



## DISABILITIES SERVICE POLICIES AND PROCEDURES

**2011-2012**

### TABLE OF CONTENTS

|       |   |       |
|-------|---|-------|
| I.    | DISABILITIES SERVICE PLAN                 | 3     |
| II.   | THE LAW                                   | 3     |
| III.  | MEMORANDUM OF AGREEMENT (MOA)             | 3     |
| IV.   | RECRUITMENT OF CHILDREN WITH DISABILITIES | 3     |
| V.    | ENROLLMENT                                | 4     |
| VI.   | DEVELOPMENTAL SCREENING                   | 4-5   |
| VII.  | REFERRALS                                 | 5-10  |
| VIII. | EVALUATION                                | 11    |
| IX.   | IEP/IFSP CONFERENCE                       | 11    |
| X.    | ELIGIBILITY FOR CPS/CFC SERVICES          | 11-12 |
| XI.   | TRANSPORTATION                            | 12    |
| XII.  | INDIVIDUALIZATION                         | 12    |
| XIII. | TRANSITIONING                             | 12    |
| XIV.  | TRAINING                                  | 13    |
| XV.   | COPA INFORMATION/REPORTS                  | 13    |
| XVI.  | PROGRAM INFORMATION REPORT (PIR)          | 13    |
| XVII. | PARA PROFESSIONAL PROGRAM                 | 13    |

- XVIII. DELEGATE AGENCY MONITORING SYSTEM 13-14
- XIX. GRANTEE MONITORING/TECHNICAL ASSISTANCE/SUPPORT 14
- XX. USE OF CPS/DFSS DISABILITIES SUPPORT TEAM 14
- XXI. DFSS CONTACTS 15

## 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 serve 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 current 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, while the Child and Family Connections (CFC's) 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. MEMORANDUM OF AGREEMENT (MOA)

According to the Head Start Performance Standards, Head Start must collaborate with the LEA to serve children with disabilities. Thus, Head Start (DFSS and the Ounce of Prevention), with the support of HHS, Region V has entered into a formal agreement with the LEA, which is the Chicago Public Schools-Office of Special Education and Supports (OSES). Through this agreement, Head Start will screen children and make referrals to the LEA which will evaluate the children and provide disabilities services. All DFSS delegate agencies must implement the process for serving children with disabilities through the Chicago Public Schools. An Agreement has been developed for Early Head Start and Part C.

#### IV. RECRUITMENT OF CHILDREN WITH DISABILITIES

Delegate agencies are responsible for ensuring that 10% of their enrolled children have a diagnosed disability as evidenced by a current 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 and timelines to locate children with disabilities. Recruitment efforts should include documentation such as copies of letters to Child and Family Connection agencies and other agencies serving children with disabilities. Recruitment materials must include a statement which welcomes children with disabilities.

#### V. ENROLLMENT

DFSS delegate agencies must comply with the Head Start/Early Head Start mandate to have 10% enrollment of children with a diagnosed disability through an IEP or IFSP.

#### VI. DEVELOPMENTAL SCREENING

A timely and systematic approach toward screening indicates which children require a formal assessment of their developmental needs.

- a) Developmental screenings for all children must be performed within 45 calendar days of the child's first day of program attendance.
- b) Children with a current IEP or IFSP do *not* need to be screened.
- c) Screenings for infants/toddlers are to be conducted in sequential order based on the age of the child. Infants/toddlers are screened *more often than once annually*. For three to five-year-olds, developmental screenings are to be conducted annually.
- d) Teachers and designated staff trained in ESI-R administration are responsible for conducting screenings on all children.
- e) The screening instruments are as follows:

The Ages and Stages Questionnaire (ASQ) developmental screening tool is to be used for infants/toddlers (0-3). Screenings need to be conducted on the age-appropriate questionnaire. (Calculate the child's age in months.)

The Early Screening Inventory-Revised (ESI-P or ESI-K) developmental

screening tool is to be used for preschoolers (3-5). Screenings need to be conducted on the age-appropriate form and in the child's primary language. The ESI-R Parent Questionnaire must be completed as a part of this screening.

The Ages and Stages Questionnaire: Social/Emotional (ASQ: SE) is the screening tool to be used to screen all children ages 6 weeks to five years old (0-5) for social/emotional (behavioral) issues. Screenings need to be conducted on the age-appropriate questionnaire. (Calculate the child's age in months.) Two questionnaires are to be completed for each child. One questionnaire is completed by the parent and the other is completed by the teacher.

- f) Developmental screening results should be entered on the Developmental Screening Report # 456 in COPA.

#### ESI-R

If a child scores within the "refer" category, the teacher is to notify the disabilities coordinator within five days of the screening. A Screening Review Team meeting is to be held with the child's teacher, parent(s) and/or legal guardian(s) within 15 days of the screening to discuss the next steps in supporting the child, which could include referral to CPS. (See REFERRALS section on following page for procedures to refer children to CPS for special education evaluation.)

If a child's score falls within the "rescreen" category, rescreens are to be conducted within six to eight weeks of the initial screening. If the child receives a second "rescreen", then schedule a Screening Review Team meeting with the parents to discuss the next steps in supporting the child, which should include referral to CPS.

#### ASQ: SE

The ASQ: SE screenings for infant and toddler are to be conducted according to the schedule outlined in the protocols- 6 months, 12 months, 18 months, 24 months and 30 months.

The ASQ: SE screening is to be administered annually for children ages 3-5. Teachers must score both the teacher and parent questionnaires. The questionnaires and score sheets must be maintained with the developmental screenings.

After the parent and teacher questionnaires are scored, indicate the decision, "OK" or "REFER" for both screenings. If the child's score is under the cut-off on the parent or teacher questionnaires, the decision is "OK". If the child's score is over the cut-off on the parent or teacher questionnaires, the decision is "REFER". If the child's score is over the cut-off on one of the questionnaires and under the cut-off on the other questionnaire, both decisions are documented on COPA Developmental Screening Report #456. An SRT meeting should be scheduled with the parent to review the discrepancy between the screenings and to determine appropriate follow-up.

\*see COPA tutorial for more information on entering ASQ: SE decisions.

## VII. REFERRALS

Screening is not the only method through which a child may be identified for referral. Other sources include observations by the teacher, parents, mental health consultant, physician, ECDT Team, and CPS/DFSS Disabilities Team. Checkpoints on Teaching Strategies GOLD may also indicate a need for referral. For scores above the cutoff on the ASQ:SE, the Mental Health Coordinator should have the parent sign consent for the Mental Health Consultant to observe the child, meet with the parent, and consult with staff for the child's social-emotional/behavioral needs.

### Preschoolers (2 years, 6 months to 6 years):

Once the decision to refer has been made, the *Procedures for Referral to Chicago Public Schools Specialized Services for Evaluation* form (can be accessed in the Disabilities section on COPA) must be started and the steps followed. This form is to be kept in the child's Disability folder.

- If the screening results fall within the “refer” category and/or there is other evidence to indicate a possible disability; the teacher must inform the Site Director and/or the Disabilities Coordinator within five calendar days of the screening. These children must be referred to CPS for further evaluation by following the timelines on the *Procedures for Referral* form. (found on COPA)
  - The program site staff meets to informally review the child's screening result and discuss the child's performance before meeting with parents. This meeting will help to prepare the CC/HS professionals for the Screening Review Team (SRT) meeting.
  - SRT Meeting: Within 15 calendar days of the screening, the Disabilities Coordinator or director convenes the SRT meeting to review the child's scores and explain the referral process. The parent, referring teacher, and Disabilities Coordinator must be present at this meeting. Others may be invited to participate as necessary, for example, the mental health consultant. At this meeting, the Disabilities Coordinator explains the child's screening results. It should further be explained that the results are not an indication that a disability exists, rather, a further evaluation will help to determine whether there is a disability. Assure the parents that HS/CC staff will support them throughout the referral process. During the SRT meeting, review \*Parent Rights and provide a copy to the parents. At this meeting, the parent should also sign the *Joint Screening Referral/Consent* form.
- \* *A Summary of Parents Rights* can be accessed in the Disabilities section on COPA.
- If the parents choose not to have the child evaluated by CPS, a *Procedures for Referral* form should be signed to document their decision to decline a referral for an evaluation

at this time. The staff should continue to support the parents and child. Consult with the CPS/DFSS Disabilities Team for further recommendations for the child in the classroom. Offer education and information that may be necessary for the parent until he/she is ready to accept the need for referral. Parents may request an evaluation at a later date. If the parent declines the referral to CPS for evaluation, this information should be entered into COPA on the child's referral page using the drop down selection, "Parent Refused" within 5 days of the Screening Review Team (SRT) meeting.

- If the parent agrees, compile all necessary forms to be placed in the *Disabilities Folder* as follows:
  - I. From the parent/guardian-- Obtain the following: original birth certificate; current Illinois physical examination report; up-to-date immunizations; photo ID with accurate name and address; proof of address -- two items such as utility bills, lease or bank statements; and if applicable , previous evaluations of the child such as, medical, speech/language, IFSP.
  - II. From the site -- Obtain the following: signed *Joint Screening, Referral/Consent Form*; a copy of the completed ESI-R, ESI-R parent questionnaire, and ASQ-SE (parent and teacher); the teacher's observational notes; and current hearing and vision screening results (within 1 year).
  - III. The forms for the folder may be obtained on COPA or by contacting your assigned Disability Team.
  - IV. Disabilities Coordinator scans all of the referral packet documents and submits them via email to the CPS/DFSS Disabilities Team. The team will review all documents within **5 calendar days**. Referral packets missing documentation will be returned to the Disabilities Coordinator via email identifying corrections needed.
  - V. The CPS home school can be found using the CPS school locator on COPA OR go to: <http://schoollocator.cps.k12.il.us/> You may also obtain a child's home school by calling CPS at 773-553-1000 and requesting the child's home school information. Use the child's home address to locate a child's neighborhood or "home" school.
  - VI. It is expected that the Site Staff and/or the Disabilities Coordinator will support the parent throughout this process of enrollment, evaluation and services.
  - VII. The referral information should be initially entered into COPA on the child's *referral page* as soon as the need is evident. This page needs to be up-dated as the referral process continues and new information is obtained.
  - VIII. Complete referral packets will be forwarded to OSES by the CPS/DFSS Disabilities Team on Mondays and Fridays.

- IX. Once a Disabilities Coordinator exhibits consistency in submitting complete referral packets, the disabilities team will waive the need to send the packets for review. The Disabilities Coordinator will receive written approval from their disability team member to submit referral packets directly to OSES @ [jhaddadin@cps.k12.il.us](mailto:jhaddadin@cps.k12.il.us) (773-553-1870).
- X. OSES will:
- Enroll the student into the CPS SIM System as a non-attending student for evaluation purposes.
  - Import student into SSM 24 hours after enrollment.
  - Create a student referral in SSM.
  - Upload and forward the child's referral documents to the home school case manager along with an email message in SSM indicating the child's need for evaluation.
  - The case manager schedules an assessment planning (aka domain) meeting with the special education multi-disciplinary team and sends a Notice of Conference (NOC) to the parent(s) and/or legal guardians inviting them to the assessment planning (domain) meeting. The case manager also logs this "event" in SSM.
  - At the assessment planning (domain) meeting, the child's case will be reviewed and the appropriate domains for evaluation will be determined. The case manager will generate a CPS Initial Consent for Evaluation form based upon this information and will request the parent(s) and/or legal guardian(s) to sign the consent. The parent(s) and/or legal guardian(s) will also be given a copy of their parent rights (aka "Procedural Safeguards").
  - The school will make 3 attempts to obtain parents' and/or legal guardians' consent. Each attempt must be documented in SSM under "events."
  - After 3 documented attempts within a 21 day period, the team will indicate "Consent not Received" and will finalize the document in SSM. The student will be made inactive in SSM.
  - Once CPS consent is received, CPS has 60 school days from the date of the parents' and/or legal guardians' written consent to complete the evaluation.
- XI. Disabilities Coordinators will receive a bi-weekly report from OSES on the status of referred students.

Infants and Toddlers (6 weeks to 3 years old):

- 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 service families residing within Chicago city limits:
  - CFC #8: Easter Seals Society of Metropolitan Chicago
  - CFC #9: Hektoen Institute for Medical Research
  - CFC #10: LaRabida Children's Hospital
  - CFC #11: Child and Family Connections - Rush
- 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:

- Motor/Physical
- Speech/Language/Communication
- Adaptive/Self-Help Skills
- Cognitive
- Behavior
- Hearing
- Social/Emotional
- Vision

1. 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, and prepare specific examples to share with parent.
    - 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.
    - iii. This will help prepare for the SRT meeting.
  - c. Once the decision to refer a child to EI has been made, the *Procedures for Referral to Early Intervention* form (*Appendix D*) 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.
4. 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: (*See Appendix E for tips on communicating results with parents*)
    - 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. (*See Appendix G for EI/CFC contact information*)

- ii. The *EHS/CC Referral to Early Intervention/Authorization for Release (Appendix H)* 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 CFC to provide information and give consent for release of information.
- iv. The Disabilities Coordinator compiles the referral packet consisting of the documents listed on the *EHS/CC Referral to Early Intervention/Authorization for Release*.
- iii. The Disabilities Coordinator forwards the Disabilities Referral Packet to the appropriate CFC in person or by mail.
- iv. Within 10 days of receiving the referral from EHS/CC the CFC Service Coordinator will contact the family.
- v. 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.
- vi. The Disabilities Coordinator, or a designee, attends the IFSP meeting (with teacher/provider/home visitor) and requests a copy of the IFSP.

## VIII. EVALUATION

1. Preschoolers: CPS will conduct all necessary evaluations within 60 school days from the date of the signed CPS parental consent. The CPS evaluation team will be in attendance. The team 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 document the progress on the *Procedures for Referral* form in addition to entering the information into COPA.
2. Infants/Toddlers: The evaluation must take place 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 an evaluation has not been scheduled within 10 days of the referral, the Disabilities Coordinator will assist the parent in contacting the CFC. The IFSP meeting will be take place within the 45 day schedule. If the parent chooses not to have the child evaluated by the CFC, they must sign the *Procedures for Referral to Early Intervention* form to document their decision to decline a referral for an evaluation. The staff should continue to support the parent and child. The parent may request an evaluation at a later date. (*See Appendix I to include educational information to provide parent to support child if/until ready to accept referral*). The Disabilities Coordinator supports the EHS staff in meeting the child's needs and should consult with the ECDDT Team for further recommendations for the child.

## IX. IEP/IFSP CONFERENCE

1. **Preschoolers:** CPS will send the parents the *Notification of IEP Conference* form. Parents should 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. At this meeting, parents should indicate their preference for the child to remain at the HS/CC program as part of the IEP.
2. **Infant/Toddlers:** Children are eligible for services if they show a delay of 30% or more in one or more areas as measured by the CFC assessment. Parents will be sent a *Notification of IFSP Conference* prior to the date. Parents should invite the EHS/CC Disabilities Coordinator and the classroom staff to attend this meeting.

## X. ELIGIBILITY FOR CPS/CFC SERVICES

1. **Preschoolers:** 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. Any child who is receiving specialized services from other organizations, but does not have an IEP, must be referred to CPS so that an IEP can be developed for the child.
2. **Infants/Toddlers:** The Disabilities Coordinator will monitor EI services according to the IFSP and the timelines outlined in the *Procedures for Referral to Early Intervention Services*.

**If a Parent Refuses IEP/IFSP Services:** Staff should 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. 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 or IFSP. Staff should also assist parents with other referrals if the current program is not the appropriate place for the child. In addition, call upon the CPS/DFSS Disabilities Team or ECDDT Team to provide strategies to support the child in the HS/EHS program activities.

**If a child is not found eligible 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 provider may also assist in developing plans for children with behavioral issues to be implemented in the classroom.

## XI. 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, traditionally, to and from the child's home address. If the parents wish to change the child's pick up and drop off to another location, for example, to

and from the Head Start/Child Care program, a new purple form entitled, "Community-based Head Start Program Bus Stop Change Request" form is completed. This form, which can be obtained from the home school Case Manager or from COPA, must be completed and submitted to the child's home school. Lastly, 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. Indicate whether the child is receiving his/her CPS bus transportation services. If alternate transportation is in process, this too, must be specified in COPA (e.g., "staff walk child," or "parents transport"). According to Head Start Performance Standards, when any means of transportation to services are not available, Head Start program funds are to be used to provide other transportation options.

## XII. 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 classroom teacher should use the information provided in the child's IEP or 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.

## XIII. TRANSITIONING

A transition plan should be developed by each agency. The designated Transition Coordinator for each agency is responsible for assisting the parents in the smooth transitioning of children with disabilities into and out of EHS and HS.

## XIV. TRAINING

Delegate agencies are responsible for ensuring that all staff receives 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. Documentation of all trainings should be kept on file and entered into COPA.

## XV. 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, 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.

## XVI. PROGRAM INFORMATION REPORT (PIR)

Section C-23-25 of the PIR 999n which pertains to the area of disabilities should be reviewed by the disabilities coordinator monthly 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 a disability should reflect only those students who hold an IEP or IFSP.

## XVII. PARA PROFESSIONAL PROJECT

The role of the paraprofessional is to serve as additional support in Head Start classrooms where pre-diagnosed preschool children with moderate to severe disabilities are enrolled.

The 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 Special Education and Supports. *Refer to the Disabilities section on COPA for more information.*

## XVIII. DELEGATE AGENCY MONITORING SYSTEM

Delegate agencies must have in place an internal system for monitoring the following disability components:

- Disabilities Service Plan
- Recruitment of children with disabilities
- Enrollment of children with disabilities
- Developmental screening
- Referrals
- Evaluations
- IEP services for children with disabilities
- Transportation
- Transitioning
- Training of agency staff
- COPA
- PIR

## XIX. GRANTEE MONITORING/TECHNICAL ASSISTANCE & SUPPORT

EHS/HS grantee monitoring will assure that the delegate agency adequately monitors the disabilities services and processes 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 Disabilities Team and Erikson Team visits will function as an integral part of the grantee monitoring system.

CPS/DFSS Disabilities Team 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 individual child observations
  4. Make referrals for evaluations of children during peak periods
  5. Make recommendations for training of delegate agency staff on disabilities services
  6. Assist DFSS delegate agency staff in working with parents to access CPS evaluation and services and to gain understanding of the process with CPS
  7. Conduct evaluation, determine eligibility and develop IEP's for children identified as needing speech, in coordination, with CPS' OSES
  8. Monitor services for children with IEP's
  9. Serve as disabilities services resource person for DFSS delegate agency staff
  10. Serve as a disabilities liaison for CPS OSES; provide technical assistance and support to CPS case managers regarding the Memorandum of Agreement (MOA) and procedures to complete children's evaluations
  11. Provide support for classroom staff and assist with modifications and accommodations as needed
  12. Provide consultation to delegate agency staff on classroom management as it relates to special needs services when necessary.
  13. Assist with transitioning of children into DFSS delegate agency programs and CPS.

## XXI. DFSS CONTACTS

The DFSS Central Office contact numbers are as follows:

| Contacts  | Phone  | Address & Fax   |
|---|--|---|
| <u>CPS/DFSS Disability Speech Language Pathologists</u><br>Speech Pathologist – Andrea Turner<br>Speech Pathologist – Nancy Hester<br>Speech Pathologist – Janis Harding<br>Speech Pathologist – Gina Pacella, <i>Team Lead</i> | (312) 746-4811<br>(312) 743-1729<br>(312) 743-1581<br>(312) 743-1598     | DFSS<br>1615 W. Chicago, IL 60622<br>Chicago, IL 60622<br>FAX: 312-743-0400   |
| <u>CPS/DFSS Disability Special Educators</u><br>Special Educator – Laura Brown<br>Special Educator - Gilda Figueroa<br>Special Educator - Nancy Millsap<br>Special Educator - Mary Ann McClintock                               | (312) 743-1638<br>(312) 743-1729<br>(312) 743-1550<br>(312) 743-2026     | DFSS<br>1615 W. Chicago, IL 60622<br>Chicago, IL 60622<br>FAX: 312-743-0400   |
| <u>DFSS Administration</u><br>Beatrice Nichols, Assistant Director<br>Gina Pacella, Disabilities Team Leader<br>Chivanda Goffin, Administrative Assistant<br><br>Rhonda Gumbel-Thomas, Early Childhood Liaison                  | (312) 743-1635<br>(312) 743-1598<br>(312) 743-1601<br><br>(773) 553-1884 | DFSS<br>1615 W. Chicago, IL 60622<br>Chicago, IL 60622<br>FAX: 312-743-0400<br><br>OSES – CPS<br>125 S. Clark Street<br>Chicago, IL 60603 |

Erikson Institute 0-3 Early Childhood Disability Transition Team (ECDT) contact numbers:

| Contacts                                 | Phone                                | Address & Fax  |
|--|--------------------------------------|--|
| Romeldia Salter, Program Coordinator     | 312.893.7205 / rsalter@erikson.edu   | Erikson Institute<br>451 North LaSalle Street<br>Chicago, Illinois 60654-4510<br>FAX: 312 893-7222 |
| Amy Labb, Transition Case Manager        | 312.893.7167 / alabb@erikson.edu     |  |
| Maythe Martinez, Transition Case Manager | 312.893.7106 / mmartinez@erikson.edu |  |