator, you help decide which family members, friends, teachers, therapists, physicians, and other professionals should be included and which members will help to write the IFSP. As the parent and expert on your child, you let the team know what you want for your child and your family. The team will work together with you to achieve these outcomes. You are at the heart of the process — not just to identify your own family’s concerns, but also to develop the actual working plan.



The IFSP should be:

- Responsive to your individual family’s concerns, strengths, and priorities.
- Supportive of your individual family’s routine, values, culture, and community.
- Fully explained to you, and, if feasible, written in your family’s language.

The IFSP should include:

- A statement of your child’s level of development (what you and others observe as well as the results of formal assessment measures, if necessary).

- With your permission, a statement of your family's resources, priorities, and concerns as they relate to your child's development (called "family assessment").
- A statement of major outcomes expected for your child and family, including when and how they will be achieved.
- A statement of which early intervention services are to be provided and in what natural environments they will occur (such as your home, child care, a school program, or private program) or why these are not appropriate.
- A statement of when services are expected to begin, how often they will be provided, and how long they will continue.
- A plan for transitions as your child's needs change (must be included when your child approaches three years of age).
- The name of your service coordinator.

The IFSP is not a final document; it is an ongoing process. Your infant's or toddler's needs may change quickly, so your family's IFSP should be reviewed frequently, at least every six months, and revised as necessary. If you feel your early intervention services need to be changed, contact your service coordinator to request an IFSP review.



## Q. What About Changes?



A. In early intervention, transitions occur whenever your child's services change to better meet both of your needs. Transitions take place when your baby first leaves the hospital to go home, when moving from an infant home-based service to a toddler group, when moving from a toddler program into a preschool, or when your child no longer needs any early intervention services. This can occur at any time before age three. However, when your child turns three years old, responsibility for providing needed services changes from the Early Start Program to other programs in the community. This may be a major change for you and your child.

Planning for transition requires your participation. Decisions regarding your child cannot be made without you, and no change can be made in the IFSP without your consent. In creating the transition plan, you should have the opportunity to help determine the answers to the following questions:

- When will transition planning start?
- What program changes will be necessary?
- What is needed for my child and how will this be decided?
- What services are available?



- What are the options?
- What will my family's new rights and responsibilities be?
- How and when will the transition occur?

Planning for the transition before age three is required in the Early Start Program and should begin three to six months before your child turns three. The IFSP must include the steps to be taken in assuring a smooth transition to the next services. Beginning to prepare at that time will simplify the process later. Information and training on the differences in programs and planning processes, documents, and rights are available from your local family resource center and your service coordinator.



## Q. What Are the Laws?

# A.

The California Early Start Program for infants and toddlers with disabilities and their families was established by state law in compliance with Part C of the federal Individuals with Disabilities Education Act (IDEA). Parents' rights are defined in the federal Part C regulations (Section 303.400 – 460) and the California Early Intervention Services Act.<sup>3</sup>



Some of the features that establish and protect your rights as a member of a family served in an early intervention program are described on the next pages.

### *Informed Consent*

Informed consent requires that you are provided key information, for example, the purpose of each service, the manner in which the service will be provided, the cost (if any) to you, and the consequences of not consenting (usually services cannot be provided). Your written consent indicates that you understand and voluntarily give permission for the proposed action.

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3. See page 43 to order a complete summary of Parent's Rights in Early Start Under Part C of the Individuals with Disabilities Education Act.

### *Prior Written Notice*

Prior written notice must be given to you before an agency or service provider proposes, provides, changes, or refuses an early intervention activity. Notice should be given in the language you usually use, and written notice of meetings should be given in advance to allow you to make arrangements to attend.

### *Review of Records*

Review of records concerning your child's involvement in an early intervention service is always possible. Records must be made available without unnecessary delay (not later than five working days from your request). If requested, one copy will be supplied.

### *Confidentiality of Records*

Confidentiality of records of your family's involvement in early intervention services must be maintained by the agencies providing services. Only those staff members with a legitimate need for information in the record will have access to them, and agencies will not share confidential information with other agencies or individual providers without your written consent.



## *Resolution of Concerns*

Resolution of concerns regarding services or disagreements about decisions concerning your child is available to you through informal discussions at the local level with the appropriate professionals. If this is not satisfactory, there are more formal options for administrative resolution provided in the law. These formalized options, mediation, due process hearings, and compliance complaints, are the processes for resolving individual disagreements between a parent/legal guardian and the regional center and local education agency (LEA) providing early intervention services under the California Early Intervention Services Act.

### *(1) Mediation and Due Process Hearings*

#### *(a) Mediations*

Parent/legal guardians may request a mediation conference at any time when a regional center or local education agency proposes, or refuses, to initiate or change the identification, evaluation, assessment, placement, or provision of appropriate early intervention services. This process is conducted by an impartial mediator who is trained in communication, mediation, and problem solving and is knowledgeable about early intervention programs and the federal and state laws applicable to Part C of the Individuals with Disabilities Education Act. Parents may be accompanied by any representatives to the mediation conference. Discussions during mediation are confidential and may not be used as evidence in any subsequent due process or civil hearings.

#### *(b) Due Process Hearings*

A due process hearing, a more formal resolution process, can be requested when a mediation conference yields no resolution. An impartial hearing officer, different from the impartial media-

tor, renders a final decision on the issues after reviewing written evidence and testimony. Parents/legal guardians may be accompanied and advised by counsel.

During the pendency of mediation and/or due process hearing procedures, the infant or toddler shall continue to receive the early intervention services listed on the IFSP they are currently receiving. If mediation and/or due process hearing involves the initiation of a service(s), the infant or toddler shall receive those services on the IFSP that are not in dispute.

Parents can request the assistance of their service coordinator by submitting written request for mediation and/or due process hearings.

A regional center or LEA may also request a mediation and/or due process hearing when the parent/legal guardian refuses to consent to all or any part of an evaluation and assessment of the infant or toddler.

## *(2) Compliance Complaints*

A compliance complaint may be filed with the state Department of Developmental Services (DDS) if you believe that any agency responsible for providing early intervention services under the California Early Intervention Services Act has violated an early intervention law or regulation. Complaints shall be a written, signed statement alleging the DDS, California Department of Education, a regional center, LEA, or any private or public service provider receiving funds under Part C of IDEA, Title 20, United States Code, Sections 1431-1445, has violated any federal or state law or regulation of a Part C requirement.

DDS will conduct an investigation and issue a written decision within 60 calendar days from the date they receive the compliance complaint.



## Q. What Actions Can Parents Take?

A. Information and preparation are your most powerful tools for working with the professionals on your child's team. The following strategies have been effective for other families.

- Prepare for contacts by gathering records and determining the information you need or the action you hope for.
- Express clearly what you need and expect from each contact when dealing with professionals. For instance, state whether you seek information, expect some action or hope to be referred to someone else to help you.
- Maintain records of contacts (for example, who was called, what was sought, what action was suggested, and what follow-up is necessary).
- Educate yourself about the service system. Ask professionals about the constraints and benefits of the systems in which they work. Seek out and talk with other families served within the same system. Call your local family resource center.
- Develop a support network — connect with other parents and professionals you can call on for information and understanding, encouragement, and advocacy.
- Focus on the most important issues to you and your child.

# Q What If Problems Arise?

A Your local Early Start Program will help you access coordinated early intervention services for your child. But if problems arise, the following are strategies to resolve any problem.

- Use your support network to plan strategy, boost morale, and rehearse statements or questions for meetings with service personnel.
- Know whom to contact when questions or problems arise.
- State your concerns, needs, and fears before making demands. Be prepared to problem solve with the people working with your child and you. Negotiate solutions based on outcomes, rather than personalities.
- State your requests and expectations clearly, and allow time to develop solutions. Make sure you are clear on who will take the next step.
- Follow up on your verbal requests in writing.
- Ask for a response or a meeting within a specific time period.
- Document all contacts and steps you have taken to seek solutions.
- Use the “chain of command” when your concerns are unresolved.
- Request a review or appeal if issues remain unresolved. Learn the policies that are in force and how to handle complaints. Ask for assistance from your service coordinator in preparing a request for review or hearing.



- Obtain copies of the laws and policies that relate to your specific areas of concern. Seek help from knowledgeable professionals and parents in interpreting these documents.
- Decide what to do when agreement is not possible; agree to disagree, or call a halt for the time being.
- Consider requesting to work with someone else if differences between you and a professional cannot be resolved.

### *Strategies for Successful Meetings*

- Prepare a plan ahead of time, including the outcomes you hope for. It is helpful to write it down.
- Clarify the issues or reasons for meeting, as you see them.
- Ask clear, direct questions, as appropriate.
- Ask for a specific statement of policy as it relates to your situation.
- Ask for this information in writing.
- Listen closely to all that is said. Ask for clarification of issues or terms that are unfamiliar.
- Take notes on what you are told.
- Take someone with you who will help you stay with your plan and also make observations or take notes to augment your own.

The most important thing to remember is that Early Start is for you and your child. Keep all of this information in perspective. You need to focus on your baby and your family and take care of yourself, too. One option is to become actively involved at the local level or in the legislative process on policy issues that affect you and your family. The early intervention system has evolved in response to parents who advocated for more effective and family-centered services.



## Q What Do All These Terms Mean?

A Early intervention services are described in the federal Part C regulations (Section 303.12 and 303.13) that follow. Each term is accompanied by a brief description.



### *Assistive Technology*

“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. Assistive technology services include:

- (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;
- (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (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 (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

### *Audiology*

“Audiology” includes:

- (i) Identification of children with auditory impairment;
- (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... 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.

## *Family Training, Counseling, and Home Visits*

“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.

## *Health Services<sup>4</sup>*

- (a) As used in this part, “health services” means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.
- (b) The term includes:
  - (1) Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bag, and other health services; and
  - (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) The term does not include the following:
  - (1) Services that are:
    - (i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or

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*4. Note: The definition in this section distinguishes between the health services that are required under this part and the medical-health services that are not required. The IFSP requirements in Subpart D provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part. (See 303.344(e) and the note following that section.)*



- (ii) Purely medical in nature (such as hospitalization for management of congenital heart ailment, or the prescribing of medicine or drugs for any purpose).
- (2) Devices necessary to control or treat a medical condition.
- (3) Medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.

### ***Medical Services Only for Diagnostic or Evaluation Purposes***

“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.

### ***Nursing Services***

“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.

## *Nutrition Services*

“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.

## *Occupational Therapy*

“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.



### *Physical Therapy*

“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 or 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.

### *Psychological Services*

“Psychological services” includes:

- (i) Administering psychological and developmental tests, and other assessment procedures;
- (ii) Interpreting assessment results;
- (iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- (iv) 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.

### *Service Coordination*

“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 303.22.

### *Social Work Services*

“Social work services” includes:

- (i) Making home visits to evaluate a child’s living conditions and patterns of parent-child interaction;
- (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 (home, community, and any center where early intervention services are provided) 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 service.



### *Special Instruction*

“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.

### *Speech-Language Pathology*

“Speech-language pathology” includes:

- (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorder 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 disorder and delays in development of communication skills.



## *Transportation*

“Transportation and related costs” includes the cost of travel (for example, mileage, or travel by taxi, common carrier, or other means) and related costs (for example, tolls and parking expenses) that are necessary to enable a child eligible under this part and the child’s family to receive early intervention service.

## *Vision Services*

“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, independent living skills training, and additional training necessary to activate visual motor abilities.



### *Qualified Personnel<sup>5</sup>*

“Qualified personnel.” Early intervention services must be provided by qualified personnel, including:

- (1) Audiologists;
- (2) Family therapists;
- (3) Nurses;
- (4) Nutritionists;
- (5) Occupational therapists;
- (6) Orientation and mobility specialists;
- (7) Pediatricians and other physicians;
- (8) Physical therapists;
- (9) Psychologists;
- (10) Social workers;
- (11) Special educators; and
- (12) Speech and language pathologists.

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*5. Note: The list of services and qualified personnel is not exhaustive. Early intervention services may include such services as the provision of respite and other family support services. Qualified personnel may include such personnel as vision specialists, paraprofessionals, and parent-to-parent support personnel.*

## Q Where Can I Get More Information?

A The California Interagency Coordinating Council and Department of Developmental Services gratefully acknowledge the following documents from which portions of this guide were adapted:

- *On Our Way: An Information and Resource Guide for Families of Children with Special Needs*, developed by the Community Resource Committee of the Infant Toddler Interagency Collaboration Project, San Diego
- *A Family's Introduction to Early Intervention in Pennsylvania*, developed by the Family Focused Early Intervention System, a project of the Instructional Support System of Pennsylvania, funded by the Pennsylvania Department of Education and Pennsylvania Department of Public Welfare
- *Families Are the Foundation of Wisconsin's Birth to Three Program: A Guidebook for Families on Wisconsin's Early Intervention Program*, developed by the Wisconsin Birth to Three Program, Department of Health and Social Services



# California Early Intervention Resources

**T**hese free products are produced by the California Department of Developmental Services in collaboration with the California Department of Education and the California Department of Health Services.

## General Awareness

- California Early Start: Central Directory of Early Intervention Resources
- Early Start Fact Sheets
- Family Support Guidelines for Effective Practice (English)

## Specifically for Families

- Reasons for Concern (available in English, Spanish, Chinese, Hmong, Vietnamese)
- Starting Out Together—An Early Intervention Guide for Families (available in English, Spanish, Vietnamese)
- A Family Introduction to California’s Early Start Program (available in English, Spanish, Vietnamese)
- Family Resource Center (available in English, Spanish, Vietnamese)
- Parent’s Rights: An Early Start Guide for Families (available in English, Spanish, Chinese, Vietnamese)
- Early Start Poster (bilingual–English/Spanish)

## Specifically for Professionals

- California's Early Start Program:  
The Role of the Health Care Provider (English)
- Recommended Personnel Competencies  
and Program Best Practices (English)
- Compilation of Early Start Statutes & Regulations (English)
- Early Start Fact Sheets (English)
- Service Coordinator's Handbook

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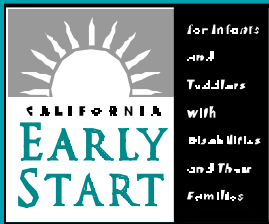
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Early intervention is not a cure for disabilities. Rather, it is a system of coordinated services that promotes the child’s growth and development and that supports families during the critical early years. Early intervention services to eligible children and families are federally mandated by the Individuals with Disabilities Education Act and in California by Senate Bill 1085, the California Early Intervention Services Act.

*Starting Out Together: An Early Intervention Guide for Families* provides helpful information about California Early Start. It will help you as a parent or family member of an infant or toddler with disabilities access services, ask questions, and make informed decisions to get an “early start” for you and your child.