

Guide for Determining Eligibility and Special Education Programs and/or Services for Preschool Students with Disabilities

The New York State Education Department
Office of Vocational and Educational Services for
Individuals with Disabilities
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Foreword and Acknowledgements

The New York State Education Department developed the *Guide for Determining Eligibility and Special Education Programs and/or Services for Preschool Students with Disabilities* with assistance from an advisory workgroup representing major service organizations, practitioners, teachers, therapists, college preparation programs, parents, administrators and others. The purpose of the guide is to assist parents and professionals in evaluating preschool children and developing appropriate individualized education programs (IEPs) in the least restrictive environment for preschool children with disabilities.

During the advisory workgroup's initial meeting it was determined that the guidelines would contain three major sections: (1) conducting individual evaluations; (2) determining child eligibility for preschool special education programs and/or services; and (3) developing the individualized education program in regard to the special education programs and/or services needed for each eligible preschool child, including the type, frequency, intensity, duration and location of services. In addition, the content of the guide would be based on current law, regulation and policy.

The Department appreciates and thanks the following individuals of the Advisory Workgroup for their expertise and commitment to this project.

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After the workgroup drafted the three major sections of the guide, the Department contracted with MAGI Educational Services, Inc. to edit for consistency and clarity. The Department gratefully acknowledges **Dr. Judy Grossman**, MAGI consultant, and her ability to put the three major pieces of this document together.

The draft document was also revised by Department staff as a result of the reauthorization of the Individuals with Disabilities Education Act (IDEA). Prior to preparation of the final draft guide, the Department asked each member of the advisory workgroup to individually review and provide additional comments.

The Department is issuing this guide based on the results of a three-month field test conducted in 1999 by The Westchester Institute for Human Services Research, Inc. Districts were selected based on geographic type and percentage of students receiving services in integrated settings. The evaluation activities included training, implementation of the draft guide, and an analysis of survey data, focus group meetings and district-level IEP data. The Department thanks the following districts for participating in the field test: Albany, North Colonie, Buffalo, Churchville-Chili, Fairport, Hilton, Lynbrook, Warwick, Ballston Spa, Bay Shore, Queensbury, Newark and New York City CSD 18 and 31.

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Introduction

The New York State Education Department is committed to ensuring the availability of a full continuum of preschool special education programs and/or services in the least restrictive environment to meet the individual needs of preschool students with disabilities.

Background

In January 1996, the Board of Regents endorsed a number of goals to reform the special education program for preschool students with disabilities. These reforms were based on reports prepared by the Department that identified the strengths and needs of the current administrative structure and implementation of the preschool program. A major goal for reform focused on increasing the delivery of preschool special education programs and services in more integrated educational or natural environments with nondisabled peers.

In 1996, the State Legislature amended New York State Education Law. The new requirements identified the continuum of preschool special education services and more clearly defined the roles of the Committees on Preschool Special Education and evaluation programs in regard to the provision of special education programs and/or services in the least restrictive environment.

The Department's *Least Restrictive Environment Implementation Policy Paper* was approved by the Board of Regents in May 1994 to establish a clear policy on how local education agencies and the State were to implement federal and State requirements relating to the education of students with disabilities in the least restrictive environment (LRE). The 1997 amendments to the Individuals with Disabilities Education Act (IDEA) substantially strengthened the assurances that State education agencies and local school districts must make regarding the implementation of LRE requirements.

Least Restrictive Environment

Most preschool children with disabilities can receive the special education programs and/or services they need in settings with nondisabled peers. They also should participate in developmentally appropriate activities. The Committee on Preschool Special Education (CPSE) must consider how to provide special education in the least restrictive environment, where a preschool student with a disability can learn close to home with other children of the same age who do not have disabilities. Programs and/or services may be provided at an approved or licensed pre-kindergarten or Head Start program, the work-site of a provider, the student's home, a hospital, a State facility or a child care location.

Preschool Guidance Document

The *Guide for Determining Eligibility and Special Education Programs and/or Services for Preschool Students with Disabilities* was written to assist professionals in evaluating children with disabilities and developing Individualized Education Programs in the least restrictive environment. This document is also a resource for parents to help them participate as full partners in the educational process for their child. Together, professionals and parents work as a team (CPSE) to determine each child's educational strengths and needs and recommend appropriate special education programs and/or services. This document provides information on assessing a child's educational performance and determining the special education services that are needed (if the child is found eligible), including how often the services are needed and where they will be provided.

This guide is divided into three sections to help users readily find information pertaining to the individual evaluation, eligibility determination and developing the Individualized Education Program (IEP) for eligible students.

The Individual Evaluation

Purpose and Definition

The individual evaluation conducted by a multidisciplinary team, which consists of educational and medical professionals, enables the Committee on Preschool Special Education (CPSE) to determine whether or not a child has a disability and, if so, to what extent preschool special education programs and/or services are appropriate. For those students recommended to receive preschool special education, the individual evaluation provides the basis for developing the Individualized Education Program (IEP) that includes information about the child's identified strengths and needs and recommended goals and objectives.

Eligibility as a preschool child with a disability is based on the results of an individual evaluation, which is provided in the student's native language, not dependent on a single procedure, and administered by a multidisciplinary team.

An individual evaluation of a preschool child must include information about functional areas related to cognitive, language and communicative, adaptive, social-emotional, and motor development in order to determine the child's individual needs. Information must be obtained from a physical examination, an individual psychological evaluation, a social history, a parent interview to identify their child's strengths and needs, a structured observation of the child's performance and behavior, and other assessment procedures, as necessary, to ascertain specific factors contributing to the suspected disability. This evaluation must be consistent with all other requirements found in Section 200.4(b) and 200.16(c) of the Regulations of the Commissioner of Education.

Parent/Family/Caregiver Involvement

Research tells us that a collaborative approach to family involvement improves outcomes for children. IDEA requires that schools include family participation in the educational activities of their children. The parent(s) has the right to participate as a member of the CPSE with respect to the identification, evaluation and educational placement of their child. Parent/families/caregivers bring valuable knowledge and understanding of the child to the evaluation and IEP process. Their commitment as active members of the IEP team is critical to consistent implementation of the agreed-upon strategies.

Federal and State law requires parent consent under certain conditions (e.g., initial evaluation, initial provision of special education services and programs and initial provision of 12-month special education programs.) Families and caregivers are to be consulted about their concerns for the child and the reason for referral. The Committee must provide information to families in their native language regarding their legal rights, selection of an evaluation site, the evaluation process, and the Committee process. The CPSE chair should establish a specific contact person for each family for consistent and effective communication.

The Referral Process

Children are referred to the school district's CPSE if they are suspected of having a disability which impairs their learning and development. Referrals are made in writing by parents, professionals, caregivers, program providers or other individuals who are concerned about a child's development. Specific cultural and linguistic information must be considered when assessing the need to refer a child to the CPSE for an individual evaluation. Children transitioning from the Department of Health's Early Intervention Program that serves infants and toddlers, birth through age two may be referred to the CPSE by the early intervention service provider, upon parental consent.

Referral information provides evaluators with information about the presenting problem, concerns of the parents and teachers, referral source, and relevant background information such as birth date, medical conditions, previous evaluations, previous educational programs and activities, ethnic/cultural factors, and first and second language of the child. Referral information is part of the child's education records and must be maintained according to privacy/confidentiality rights.

The Evaluation Process

The evaluation of the preschool child requires information gathering and for individually administered assessments and behavioral observations to be conducted to determine the physical, mental, behavioral and emotional factors that contribute to the suspected disability. Information provided by the parent is critical to understanding the child's strengths, needs, interests and life experiences. A variety of assessment tools and procedures should be used to gather relevant functional and developmental information related to the preschool child's participation in appropriate activities. Appropriate activities may encourage children to learn skills that lead to reaching those milestones that typically developing children of the same age perform or achieve.

CPSE chairpersons, evaluators and families have many opportunities to communicate and collaborate during the evaluation process. Strategies for effective collaboration include the following:

- The evaluation process should be thoroughly described to families/caregivers prior to conducting the evaluation.
- Previous evaluations and assessments may be provided to the CPSE with parental consent. This information must be reviewed by a group of professionals that includes the CPSE, and as appropriate, the approved evaluator and other qualified professionals. If the group determines that the previous evaluations fulfill the legal requirements for an individual evaluation, the information may be used as part of that individual evaluation. This determination does not necessarily need to take place at a formal meeting.

- For children transitioning from the Early Intervention Program to preschool special education, parents are asked to give consent to share copies of their child's most recent evaluation report with the CPSE and the approved evaluator they have selected.
- The key participants in the transition process from the Early Intervention Program to the preschool special education program are the family, the Early Intervention Service Coordinator and Early Intervention Official, the CPSE chairperson and the approved evaluator selected by the family. These people work together to facilitate a smooth transition by reviewing the child's progress in the Early Intervention Program and determining the child's eligibility for preschool special education services.
- Based on a review of previous evaluations and assessments and input from the parents/family/caregivers about the child, the CPSE and other qualified professionals, as appropriate, identify what additional data if any, are needed to determine eligibility and special education programs and services.
- A strength-based approach should be used during the evaluation process. If programs and/or services are recommended, these areas of strength can support or bridge the gap between these strengths and needs of the child.
- School districts are required to provide the mandated *Procedural Safeguards Notice (January 2002)* to parents at the time of initial referral of the child for evaluation; each notice of an IEP meeting; reevaluation of the child; request for an impartial due process hearing and a decision to suspend or remove a child for discipline reasons that would result in a disciplinary change in placement.
- Evaluations should be scheduled at times that are convenient for both parents/families and evaluators. All participants in this process need to remain flexible in scheduling. For example, a young child may not tolerate receiving multiple evaluations in one day.
- Evaluators must be aware of the cultural, linguistic, and ethnic diversity of families and should observe the *Guidelines for Services for Culturally and Linguistically Diverse Preschool Students with Disabilities Ages 3-5 (March 1997)*.
- Evaluators should actively seek parents' concerns, observations, and relevant information regarding the developmental milestones, levels of performance, and individual needs of their child. These are critical components of the evaluation.
- Feedback should be provided to parents/family as soon as possible after the evaluations. This should occur in the native language or communication mode of the family and with adequate time to review and discuss the evaluation.
- The full evaluation report must be provided to parents prior to the child's scheduled CPSE meeting. Reports should be written in a clear and concise manner and in the native language or mode of communication of the family so that they can easily understand the information. It should also be made very clear to the parents that while the full evaluation report may include recommendations regarding programs and services, it is the CPSE that makes the final IEP recommendation for programs and services.

The final determination of eligibility and recommendations for special education programs and/or services are determined by the CPSE. The parents of the child are members of the CPSE and are expected to fully participate in the decision-making process for their child.

Components of the Individual Evaluation

The evaluation of the preschool child requires information gathering and a series of individually administered assessments and behavioral observations. The individual evaluation must include a physical examination, a social history, a psychological, an observation of the child in his or her natural setting and other appropriate assessments and evaluations.

These required evaluations provide information about the child's development according to functional areas such as motor, language, mental, social-emotional and behavioral skills. For example, the physical examination may include a health history and information about motor development. Other evaluations and assessments in the functional areas must be conducted as needed to further ascertain the physical, mental, behavioral and emotional factors that contribute to the suspected disability.

Components of the Individual Evaluation

- *Social History, including Health History*
- *Physical Examination*
- *Psychological Evaluation*
- *Observation*
- *Other Appropriate Assessments/Evaluations*

Required Assessments or Evaluations

Social History - The social history includes interpersonal, familial and environmental factors, which influence a child's general adaptation to the learning environment. These may include, but are not limited to, data on family composition, family history, developmental history of the child, health of the child, family interaction and adjustment of the child to preschool or other learning environments. A history of the child's health involves a comprehensive review of health and medical factors that may affect the normal learning process of the child. A request must be made for all immunization and other health records. In cases where medical factors may be contributing to the child's educational disability, detailed comprehensive medical documentation must be obtained with parental consent.

Physical Examination - A physical examination, in accordance with Section 903, 904, 905 of the Education Law, is required of all children referred to the CPSE for evaluation. This may include a report from the child's pediatrician or any other specialists who have recently examined the child if it fulfills the requirements of the physical examination. For children whose suspected area of disability may have a medical etiology, a comprehensive medical examination may be needed. When necessary, specialized examinations, such as ophthalmological or neurological evaluations, are required. An audiological examination may be needed if concerns about hearing loss arise during any part of the evaluation process or the presenting problem involves speech and language development.

Psychological Evaluation - A psychological evaluation assesses a student's cognitive, neuropsychological, developmental, behavioral and emotional status. These areas may include the following: general intelligence, mental and emotional functioning; developmental status; learning strengths, weaknesses and styles; instructional needs; personal-

ity characteristics; and social interactions and relationships. The psychological evaluation process can use a variety of formal and informal assessment strategies.

Observation - Observing the behavior of a child in a natural setting is a required part of the evaluation process. A natural setting may include the classroom, playground, restroom, bus, or home. Observations should occur in places familiar to the child where he or she is comfortable and will have the opportunity to demonstrate typical behaviors. Observations add a critical dimension to the evaluation process, particularly when they are used in conjunction with objective tests, behavioral checklists, questionnaires, interviews, a videotape of the child in a familiar or natural setting and other evaluation strategies. This observation may be completed in conjunction with the administration of another evaluation component such as the psychological or other needed assessments and evaluations.

Other Appropriate Assessments or Evaluations

The individual evaluation must include the above, and other appropriate assessments or evaluations, including a functional behavioral assessment for a student whose behavior impedes his or her learning or that of others, as necessary to ascertain the physical, mental, behavioral and emotional factors which contribute to the suspected disabilities. Another example of an area that may require evaluation is a child's need for assistive technology devices and services. This assessment may be conducted as a separate component of the evaluation or within other assessments, such as in the language/communication and motor domains.

A group of professionals, that includes the CPSE, and as appropriate, the approved evaluator and other qualified professionals, may review existing evaluation data and other information from the family to determine if such assessments or evaluations fulfill the requirements of the individual evaluation. Examples of other appropriate assessments or evaluations are as follows:

Cognitive Evaluation - Information about a child's cognitive functioning may be obtained from sources in addition to the formal psychological assessment. A cognitive assessment measures attention span, thinking processes, and concept formation, as well as visual discrimination, imitation, memory, sequencing, classification, reasoning, and problem-solving skills. This assessment provides developmental skill levels and areas of strength and weakness, as well as learning styles. The cognitive evaluation process can use a variety of formal and informal assessment strategies.

Language and Communication - An evaluation of speech-language skills measures the child's understanding of language and expression of language, pragmatic language skills, speech production (including articulation/phonology, phonation/voice, and fluency), oral motor development, and feeding/swallowing skills. If English is not the student's primary language, the evaluation should be conducted in the child's native language or other mode of communication. If a child uses two languages, assessment should occur in both languages to determine the best performance and child's needs. The speech-language evaluation process can use a variety of formal and informal assessment strategies.

Adaptive Behavior - Adaptive behavior is defined as the performance of developmentally appropriate daily activities required to meet personal needs and social responsibility. Areas of adaptive behavior to be assessed include, self-help skills, play skills, learning styles, communication skills, motor skills, and social interaction/behavioral skills. The adaptive behavior evaluation process can use a variety of formal and informal assessment strategies.

Social-Emotional - A social-emotional evaluation measures interpersonal relationships, social interaction skills with adults and peers, learning styles, personality traits, and social-emotional development. The social-emotional assessment process can use a variety of formal and informal assessment strategies.

Gross Motor - A gross motor assessment measures the presence and mastery of a number of fundamental motor skills and the components of motor skills, such as range of motion; muscle performance; neuromotor development and sensory integration; reflex integrity; sensory integrity; skin integrity; joint integrity and mobility gait; locomotion and balance; posture; personal independence and self-care; the use of adaptive equipment such as prosthetics, orthotics, and wheelchairs; and the identification of environmental barriers and transportation needs. The gross motor evaluation can use a variety of formal and informal assessment strategies that measure functional levels and adaptive performance.

Fine Motor - A fine motor assessment measures the presence and mastery of developmental hand skills needed to perform functional activities and the components of skills such as visual-perceptual-motor, sensory processing and sensory integration, manual dexterity, eye-hand coordination, approach to fine motor tasks, and the use of assistive technology and adaptive equipment. The fine motor evaluation can use a variety of formal and informal assessment strategies that measure functional level and adaptive abilities.

Functional Behavior - A functional behavioral assessment is the process of identifying behavioral concerns that impede learning or participation in developmentally appropriate activities. A functional behavioral assessment is not a separate evaluation component from the multidisciplinary evaluation process. For example, information from the psychological observation may be used in the functional behavioral assessment. Functional assessments determine why a student engages in challenging behavior and what factors contribute to this behavior. Functional behavioral assessments can provide the CPSE with information to develop a hypothesis as to why the student engages in the behavior; when the student is most likely to demonstrate the behavior; and situations in which the behavior is least likely to occur. This type of assessment often involves reviewing curriculum, instructional and motivational variables in relation to a student's behavior and/or examining classroom arrangements. A functional behavioral assessment may include, but not be limited to, indirect assessment, such

as structured interviews and review of existing evaluation information, and direct assessment, such as standardized assessments or checklists, observation and recording situational factors surrounding the behavior, and data analysis such as a comparison and analysis of data to determine whether or not there are patterns associated with the behavior. For more information, refer to the SED document *Guidance on Functional Behavioral Assessments for Students with Disabilities (July 1998)*.

Types of Evaluation Strategies/Methods

When evaluating young children, it is important to use a variety of evaluation strategies in order to get the best picture of the child's functioning. The professionals evaluating young children should determine the appropriate strategies and techniques that will be used during the evaluation.

Types of Evaluation Strategies/Methods

- *Interview*
- *Observation (Required)*
- *Play*
- *Ecologically-based Assessment*
- *Arena Style Evaluation*

Both formal and informal evaluation strategies are appropriate in the evaluation of preschool children. Formal strategies use standardized criterion- or norm-referenced instruments, which are developmentally appropriate for preschool children. Criterion-referenced tests compare a student's performance to a previously established criterion rather than to other students from a normative sample. Norm-referenced tests use normative data for scoring which include performance norms by age, gender, or ethnic group. In addition to standardized tests, practitioners may use informal measures.

Informal evaluation strategies include nonstandardized instruments such as checklists, developmental rating scales, observations, interviews, teacher reports and performance-based assessments that are developmentally appropriate for the preschool child. Informal evaluation strategies rely upon the knowledge and judgment of the professional and are an integral part of the evaluation.

Some instruments can be both formal and informal tools. For example, observation may incorporate structured observation instruments as well as other informal observation procedures, including professional judgment. When evaluating a child's developmental level, a professional may use a formal adaptive rating scale while simultaneously using professional judgment to assess the child's motivation and behavior during the evaluation process.

Interview - Information is gathered by interviewing family members/caregivers and/or teachers about the child's abilities, strengths and weaknesses and their concerns about the child's development and learning.

Play - Evaluation during play provides important information about a child's developmental skills such as cognitive/perceptual motor skills, language skills, fine and gross motor skills, social-emotional skills and daily living skills.

Ecologically-based Assessment - This is also referred to as a naturalistic evaluation of context. This technique focuses on the physical and interpersonal attributes of the set-

ting in which the child's behavior occurs. Physical attributes include spatial arrangements, lighting, and noise; interpersonal attributes include family, peer, and teacher relationships.

Arena Style Evaluation - The multidisciplinary team simultaneously evaluates a child using formal and/or informal evaluation strategies. Team members should design a schema prior to the evaluation so that a common sample of behaviors can be observed. In using this technique, one team member facilitates interaction with the child while the other team members observe and record the child's performance across all testing domains.

Individual Assessments - Individual discipline-specific evaluations of the child are performed separately by each member of the multidisciplinary team using both formal and informal evaluation strategies, (for example, speech, motor, etc).

Note: The cultural and linguistic diversity of children must be considered when observing and/or assessing preschool children's skills and behaviors.

Evaluation Instruments

IDEA requires that, when conducting the evaluation, the local educational agency shall use a variety of assessment tools and strategies. The CPSE may not use any single procedure as the sole criterion for determining whether a child has a disability or determining an appropriate educational program for a child. The approved evaluator may make a recommendation to the CPSE as to the tests or assessments to be conducted as part of an initial or reevaluation of a preschool child. An evaluation instrument may be either a formal assessment tool (such as a standardized test) or a part of an unstructured process by which the professional gathers specific information needed for the evaluation.

Before an instrument is used as a formal assessment tool, the practitioner must carefully review the reliability and validity of the instrument and determine that all of the conditions required for the valid use of the instrument are met, including a review of the population groups on which the tests were standardized. Examples of such conditions include:

- Age range
- Time limits
- Test language
- Language level
- Cultural appropriateness
- Appropriate normative sample
- Task being measured
- Trained evaluator

For scores to be valid, standardized tests must follow a specific protocol; otherwise, the results must be expressed descriptively. When scores from standardized tests are reported, they should be interpreted based on the statistical data that have been established in the standardization process. When standardized tools are used informally to gather information, their results should not be reported or interpreted based upon the standardized interpretation tables.

Evaluation of Culturally and Linguistically Diverse Students

The individual evaluation should be conducted in the *student's native language*, which means the language, or mode of communication normally used by the child in the home or learning environment. According to the Department's *Guidelines for Services for Culturally and Linguistically Diverse Preschool Students with Disabilities Ages 3-5 (March 1997)*, an assessment of the cultural and language needs of the child and family should be provided to the CPSE or conducted by the CPSE upon referral. Appropriately licensed/certified bilingual professionals should conduct the evaluation of culturally and linguistically diverse children.

The guidelines also state that, in instances where families speak languages which are less frequently spoken in New York State, it may be necessary to rely on an interpreter working with English-speaking professionals who do not speak the child's language. A paraprofessional or community interpreter with proficiency in the student's primary language may work under the supervision of a professional staff member. As discussed in a field memorandum on *Psychologist/Interpreter Work Standards for Conducting Bilingual Evaluations (June 1997)* under no circumstances shall a member of the student's immediate or extended family be used for evaluations other than initial screening and general information gathering.

Evaluation Reports

The evaluation process includes the sharing of results among evaluators and the CPSE. Communication may be accomplished in a variety of formal and informal ways, however written reports are necessary to document the preschool child's education needs.

The evaluator must provide the evaluation report and summary report to the members of the CPSE, which includes the child's parents and the person designated by the municipality in which the preschool child resides, in a timely fashion to allow for a recommendation by the Committee to be made to the Board of Education within thirty school days of the receipt of parent consent to evaluate. The evaluator must provide the summary report to the parent in the native language of the parent or other mode of communication used by the parent unless it is not feasible to do so.

EVALUATION REPORTS		
Name of Report	Completed By	Contents of Report
Individual Evaluation Reports	Individual evaluators such as a qualified psychologist, physical therapist, or special educator	<ul style="list-style-type: none"> • Specific areas of assessment • Behavioral/clinical observations • Test scores (when appropriate) • Relevant background information • Evaluation findings and suggested recommendations

Name of Report	Completed By	Contents of Report
Full Evaluation Report (includes individual reports and the summary report)	Multidisciplinary Evaluation Team	<ul style="list-style-type: none"> • Behavioral/Clinical observations • Relevant background information • Significant temperament and personality variables in the context of the child’s behavior during the evaluation process • Test scores (when appropriate) • Individual needs • Evaluation findings and suggested recommendations for programs and services
Summary Evaluation Report (See Appendix A)	Multidisciplinary Evaluation Team	<ul style="list-style-type: none"> • Evaluation results • Strengths of the child • Detailed statement of child’s individual needs

- The summary evaluation report cannot by law include a recommendation as to type, frequency, location and duration of services. It may not recommend placement or make reference to a specific provider or program. The full evaluation report may include specific recommendations regarding special education programs and services, but the final recommendation to the Board of Education is made by the CPSE, which includes the parents of the child.
- The evaluator must provide the full evaluation report in a timely manner (before the CPSE meeting) to each CPSE member, including the parent(s) of the referred child and to the person designated by the municipality in which the preschool child resides.
- The statement of the preschool student’s individual needs and recommendations, including the summary of the evaluation must be provided by the evaluator in English and, when necessary, in the native language or other mode of communication of the parent unless it is not feasible to do so.

Note: While multidisciplinary teams that evaluate a child should, with parental consent, share, review, and discuss their findings prior to writing reports, each evaluator remains responsible for the accuracy of the findings and recommendations presented in his or her individual report, as well as components of the full evaluation report.

The team’s full evaluation report, which includes the findings and recommendations, should be written clearly and concisely, in a timely fashion, and in a language that avoids professional “jargon” or explains it so that the report can be better understood by parents and professionals from other disciplines.

Standards of Good Practice

The CPSE should expect that all persons involved in the evaluation of children referred for special education programs and/or services observe high standards of practice. It is the evaluator's professional responsibility to focus on the total child, including needs, strengths, and interests.

It is the function of the CPSE to make recommendations regarding frequency, intensity, duration and location of services based on the information shared at the CPSE meeting, including the evaluation reports completed by the approved preschool evaluation program. The recommended services must support the child in acquiring the skills necessary to progress developmentally and participate in appropriate activities.

The approved evaluation agency should avoid using excessive assessment procedures when conducting the individual evaluation. The evaluator should also avoid making recommendations and suggestions for excessive services. The evaluator should recommend services that are required to appropriately meet the child's needs. The recommended services should not be based on what services the agency that conducted the evaluation may be able to offer to the child, but rather on the needs of the child.

It is expected that all certified professionals including teachers, school psychologists, school social workers and school counselors, as well as licensed practitioners, such as physical, occupational and speech-language pathologists, should observe the ethical standards of their professions. In addition, licensed practitioners are responsible for knowing and observing the law regarding professional misconduct and the Rules of the Board of Regents for Unprofessional Conduct. In particular, they should perform only those services which they know, or have reason to know, they are competent to perform, including the administration of evaluations in languages other than English.

Eligibility Determination

Criteria for Eligibility for Preschool Special Education Programs and/or Services

Part 200 of the Regulations of the Commissioner states, "Eligibility as a preschool student with a disability shall be based on the results of an individual evaluation which is provided in the student's native language, not dependent on a single procedure, and administered by a multidisciplinary team in accordance with all other requirements as described in section 200.4(b) and 200.16(c) of the regulations.

(1) Commencing July 1, 1993, to be identified as having a disability, a preschool student shall either:

(i) exhibit a significant delay or disability in one or more functional areas related to **cognitive, language and communicative, adaptive, socio-emotional or motor development** which adversely affects the student's ability to learn. Such delay or disability shall be documented by the results of the individual evaluation which includes but is not limited to information in all functional areas obtained from a structured observation of a student's performance and behavior, a parental interview and other individually administered assessment procedures, and, when reviewed in combination and compared to accepted milestones for child development, indicate:

- a. a 12-month delay in one or more functional area(s); or
- b. a 33 percent delay in one functional area or a 25 percent delay in each of two functional areas; or
- b. if appropriate standardized instruments are individually administered in the evaluation process, a score of 2.0 standard deviations below the mean in one functional area, or a score of 1.5 standard deviations below the mean in each of two functional areas; * or

(ii) meet the criteria set forth in paragraphs (1), (2), (3), (5), (9), (10), (12), or (13) of subdivision (zz) of this section."

A preschool child (ages 3 through 5) can be classified as a *Preschool Student with a Disability* if he/she meets the criteria set forth in these current disability classifications in the Part 200 Regulations:

- | | |
|--------------------------|--|
| - autism | - deaf-blindness |
| - deafness | - hearing impairment |
| - orthopedic impairment | - other health impairment |
| - traumatic brain injury | - visual impairment, including blindness |

* Calculated on the basis of months

Note: There is a wide range of variation in early child development and skill acquisition among young children. This range needs to be taken into account when making determinations about eligibility for preschool special education programs and/or services. While each functional area is discussed separately in this section, it is understood that the CPSE determines if eligibility criteria as stated in the Regulations, relative to months delay, percent delay, and standard deviation are met.

To determine a child's eligibility for special education programs and/or services, there must be a significant delay or disability in the child's development. Criteria to consider when determining whether a child exhibits a delay or disability in one or more of the major areas of development are as follows:

Delay or Disability in Cognitive Development

A. Definition

A child with a cognitive delay or disability demonstrates deficits in intellectual abilities beyond normal variations for age and cultural background. This might include difficulties in:

- the ability to acquire information,
- problem solving,
- reasoning skills,
- the ability to generalize information,
- rate of learning,
- processing difficulties,
- memory delays,
- attention, and
- organization skills.

B. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of a Cognitive Delay or Disability

- The child has significant delays in cognitive abilities, as reflected in intellectual assessment scores, neuropsychological findings, teacher or parent rating scales, and/or results of structured observations in a classroom or other setting.
- The child shows significant discrepancies beyond what would be normally expected within or between skill development areas, such as differences between verbal and nonverbal skills, differences within verbal sub-areas, or within perceptual-motor sub-areas. For example, a child with good acuity to visual details may show significant deficits in problem-solving spatial skills.

Delay or Disability in Language and Communication

A Definition

A child with a delay or disability in language and communication demonstrates deficits beyond normal variation for age and cultural background that adversely affect the ability to learn or acquire skills in the primary language in one or more of the following areas:

- receptive language,
- expressive language,
- articulation/phonology,
- pragmatics,
- fluency,
- oral-motor skills, or
- voice (such as sound quality, breath support).

B. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of a Language and Communication Delay or Disability

- The child does not use communication effectively with peers and/or adults. For example, the child does not express needs and wants in most situations.
- The child's speech and language cannot be understood by others in the child's environment who speak the same language. This may include family members, playmates or other children in the child's preschool program.
- The child exhibits observable severe or frequent frustration because of communication difficulties.
- The child exhibits speech sound and/or phonological process errors that impair intelligibility and are not developmentally appropriate. For example, speech sound production impairs listener's ability to understand the child.
- The child has difficulty understanding and using age-appropriate vocabulary, language concepts, and/or conversation (for example, limited vocabulary, sentence structure, and functional use of language restrict communication). In dual language acquisition, delays in both languages in young children are typical.
- The child demonstrates specific weaknesses in pragmatic language ability. For example, limited turn-taking, eye contact, asking and responding to questions, or knowledge of the speaker/listener role interfere with communication.
- The child demonstrates difficulty processing auditory information. For example, following simple directions or answering simple questions present problems for the child.

- The child demonstrates oral motor difficulty, such as in swallowing or feeding, and/or developmental apraxia, the inability to coordinate speech muscle movement to say words. For example, the child has difficulty combining sounds to say words and/or there is excessive drooling or weak oral muscle movement.
- The child demonstrates speech dysfluency (stuttering) that interferes with communication abilities (for example, word sound repetitions and/or speech productions that interrupt smooth flow of speech).

Note: All speech observations should be made through an evaluation in the child's native language. If a child uses two languages, assessment should occur in both languages to determine best performance.

Delay or Disability in Adaptive Development

A. Definition

A child with a delay or disability in adaptive development demonstrates difficulty learning or acquiring skills necessary for daily living and learning through play. These occur over time, in a variety of situations, and interfere with the effectiveness of the child's ability to meet personal needs, social responsibility, or participation in developmentally appropriate situations and cultural group. Adaptive behavior demonstrates the effectiveness with which the individual copes with the natural and social demands of his/her environment.

B. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of an Adaptive Delay or Disability

Adaptive behavior areas would include activities of daily living such as toileting, eating, dressing, and personal hygiene, as well as development of play skills including the acquisition of developmentally appropriate pretend or exploratory play and engagement in peer and adult social play. Consideration should be given to the following factors:

- family history, cultural factors, family expectations, and opportunities to develop self-help skills;
- motor contributions to functional skills, such as fine motor skills necessary for managing, fastening, or engaging in object exploration, oral motor components to eating or the gross motor abilities that support environmental exploration;
- the child's ability to accomplish activities of daily living adequately and as efficiently as the child's typically developing peers;

- the necessity for extensive task adaptations needed to support adaptive skills that are unusual for typically developing peers (for example, while the use of a covered cup or diaper is common for two-year-olds, it is not expected of a four-year-old);
- an inflexibility or rigidity in play behavior (for example, ritualistic self-stimulating behavior or engaging in spinning or rigid horizontal alignment of objects during free play rather than exploratory manipulation that is based on object properties);
- an avoidance of peer social interaction during play, with a preference for interaction exclusively with adults or observation of peers rather than active engagement with them during free play opportunities; and
- limitations in the initiation of play activities in either independent or free play (for example, some children will seem passive during free play either unaware of the play potential of a situation or afraid to engage in activities unless invited).

Delay or Disability in Social-Emotional Development

A. Definition

A child with a delay or disability in social-emotional development demonstrates deviations in affect or relational skills beyond normal variation for age and cultural background. These problems are exhibited over time, in various circumstances, and adversely affect the child's development of age-appropriate skills.

B. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of a Social-Emotional Delay or Disability

- The child shows significant observable behaviors such as perseveration, inability to transition, overdependence on structure and routine, and/or rigidity.
- The child exhibits significant patterns of difficulty in the following relational areas: trust building, aggressiveness, compliance, lack of age-appropriate self-control, oppositional/defiant behavior, destructive behavior, poor awareness of self and others, or inappropriate play skills for age.
- The child has significant affect difficulties such as depression/withdrawal, limited range of emotions for a given situation, low frustration tolerance, excessive fear/anxiety, radical mood swings, and/or inappropriate fears (for example, a child who often misinterprets the approach of other children or adults as hostile in intent).

Note: While some behaviors can be symptomatic of an emotional, social or neurological problem, they may also be part of many children's normal development. The behaviors listed above must be clearly understood in their clinical context and must be significant before being considered a sign of a delay or disability.

Delay or Disability in Motor Development

A. Definition

A child with a delay or disability in motor development demonstrates a deficit beyond normal variability for age and experience in either coordination, movement patterns, quality, or range of motion or strength and endurance of gross (large muscle), fine (small muscle), or perceptual motor (integration of sensory and motor) abilities that adversely affects the child's ability to learn or acquire skills relative to one or more of the following:

- maintaining or controlling posture,
- functional mobility (for example, walking or running),
- sensory awareness of the body or movement,
- sensory-integration,
- reach and/or grasp of objects,
- tool use,
- perceptual motor abilities (for example, eye-hand coordination for tracing),
and
- sequencing motor components to achieve a functional goal.

B. Factors, Considerations, and Observable Behaviors that Support or Demonstrate the Presence of a Delay or Disability in Motor Development

- The child is unable to maintain a stable posture or transition between positions (for example, to go from standing to floor sitting) to support learning or interactive tasks.
- The child is unable to move about the environment in an efficient way that is not disruptive to others. Efficient mobility refers to both the time required for moving from one place to another and the amount of energy the child must expend to move.
- The child uses an inefficient or abnormal grasp or reach pattern that limits the ability to either explore or use objects. An inefficient grasp or reach is one which does not enable flexible manipulation, limits use of tools such as writing implements or silverware in functional tasks, leads to fatigue, or limits the child's ability to obtain or use learning materials.
- The child has problems with learning new gross and/or fine motor abilities or in using motor skills in a flexible functional way. The child does not seem to accomplish motor tasks automatically after practice and attends to the motor aspects rather than cognitive or exploratory components of play or pre-academic programming.

- The child may achieve developmentally appropriate skills as measured on formal testing but has significant asymmetry that interferes with bilateral manipulation or tool use (for example, child is unable to transfer objects from hand to hand or stabilize paper when writing or cutting).
- The child is unable to sequence one or more motor actions in order to accomplish a goal. This includes the child with clumsiness that consistently interferes with goal-directed social or object interaction.
- The child has difficulty participating in gross motor activities, is unable to complete many of the tasks performed by typically developing peers, or may refuse to participate in activities rather than seem uncoordinated.
- The child has problems in the neurological processing of information from any of the senses and organizing it for use.

Note: A determination must be made on the child's lack of exposure or familiarity with the function of instruments used to determine motor behavior. For example, does the child know how scissors are supposed to work?

Developing the Individualized Education Program (IEP)

The IEP Recommendation

If the child has been determined to be eligible for special education programs and/or services, the CPSE develops an Individualized Education Program (IEP). In developing the recommendations for the IEP, the CPSE considers the results of the evaluations, the child's strengths and needs, the concerns of the parents for enhancing the education of their child and consideration of special factors. The IEP recommendation:

- reports the present levels of performance and indicates the individual needs of the child according to academic or educational achievement and learning characteristics; social development; physical development and management needs including how the disability affects the child's participation in appropriate activities.
- indicates the classification of the disability. In the preschool special education system, all students who are found eligible for services are identified by the generic term, "preschool student with a disability."
- lists measurable annual goals, consistent with the child's needs and abilities, including benchmarks or short-term instructional objectives and evaluative criteria, evaluation procedures and schedules to be used to measure progress toward the annual goals.
- indicates appropriate special education program and/or service(s) selected from the lists of approved preschool special education programs and services and the frequency, duration, location and intensity of such services.
- indicates, if appropriate, the supplementary aids and services to be provided to the child, or on behalf of the child; and a statement of the program modifications or supports for school personnel that will be provided for the child.
- if the recommendation is for two or more related services and/or special education itinerant teacher (SEIT) services, an indication of the childcare location or other site(s) where each service will be provided and the provider who will coordinate the provision of these services.
- provides an explanation of the extent, if any, to which the child will not participate in appropriate activities with age-appropriate nondisabled peers.
- provides a statement of how the child's parents will be regularly informed of their child's progress (at least as often as parents are informed of their nondisabled child's progress) toward the annual goals and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the school year.

- indicates the projected date for initiation of special education and related services, and supplementary aids and services, the intensity of services (including location, duration and frequency); delivery of service(s) in group or individual sessions; whether the child is eligible for a 12-month special service and/or program and the identity of the service provider during July and August and the projected date of the review of the child's need for such services.
- describes any assistive technology devices or services needed.
- defines the extent of parent counseling and training, when appropriate.
- indicates the recommended program option: related services only; special education itinerant teacher services only; related services in combination with SEIT; special class in an integrated setting/special class half-day or full-day or in-state residential program.

Note: In developing its recommendation, the CPSE must identify transportation options for the child and encourage parents to transport their child at public expense where cost-effective.

General Considerations for IEP Development

The following general considerations embody effective practices for evaluators, with respect to individual needs and recommendations, and CPSE members, with respect to recommendations regarding programs and services for preschool children with disabilities.

- Recommendations should consider the whole child, including strengths, abilities and needs.
- All recommendations should be individualized, based on the child's unique needs.
- Special education services should be provided in the least restrictive environment.
- The concerns and perspective of the child's family must be addressed.
- The child's current setting, services, and progress should be considered in determining special education program and/or service recommendations.
- It is important to ensure that everyone at the CPSE meeting understands the child's individual evaluation.
- The CPSE members need a working knowledge of the services available in the community such as nursery school programs, library preschool story hours, etc. to discuss options with the family.

Special Considerations for IEP Development

In developing its recommendation, the CPSE:

- Considers special education programs and /or services and placement for each child in the following order:
 - related services only
 - special education itinerant teacher (SEIT) services only
 - related services in combination with SEIT
 - special class in an integrated setting/special class – half-day or full-day
 - in-state residential
- In the case of a child whose behavior impedes his or her learning or that of others, considers, when appropriate, strategies including positive behavioral interventions and supports to address that behavior.
- In the case of a student with limited English proficiency, considers the language needs of the child as such needs relate to the child's IEP.
- In the case of a child who is blind or visually impaired, provides for instruction in Braille and the use of Braille unless the CPSE determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or use of Braille is not appropriate for the child.
- Considers the communication needs of the child, and in the case of a child who is deaf or hard of hearing, considers the child's language and communication needs, opportunities for direct communications with peers, family and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.
- Considers whether the child requires assistive technology devices and services, including whether the use of school-purchased assistive technology devices is required to be used in the child's home or in other settings in order for the child to receive a free appropriate public education.
- Includes a statement in the IEP, if, in considering the special factors described above, the Committee has determined a child needs a particular device or service (including an intervention, accommodation, or other program modification) in order for the child to receive a free appropriate public education.

Steps to Determine Programs and Types of Services

These steps are predicated on the principles listed in the general considerations for evaluators and CPSE members and on the assumption that discussion will take place at the CPSE meeting regarding all the factors applicable to the child. Initial impressions as to appropriate services must be flexible and may change as other factors are discussed during the committee meeting. The decision-making process must be guided by the principle of least restrictive environment appropriate for each individual child. (See page 1 of this document.)

Step 1

Review evaluation findings to determine eligibility as a preschool student with a disability.

Step 2

Report the present levels of educational performance and the preschool student's individual strengths and needs.

Step 3

Identify measurable goals and short-term objectives, evaluation criteria, procedures and schedules including schedule for informing parents of progress.

Step 4

- a. Determine special education program and/or services, including parent counseling and training.
- b. Determine frequency, intensity, duration and location of services including group and/or individual sessions.
- c. Determine projected date for initiation and date of review.
- d. If eligible, determine twelve-month services and programs and provider.

Step 5

Make recommendation for placement based on individual needs of each child and provided in the least restrictive environment.

The Continuum of Preschool Special Education Programs and/or Services

Related Services Only
SEIT Only
Related Services and SEIT
Half-Day Class
Full-Day Class
In-State Residential

Notes: The CPSE is required by law and regulation to first consider the appropriateness of providing related services only; or special education itinerant teacher services (SEIT) only; or related services in combination with SEIT services; or a half-day preschool program or a full-day preschool program.

The CPSE is required to first consider providing special education services in a setting where age-appropriate peers without disabilities are typically found, prior to recommending the provision of special education services in a setting which includes only preschool children with disabilities.

The CPSE is required to include a written report of its recommendation that includes the results of the evaluation and the reasons for recommendation. The report must include a statement of the reasons why less restrictive placements were not recommended when the recommendation is for the provision of special education services in a setting with no regular contact where age-appropriate peers without disabilities are found.

Determining the Frequency, Duration, Intensity and Location of Special Education Programs and/or Services

The following guidance describes factors which influence the determination of special education programs and/or services. It is designed to assist the CPSE members in carrying out their responsibilities. Appropriate recommendations and final decisions for each child are made with careful consideration of the factors which are relevant to each child's individualized education program.

There are a number of factors which should be considered when making recommendations regarding the frequency, duration, intensity and location of services. These include:

- the child's age, health status, maturity level, and motivation.
- the child's coping strategies and frustration level.

- the child's history and progress with previous general education, special education and related services.
- the nature of the child's needs: delay versus disability or atypical development.
- the number and scope of IEP goals to be worked on within the context of the child's total program.
- the child's anticipated rate of learning, including expected progress or regression.
- the child's need for consistency to build and/or maintain newly learned skills.
- the support available in the child's environment for the acquisition and generalization of skills.
- the ability to coordinate and integrate the IEP among service providers and the family.
- the context and the structure of the current setting, especially the level of support services needed for the child to be successful in the program.
- the child's cultural and linguistic background as it pertains to language needs.
- the total service needs of the child when determining the frequency of each service for a child who requires multiple related services and/or SEIT services.

Guidance for Determining the Provision of Related Services

Note: "Determining the provision of related services" applies to related services only as well as related services in combination with SEIT or related services as part of a special class program.

Related services, as defined in Section 200.1 of the Regulations of the Commissioner, means developmental, corrective and other supportive services as are required to assist a student with a disability and include:

- speech-language pathology,
- audiology services,
- psychological services,
- physical therapy,
- occupational therapy,
- counseling services (including rehabilitation counseling services),
- orientation and mobility services,
- medical services (for evaluation and diagnostic purposes),
- parent counseling and training,
- school health services,
- school social work,

- assistive technology services,
- other appropriate developmental or corrective support services, and
- appropriate access to recreation and other support services.

Indicators for CPSE Recommendation of Frequency of Related Services

Note: Before recommending the provision of related services as part of a special class or a special class in an integrated setting, the goals of the IEP should be carefully reviewed. If the teacher is able to address those goals appropriately, related services should not be recommended. If related services are recommended, the goals of these services should be clearly delineated so as to avoid unnecessary or duplicate services from teachers and therapists, thereby eliminating the need for related services when the child does not require such services.

A. Less Than One Time Per Week

The child needs periodic or intermittent services and supports to achieve in the current setting such as:

- skill practice and integrating this practice in daily activities,
- skill level has been achieved but child needs supervision to ensure maintenance and progression,
- adaptation and modification of curriculum and learning environments, and
- the child has adaptive equipment that requires monitoring for safety or maintenance.

B. One To Two Times Per Week

Note: Current regulations do not allow speech-language pathology services to be provided less than two 30 minute sessions per week.

- The child has moderate delays/deficits in only one or two domains.
- The child has more severe delays/deficits but requires more indirect intervention in order to continually practice and/or maintain skills with less frequent direct service.
- The child has reached skill attainment that requires less direct intervention to refine/maintain the skill.
- There are factors specific to the child's needs that may influence frequency.

C. Two To Three Times Per Week

- The child has moderate delays/disabilities in two or more domains.
- The child has more severe delays/deficits but is gaining functional skills with assistive devices.
- The child has not yet developed an acceptable level of skill attainment for his or her ability.
- There are other factors specific to the child's needs that may influence frequency.

D. Four Or More Times Per Week

- The child has moderate to severe/delays in multiple developmental areas and is responding with consistent progress.
- The child is at the beginning stages of skill development with frequent sessions needed to establish the skill.
- The child is in a critical growth period for the target skill.
- Recent introduction of assistive devices requires consistent intervention for a limited time period.
- The child requires consistent and ongoing direct intervention to continue forward progress.
- There are other factors specific to the child's needs that may influence frequency of service.

E. Indicators for Referral to CPSE to Meet and Possibly Amend IEP

- The child has achieved IEP goals and objectives and displays the ability to continue progressing in the learning environment.
- The child has achieved skills to an age-appropriate level.
- The child has made little or no progress in achieving skills or attaining IEP goals and objectives

Note: When a child requires one or more related services and/or is also receiving special education itinerant services or a special class program, frequencies of each service recommended should take into consideration how the total service needs of the child fit into his or her daily schedule, as well as the ability of other service providers to address IEP goals and reinforce skills.

Determining Related Services: Group or Individual Sessions and Direct or Indirect Instruction

Children often receive individual related services when being introduced to or when working on a particular component of a skill, when attention and distractibility are issues, when privacy is of concern, when interfering behaviors are present, or when being introduced to the use of technology or adaptive equipment. Individual services may also be needed when the provider must individually and continually respond to the changing needs of a child during intervention.

Preschool children with disabilities whose individual related services are provided in a setting with nondisabled peers often receive related services that are integrated into the routine of the classroom. This is particularly appropriate when the child's IEP goals and objectives address interaction with peers, including oral communication and/or objectives that can be achieved in that setting. In addition, IEP goals can be addressed in the child's learning environment.

Similarly, more than one child with a disability in the same setting may receive related services in a group when either motivation or peer interaction is an important factor and when the expected outcomes are either similar or compatible for group intervention.

The level of technical expertise needed to help a child achieve stated goals and objectives should be considered when determining the needed services. Children who have specific delays or impaired development may need hands-on intervention from related service personnel. Other children may need fewer related services as they may be able to achieve their goals through home or classroom-based activities that are coordinated with related service personnel. In addition, services may be coordinated to assist other staff or caregivers in carrying over therapeutic techniques and in modifying the environment to facilitate the child's participation.

Related Services: Speech-Language Pathology

The determination of need for speech-language pathology services and the intensity of that service are dependent upon the identified need in one or more of the following domains:

- receptive language,
- expressive language,
- articulation/phonology,
- pragmatics,
- fluency,
- oral-motor skills, and/or
- voice.

Determination of the frequency, intensity, duration, and location of services are not based solely on severity of delay or dysfunction in the above domains. An estimate of time required to meet the short-term objectives should be made. The following mediating factors should also be considered:

- degree of frustration the child exhibits when communication needs cannot be met.
- degree to which communication needs interfere with the child's ability to socialize.
- degree to which articulation errors are typical of delayed but normal speech development or representative of atypical phonological processes. If the concern is within the area of articulation/phonological processing, is the child stimulable for speech sounds?
- ability to use functional communication skills.
- parental involvement (ability, availability and commitment to assist).
- ability to incorporate and address language goals by other providers (i.e., SEIT teacher, special class teacher) in the current setting.
- presence of delay or disability in other functional areas.

Indicators for CPSE Recommendation of Frequency of Speech-Language Pathology Services

A. Two To Three Times Per Week - (This frequency is the most typical service recommendation.)

- The child displays numerous errors in the use of developmentally appropriate language that interfere with communication. The child may display frequent word retrieval difficulties.
- Auditory processing skills (i.e., attention, memory, discrimination, and comprehension) interfere with effective communication.
- Communicative interactions and intentions are frequently unsuccessful (i.e., initiation, topic maintenance, turn taking, and opening/closing conversations).
- The child presents with dysfluencies with an adverse effect on communication, educational, and social-emotional functioning.
- Voice is significantly deviant resulting in interference with communication. A voice examination by an otolaryngologist has been completed.
- The child exhibits speech sound and/or phonological process errors that are numerous and not developmentally appropriate.
- The child's articulation patterns are unintelligible without knowledge of context or familiarity.
- Oral motor and/or swallowing difficulties are present which require intervention.

B. Four To Five Sessions Per Week - (This service frequency is unusual.)

- Communication is severely limited. The child has ineffective means of communicating wants or needs.
- The child displays multiple areas in need of intervention within the communication domain (i.e., language, fluency, voice, articulation/phonological process, or oral motor).
- Oral motor difficulties are present which require consistent and ongoing intervention in order to continue progress.

C. Indicators for Referral to CPSE to Meet and Possibly Amend IEP

- The child has progressed to an age-appropriate level and can continue to develop skills without specific therapeutic intervention.
- The child has achieved speech/language goals to an age-appropriate level or to his/her level of limitation due to any physical impairments.
- The child has sufficient speech/language skills to benefit from normal childhood learning experiences.
- The child can continue to receive support through the current setting to maintain and continue positive growth.
- The child has made little or no progress in achieving skills or attaining IEP goals and objectives.

Related Services: Occupational Therapy

The determination of need for occupational therapy (OT) services and the intensity of that service is dependent upon identified need in one or more of the following domains:

- Personal independence, including self-care and community integration (i.e., activities of daily living and school/play/leisure activities).
- Adaptive behavior (including activities of daily living and play).
- Fine motor and neuro-motor development including the qualitative aspects of performance.
- Sensory processing (including visual and tactile perception).
- Sensory-integration (including the ability to use sensory information for functional goals).
- Perceptual motor (including visual motor integration and sensory-motor coordination).
- Attention and self-regulation (including sensory modulation, the ability to selectively focus and shift attention, inconsistency of performance or effort especially if associ-

ated with motor incoordination, presence of sensory-based stereotypes, or periods of exacerbated behavior).

- Psychosocial development (including relationships with peers and adults).

Determination of the frequency, intensity, duration and location of services is not based solely on the severity of the child's delay or dysfunction in the above domains, but should include the estimated time needed to reach the goals. The following mediating factors should also be considered:

- the number of domains with identified needs and the number of goals to be addressed by occupational therapy and the extent of support from the educational program or setting.
- the presence of other therapeutic or educational needs.
- the child's age and developmental/educational expectations (i.e., the four-year-old child is beginning to develop specialized use of the dominant hand for tool use and is beginning to learn to copy and draw figures in preparation for writing. This is a critical period for the development of fine motor skills and, therefore, frequency of intervention may be increased to prevent potential academic delays secondary to motor incoordination).
- the nature of the child's diagnosis (i.e., need for ongoing intervention to prevent loss of function in a regressive disease such as Duchenne Muscular Dystrophy, or need for periodic decreases of intervention during periods of exacerbation as in children with juvenile rheumatoid arthritis).
- the previous therapy, if any, and rate of progress.
- the child's need for consistency to progress or maintain abilities.
- the need for skilled therapeutic intervention to assure progress or maintenance of abilities.
- the extent to which the child's problems interfere with functioning in the current setting.
- parental involvement (ability, availability and commitment to assist).
- current setting including supports, challenges, and expectations, as well as the abilities and training of caretakers and staff.

Note: Licensed occupational therapy assistants may provide treatment according to a plan developed by or in collaboration with a licensed occupational therapist. They must work under the supervision of a licensed occupational therapist.

Indicators for CPSE Recommendation of Frequency of Occupational Therapy Services

Frequency of services may be modified based on the service delivery model (push-in versus pull-out) and the willingness of other staff to follow through with therapeutic interventions.

A. Less Than One Time Per Week

- The child's program is focused on maintaining (as opposed to progressing) skills, sensory processing, attention, self-regulation, and/or motor abilities.
- The child may have achieved age-appropriate abilities but requires supervision to assure maintenance or integration of skills into the current setting.

B. One To Two Times Per Week - (This is the most common frequency.)

- The child is slow to attain developmentally appropriate activities of daily living, play, or other functional abilities or does so only with maximum assistance.
- Fine motor delay or impairment interferes with the child's ability to interact with peers or learn through experiences in a way comparable to typically developing peers.
- The child is in the intermediate level of fine motor skill acquisition in a relatively circumscribed area (i.e., a child who needs intermittent support to continue to refine manipulation, yet has appropriate visual motor, postural, and sensory processing abilities).

C. Two To Three Times Per Week

- The child is unable to perform age-expected activities of daily living but with intervention has the potential to attain age-appropriate independence, with or without adaptive equipment.
- Fine motor delay or impairment or ineffective coping strategies significantly interferes with the child's ability to interact with peers, learn through play experiences, or engage in self-care activities.
- The child is at the beginning level of skill acquisition in a broad range of fine or perceptual motor abilities and requires assistance in the functional application of those abilities.
- The child has adaptive equipment or splinting that requires monitoring for safety or maintenance in addition to remediation.
- The child is motivated to be independent but is using abnormal motor patterns to achieve function.
- The child has severe difficulties in self-regulation that are secondary to a sensory processing disability, and his/her behavior is either disruptive to others within the setting or is unsafe.

- The child may require specialized interventions that can only be achieved on a pull-out basis, in addition to interventions that occur in a more integrated setting (i.e., a child with sensory modulation problems that influence self-regulation may require direct services in a specialized environment two times per week as well as services in the classroom to work on fine and perceptual motor abilities).

E. Four To Five Times Per Week - (This service frequency is most unusual.)

- The child has a broad range of goals requiring occupational therapy intervention (i.e., a child who requires individualized feeding intervention, as well as specific neurodevelopmental interventions for fine motor impairment, and functional training and adaptation for managing routines).
- The child is approaching a transition in skills.
- The child is in a critical period of growth.
- The child has made little or no progress in achieving skills or attaining IEP goals and objectives.

F. Indicators for Referral to CPSE To Meet and Possibly Amend IEP

- The child has progressed to an age-appropriate level of abilities in all domains and has evidenced ability to maintain independent progression as expected for a child of his/her age.
- The child has stabilized and no longer needs specific occupational therapy services to maintain skills or abilities or can obtain occupational therapy services through other providers. Children in this category may have significant limitations but are no longer evidencing progress with therapeutic intervention.
- The child can continue to receive support through the current setting to maintain and continue positive growth.

Related Services: Physical Therapy

The determination of need for physical therapy services and the intensity of that service is dependent upon identified need in one or more of the following domains:

- postural stability (i.e., being able to maintain a position such as sitting) and functional mobility or transition between positions (i.e., being able to move from one place to another), including components of movement (i.e., range of motion, strength, endurance, power, speed, agility, flexibility, joint stability, balance) and the use of assistive or adaptive devices;
- neuromotor development, including subsystems of the central nervous system as they impact motor output (i.e., developmental reflexes, reflex asymmetries, motor overflow, muscle tone);

- sensory-motor integration, including perception and processing of primary sensory input as it impacts motor output (i.e., developmental reflexes act as a response to sensory input - touch, movement, sound, and sight); and
- aerobic capacity and general level of endurance for functional activities and efficiency of movement (i.e., lung capacity; chest shape, appearance and movement; speed and distance).

Determination of the frequency, intensity, duration, and location of services is not based merely on severity of delay or disability in the above domains, as children with problems in motor performance are not a homogeneous group. Therefore, the following mediating factors should also be considered:

- the child's age (young children are working to acquire motor skills and there is critical brain growth during the preschool years);
- any previous therapy that the child has received and the level of progress that the child has made (child's attainment of functional skills);
- if the therapy is necessary for skills practice (i.e., walking), improvements of components for skill development (i.e., strength and endurance), or a combination of both;
- the level of demand of the task and the child's related level of fatigue;
- the presence of a regressive disease;
- the child's cognitive level and the extent to which the child has demonstrated an ability to learn motor skills;
- the child is in a critical period of increased physical growth;
- the extent to which parental involvement is available for follow-up and guidance, as necessary; and
- the ability of the staff in the current setting to assist the child with motor skill learning, as necessary.

Note: A physical therapist assistant provides physical therapy care under the supervision of a physical therapist. A 1998 amendment to Section 6738 of the Education Law effective through June 30, 2005 states that a physical therapist assistant may provide services without the on-site supervision of a licensed physical therapist under certain circumstances. Periodic treatment and evaluation by the supervising physical therapist should be indicated on the plan of care, as determined by the child's needs, but must not exceed every twelfth visit or 30 days, whichever occurs first.

Indicators for CPSE Recommendation of Frequency of Physical Therapy Services

A. Less Than One Time Per Week

- Even with an intensive period of therapy, the child's physical impairments continue to severely restrict voluntary control of movement and the ability to maintain antigravity head and trunk postures. All areas of motor function are limited and maximum progress has been achieved.
- The child achieved an acceptable level of skill in one area but may need to be monitored to maintain progression.
- Emphasis is on making certain the child maintains physical status to benefit from education.
- There are factors such as a regressive disease.
- Services are needed to ensure safety and effective adaptation following changes in physical status, caregivers, environment or task demands.

B. One To Two Times Per Week - (This is the most common frequency.)

- The child can walk without an assistive device but has limitation in more advanced gross motor skills.
- The child is severely limited in self-mobility, and limitations in function are not fully compensated through the use of adaptive equipment and assistive technology (child has no means of independent mobility and is transported).
- The child needs skills practice and is receiving integration of this practice into all settings.
- Skills(s) to be learned is (are) simple (i.e., coming to stand from a chair, standing, sitting).
- The child needs work on only one or two components of movement (i.e., range of motion and strength).
- The child is slow in attainment of functional skills or needs skills to be maintained so as not to regress.
- The child is at an acceptable level of skill and is refining that skill.

C. Two To Three Times Per Week

- The child walks with or without assistive devices but has limitations walking outdoors and in the community.

- The child has limitations in self-mobility but has some or will gain some independence in mobility with assistive mobility devices.
- The child is at the intermediate level of skill acquisition.
- Skill(s) to be learned is (are) more complex (i.e., walking, stair climbing, coming to stand from the floor and returning).
- The child needs repetition to influence motor components (i.e., increased intensity to achieve conditioning effects).
- The child needs to work to improve two or more components of a movement skill.
- The child has responded to more intensive therapy and needs longer sessions less frequently.
- The child needs to build two or more components of motor skill acquisition (i.e., strength, endurance, range of motion, balance).

D. Four To Five Times Per Week- (This service frequency is most unusual.)

- The child walks with or without assistive devices but has limitations walking outdoors and in the community.
- The child has limitations in self-mobility but has or will gain some independence in mobility with assistive mobility devices.
- The child is at a beginner level of skill acquisition and needs more intensive therapy.
- It is a critical growth period.
- The child is approaching a transition in skills.

E. Indicators for Referral to CPSE To Meet and Possibly Amend IEP

- The child has progressed to an acceptable level of fundamental skills (i.e., locomotion, manipulation, balance and stability).
- The child has achieved qualitative and quantitative motor goals to an age-appropriate level or to the level of limitation due to the physical impairments.
- The child can continue to receive support through the current setting to maintain and continue positive growth.
- The child has made little or no progress in achieving skills or attaining IEP goals and objectives.

Note: A physical therapy referral on behalf of the CPSE from a physician, dentist, podiatrist, or nurse practitioner may indicate that services should be ongoing even when the physical therapist has indicated discharge is appropriate. When services continue, the rationale should be clearly documented in regard to the recommendation to discharge made by the physical therapist and the referral to continue made by the referring practitioner.

Related Services: Counseling (Child, Parent, Family)

The determination of need for counseling services is dependent upon the child demonstrating a significant delay or disability in social-emotional development and/or behavioral/emotional problems that are persistent and pervasive which impact the child's ability to learn or acquire skills in one or more functional areas. Children who may require counseling services would demonstrate behavioral characteristics such as:

- internalizing behavior problems such as anxiety, depression, withdrawal, emotional liability (mood swings), fearful behaviors;
- externalizing behavior problems such as aggressive behaviors, oppositional behaviors, destructive behaviors, attentional difficulties, or high activity level;
- social/relational difficulties such as children who have difficulties initiating and maintaining reciprocal social interactions with peers and adults or children who have poor sense of self/others; and
- somatic, feeding, or toileting difficulties which affect the child's ability to develop functional skills.

Determination of the frequency, intensity, duration and location of services is not based merely on severity of delay or dysfunction in the above domains, but must also consider the following mediating factors:

- presence of other therapeutic and/or educational needs;
- the child's age and developmental skill levels;
- the family's and/or the child's language and comprehension skills and their ability to benefit from involvement with community resources;
- parental involvement and familial background;
- degree to which the child's social-emotional and behavioral difficulties interfere with the child's ability to function and progress in the current setting;
- cultural background;
- presence of an immediate crisis situation (i.e., an acute crisis situation such as homelessness or parental death);

- previous interventions attempted and level of progress;
- the nature of the child's coping strategies; and
- the evidence of a lack of generalization of skills at home.

The distinction between individual counseling services and counseling offered within the classroom to help the child with anxiety or aggressive behavior as behaviors occur should be considered. Also, the intervention may include family counseling or work with the parent and/or other caregivers, as well as direct work with the child.

Indicators for CPSE Recommendation of Frequency of Counseling Services

A. One To Two Times Per Week

- The child possesses some rudimentary coping skills upon which other skills can be built, yet has limited coping strategies.
- The child has previously demonstrated age-appropriate social-emotional and behavioral skills, but skills have significantly deteriorated due to an acute crisis situation, or there has been a regression in one or more areas: emotional, behavioral, social, or activities of daily living.
- The child is in need of specific assistance in combination with positive support and assistance received from other adults in the child care setting.

B. More Than Two Times Per Week

- The child is displaying reckless and/or dangerous behaviors.
- The child displays multiple areas of need within the social-emotional and behavioral areas that requires consistent and ongoing intervention.
- The child is in the midst of an acute and major life-changing crisis situation, which has significantly impaired the child's ability to function.
- The child requires frequent periods of therapy in order to continue progress and to benefit from the current setting.
- The child and/or family has had an immediate crisis and is at the beginning stage of requiring frequent services to be able to cope with daily expectations (i.e., intensive, short-term crisis intervention).

C. Indicators for Referral to CPSE To Meet and Possibly Amend IEP

- The child has progressed to an age-appropriate level of social-emotional and behavioral functioning and can continue to develop skills without specific therapeutic intervention.

- The child can continue to receive support through the current setting to maintain and continue positive growth.
- The child has made little or no progress in achieving skills or attaining IEP goals and objectives.

Guidance for Determining the Provision of Special Education Itinerant Services

Section 4410 of the Education Law defines Special Education Itinerant Services (more commonly referred to as SEIT) and states that such services shall provide direct individual and/or group instruction to preschoolers with disabilities by a special education teacher of an approved program at a site selected by the parent, including, but not limited to, an approved or licensed Pre-K or Head Start program, the student's home, a hospital, a State facility, or a child care location.

SEIT services are typically provided to support a child with a disability in an early childhood setting. The services of the special educator are provided for two or more hours per week but generally not for the entire time the child is attending the early childhood setting. Children who require continuous oversight of their entire program by a special educator or a significant number of hours to achieve goals may be better served in a special class, with first consideration being given to an integrated setting.

SEIT services may also be provided in the child's home when the family chooses or is not able to enroll their child in an early childhood setting or when health or medical concerns prevent the child from participating in such a setting. Providing the SEIT service in conjunction with informal groupings, such as library story hours or play groups in homes, may help the child who is receiving SEIT alone at home achieve goals of interaction with peers or other skills associated with future success in school.

SEIT services may be provided alone or in combination with one or more related services. While most children receive SEIT services from a teacher certified in special education or speech and hearing, children with hearing impairments may require a certified teacher of the deaf, children with visual impairments may require a certified teacher of the blind and visually impaired, and bilingual children may require a certified bilingual teacher of special education.

The determination of the need for SEIT services and the frequency, intensity, duration and location are dependent upon identified needs in one or more of the following areas:

- Academic or educational achievement and learning characteristics or the levels of knowledge and development in subject and skills area. These include activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information, and learning style.

- Social development or the degree and quality of the student's relationships with peers and adults, feelings about self, and social adjustment to school and community environments.
- Physical development or the degree or quality of the student's motor and sensory development, health, vitality and physical skills or limitations which pertain to the learning process.
- Management needs, or the nature of and degree to which environmental modifications and human or material resources are required to enable the student to benefit from instruction. Management needs are determined in accordance with the factors identified in each of the three areas described above.

The frequency of SEIT services is determined by a broad range of guiding principles and mediating factors that include, but are not limited to, the following:

- the extent to which a cognitive delay impacts other areas of development, such as socialization, language, or motor skills;
- the child's rate of learning;
- the child's ability to attend;
- the extent to which the child's environment can provide support for the acquisition and generalization of skills or can be modified to accommodate the child's specific needs;
- the extent to which the behavioral needs impact other areas of development, such as the acquisition of cognitive, language and motor skills;
- the extent to which the child needs practice and support with activities of daily living; and
- the presence of a vision or hearing impairment.

Preschool children with disabilities who receive special education services in a setting with nondisabled peers often receive individual SEIT services provided in the company of his/her typically developing peers. This is particularly appropriate when the child's IEP goals and objectives address interaction with peers. Occasionally, individual services are needed to focus on and/or reinforce a particular skill outside of a group setting.

SEIT services may be provided to a group of children when reflected on each child's IEP and when the children have similar instructional needs. This would be appropriate when the children's goals are similar or compatible with group intervention and when the service provision continues to include interaction with other nondisabled peers. SEIT services should always work toward facilitating the child's participation in activities with the nondisabled peers in the setting.

Providing SEIT services to a small group should not be used to segregate children with disabilities into a mini-group within an integrated setting. In addition, SEIT services include those services delivered directly to the child and indirect services provided to parents, teachers, and other caregivers. Indirect services facilitate the ability of these caregivers to reinforce targeted skills throughout other daily activities and to modify the curriculum, their instructional methods or the learning environment to facilitate the child's independence and participation in appropriate activities.

Indicators for CPSE Recommendation of Frequency of SEIT Services

A. Two To Three Hours Per Week

- The child exhibits delays in a limited number of domain areas that require special education intervention.
- The child needs a behavior management program that requires coordination and monitoring by a special education teacher.
- The child is receiving support and assistance for carry-over of skills from other caregivers in the current setting with indirect service provided by a SEIT teacher.

B. Four To Six Hours Per Week

- The child exhibits delays in multiple domain areas that require special education intervention.
- The child needs a behavior management program, which requires coordination, direct implementation, and monitoring by a special education teacher.
- The caregivers in the current setting require consultation and training by a SEIT teacher in order to modify curriculum and reinforce the child's goals and objectives.

C. Seven To Ten Hours Per Week

Note: Children who fit this profile may also be considered for SEIT and related services with a paraprofessional or Special Class. A teaching assistant can provide direct instruction under the general supervision of a teacher whereas a teacher's aide may not provide direct instruction. Where an assistant would be assigned to provide instruction, a teacher's aide would be assigned to manage and support the child in the educational environment. In general, when more than ten hours per week of SEIT services are being considered to meet a child's individual needs, it may be advisable for the Committee to consider whether other types of programs or services may be more appropriate.

- The child exhibits serious delays in multiple domain areas, which require intensive intervention by a special education teacher.
- The child's behavior management program requires extensive coordination, direct implementation, and facilitation by a special education teacher.
- Caregivers require extensive consultation and training by a SEIT teacher in order to support the child's achievement of goals and objectives.

D. Indicators for Referral to CPSE To Meet and Possibly Amend IEP

- The child has achieved special education goals and objectives and he or she has demonstrated the ability to achieve age-appropriate educational outcomes.
- The child has achieved age-appropriate skills to an acceptable level.
- The child has made little or no progress in achieving skills or attaining IEP goals and objectives.

Guidance in Determining Options According to the Preschool Continuum of Special Education Programs and/or Services

Related Services Only

May be appropriate if:

- the goals are limited to those areas which can be addressed by related service providers such as speech-language pathologists, occupational therapists and physical therapists.
- the child is in an environment that can provide support for the acquisition and generalization of skills taught by related service providers.
- the child's setting, whether home, child care, or preschool, can accommodate IEP goals which include interaction/communication with peers.
- the child with multiple needs can have his/her needs effectively coordinated in the child's home or other child care setting arranged by the parents.
- the child has special needs in functional areas that can be met by using a related services provider(s) rather than a special education teacher.

SEIT Only

May be appropriate if:

- the goals can be met by a special education teacher who works either directly or indirectly with a child for part of a day or week in order to benefit from his/her current educational program or daily situation.
- the child is in an environment which can provide support for the acquisition and generalization of skills taught by a special education itinerant teacher.
- the child's setting can accommodate IEP goals which include interaction/communication with peers.
- the child has no related service needs.

Related Services and SEIT

May be appropriate if:

- the child can function in a group of nondisabled children with a limited amount of special education teacher intervention and with one or more related services to meet the child's needs in other domains.
- the child's physical and/or behavior management needs may be met with or without the assistance of a teacher aide/assistant.
- the child with multiple service needs can have his/her needs effectively coordinated in the child's home or other child care setting arranged by the parents.

Special class in an integrated setting should be considered before a special class in a setting with only children with disabilities. Placement in a setting that does not include age-appropriate peers without disabilities shall be considered only when the nature and severity of the child's disability is such that education in a less restrictive environment with the use of supplementary aids and services cannot be achieved satisfactorily.

Half-Day Class

May be appropriate if:

- the child requires a comprehensive special education program, with or without related services, to meet his/her IEP goals.
- the child requires a greater degree of adult support and direction than is typical in settings for children without disabilities/s in order to benefit from the instructional program.
- the child and family require a more continuous multidisciplinary team approach.
- the child does not have the stamina or attention for a full-day class.

- the number and scope of IEP goals to be worked on within the context of the child's total program can be accommodated in a half-day class.

Full-Day Class

May be appropriate if:

- the child has extensive needs, as described in annual goals/short-term objectives, that require a comprehensive special education program, with or without related services, to meet his/her IEP goals.
- the child requires a greater degree of adult support, attention, direction and supervision than is typical in settings for children without disabilities in order to benefit from the instructional program.
- the child and family require a more continuous and more intensive multidisciplinary team approach.
- the child has the stamina, including health status and developmental level, to participate in and benefit from a full-day program.
- the child's total service needs or medical or behavioral needs necessitate a longer program duration in a specialized environment with therapeutic techniques throughout the day which cannot be provided in a half-day special education instructional program.
- the number and scope of IEP goals to be worked on within the context of the child's total program necessitate a full-day special class.

In-State Residential Program

Note: In-state residential programs should only be used on a very limited basis for children with severe disabilities who require habilitation to support their education.

May be appropriate if:

- the child's needs are so extensive that a comprehensive special education program and related services are required at an intensity that will exceed a five-hour special education instructional day in order to meet his or her annual goals and short-term objectives.
- the child requires a greater degree of adult support, attention, direction and supervision than is typical in settings for only children with disabilities in a full-day special education program, in order to benefit from the instructional program.
- the child's stamina, including health status and developmental level may require intermittent instruction (e.g., two hours on, two hours off) thus necessitating a closely-linked educational and residential program in order to provide this type of instructional scheduling.

- the child's total service needs or medical or behavioral needs necessitate a longer or extended instructional day (greater than five hours) in a specialized environment with therapeutic techniques throughout the day that cannot be provided in a full-day special education instructional program.
- the number and scope of IEP goals to be worked on within the context of the child's total program necessitates a residential program.

Note: The CPSE must notify the State Education Department of its intent to recommend a residential program prior to its request for program and funding approval.

Extended School Year Programming

Extended school year services may be appropriate for some preschool students with disabilities who require a structured learning environment to prevent substantial regression. Substantial regression means a student's inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August of such severity as to require an inordinate period of review at the beginning of the school year to reestablish and maintain IEP goals and objectives mastered at the end of the previous school year. As a guideline for determining eligibility for an extended school year program, a review period of eight weeks or more would indicate substantial regression has occurred. The CPSE is responsible for determining a student's eligibility for an extended school year program and recommending the appropriate July and August special education program and/or related services needed to prevent substantial regression.

The Department has previously issued guidelines on the provision of services to students with disabilities in the least restrictive environment during the months of July and August. The publication, *The Provision of Extended School Year Programs for Students with Disabilities in Integrated Settings (August 1996)*, provides more information.

APPENDICES



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

DEPUTY COMMISSIONER FOR VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES
MANAGER, SPECIAL EDUCATION POLICY
ONE COMMERCE PLAZA, ROOM 1624
ALBANY, NY 12234
Tel. (518) 476-7584

**Appendix A
(Summary Evaluation Report Form)
English and Spanish**

Preschool 00-01

January 2000

TO: District Superintendents
Presidents of Boards of Education
New York City Board of Education
Superintendents of Schools
Organizations, Parents and Individuals Concerned with Special Education
Executive Directors of Approved Private Schools
Directors of Approved Preschool Programs
Directors of Approved Evaluation Sites
Commissioner's Advisory Panel for Special Education Services
Directors of Special Education
Chairpersons of Committees on Preschool Special Education
Head Start Directors
SETRC and ALTA Project Directors and Training Specialists
ECDC Project Directors and Coordinators
Chief Elected Officials of the Counties
Independent Living Centers

FROM: Rita D. Levay

SUBJECT: Updated Preschool Student Evaluation Summary Report Form and Clarification on New Provisions Required Pursuant to the Reauthorization of the Individuals with Disabilities Education Act (IDEA)

The purpose of this memorandum is to provide updated information on Section 4410 of the Education Law, as amended by Chapter 474 of the Laws of 1996 regarding documentation requirements of the evaluation of a preschool child suspected of having a disability. This updated information is consistent with the recent reauthorization of the Federal Individuals with Disabilities Education Act (IDEA). Section 4410(4) of the Education Law requires that the documentation of the evaluation include all assessment reports and a summary report of the findings of the evaluation on a form prescribed by



the Commissioner and a detailed statement of the preschool child's individual needs. The evaluator shall not include on the summary evaluation report recommendations about the type, frequency and duration of special education services or programs or address the manner in which the special services or programs can be provided in the least restrictive environment. In addition, the evaluation finding must not refer to any specific provider of special services or programs. The law clarifies that the CPSE is responsible for making these recommendations when developing, reviewing and/or revising the individualized education program (IEP) for a preschool child with a disability.

Congress intended to strengthen the role of parents and ensure that families have meaningful opportunities to participate in the education of their children at school and at home. In accordance with IDEA, the parent of the child suspected to be a preschool child with a disability is now a member of the interdisciplinary individualized education program (IEP) team. In New York State, this team is the Committee on Preschool Special Education (CPSE). In their role as CPSE members, parents have all the rights and responsibilities of other CPSE members. The parent(s) of the child who is referred to the CPSE must receive all information and written materials, which are provided to the members of the CPSE prior to and throughout the CPSE process of reviewing the child.

The Individual evaluation must be conducted in accordance with Section 200.4(b) of the Regulations of the Commissioner of Education. The approved evaluators should review other assessments or evaluations to determine if such information fulfills the requirements of the Regulations. Evaluators should be cognizant of these requirements so that appropriate evaluation information is collected and available to the CPSE. Documentation of the evaluation should be transmitted as follows:

The approved evaluator must provide, on a timely basis, a copy of the full evaluation, including the summary report, to each member of the CPSE, including the parent(s) of the referred child and to the person designated by the municipality in which the preschool child resides. The statement of the preschool student's individual needs and recommendation, including the summary of the evaluation must be provided by the evaluator in English and, when necessary, in the native language or other mode of communication of the parent unless not feasible to do so.

The attached Preschool Student Evaluation Summary Form (revised October 1996) must be used for all evaluations of preschool students referred to the CPSE. This summary should include a description of the preschool child's individual needs according to the major areas of child development. This evaluation information should serve as a basis for determining the present levels of performance for a preschool child with a disability, including a statement, as appropriate, as to how the disability affects the preschool child's participation in appropriate activities. The 1997 amendments to IDEA also ensure additional protections for parents, as follows:

- including evaluations and information provided by the parents in CPSE discussions that may assist in determining whether the child is a preschool child with a disability and the content of the IEP;
- providing copies of the evaluation report and documentation of the determination of eligibility to parents;
- allowing parents to bring individuals who have knowledge or special expertise regarding the child to participate at CPSE meetings;
- having parents input for enhancing the education of their child considered by the CPSE; and
- receiving progress reports, at least as often as parents of nondisabled children receive similar reports, of the child's progress toward the annual goals; and the extent to which that progress is sufficient to enable the preschool child with a disability to achieve the goals by the end of the school year.

IDEA also requires that:

- Committee membership must include an individual who can interpret the instructional implications of evaluation results.
- Committees, including the parents of a preschool child with a disability, must consider the following special factors in developing IEPs.
- When a child's behaviors impede learning, the Committee must consider strategies, including positive behavior interventions, strategies and supports to address those behaviors.

If a child has limited English proficiency, the Committee must consider the language needs of the child as such needs relate to the child's IEP. If a child is blind or visually impaired, the Committee must provide instruction in Braille and in the use of Braille unless the Committee determines, after an evaluation of the child's reading and writing skills, needs, an appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or in the use of Braille), that instruction in Braille or in the use of Braille is not appropriate for the child. For children who are deaf or hard of hearing, the Committee must consider the language and communication needs of the child and opportunities for direct communication with peers and professional personnel in the child's language and communication mode. The Committee must also consider the child's academic level and full range of needs, including the child's social, emotional and cultural needs. For all students, the Committee must consider the provision of assistive technology devices and services when developing the child's IEP.

Functional behavioral assessment is the process of determining why a student engages in challenging behavior and how the student's behavior relates to the environment. Functional behavioral assessments should be viewed as an integral part of evaluation and reevaluation procedures. When students demonstrate behaviors that impede learning, these assessments should be integrated, as appropriate, throughout the process of developing, reviewing and revising a student's IEP. When a functional behavioral

assessment is conducted of a preschool student who has, or is suspected of having, a disability, the attached summary form should be used to report the results. The components of the functional behavioral assessment may be included in the space provided on the summary evaluation form. Additional pages may be included as needed to report the findings and comments of the functional behavioral assessment. At a minimum, comments must address the following components:

- Identification of the problem behavior;
- Definition of the behavior in concrete terms;
- Identification of the contextual factors that contribute to the behavior (including affective and cognitive factors); and
- Formulation of a hypothesis regarding the general conditions under which a behavior usually occurs and probable consequences that serve to maintain it.

Please refer to the July 1998 memorandum (Policy 98-05) "Guidance on Functional Behavioral Assessments for Students with Disabilities" for further information on functional behavioral assessment. The attached Preschool Students Evaluation Summary Form may be duplicated. A Spanish version of the form is also attached.

Questions regarding the Preschool Student Evaluation Summary Report Form should be directed to the Preschool Special Education Services Unit of VESID Special Education Policy and Quality Assurance at (518) 473-6108.

Attachments

PRESCHOOL STUDENT EVALUATION SUMMARY REPORT ATTACHMENT

Student's Name:	Date of Birth:	Date of Evaluation:
Parent/Guardian:	Relationship:	Agency:
Address:	Contact Person:	Telephone:
County of Residence:	School District:	

This reporting form provides a summary of the findings of the evaluation which includes a detailed statement of the child's individual needs. As a result of Chapter 474 of the Laws of 1996, the evaluator may no longer recommend the general type, frequency and duration of special services and programs needed nor address the manner in which the special services and programs can be provided in the least restrictive environment.

Please indicate the individually administered evaluation measures used, including the result of the observation of the child and the findings pertinent to the following domains. Incorporate the strengths of the child and the characteristics relating to the suspected disability. This summary and the documentation of the evaluation results are to be transmitted to all the members of the Committee on Preschool Education (CPSE) and to the Municipality Representative. Before meeting with the parent, the CPSE must transmit a copy of this evaluation summary report to the parent. The summary report must be transmitted in English, and when necessary, in the dominant language or other mode of communication of the parent.

1. Cognitive

2. Social/Emotional

3. Motor Development
4. Language and Communicative
5. Adaptive/Functional Behavioral Assessment

Please indicate the date the evaluation results, including this summary report, were sent to the Committee on Preschool Special Education and the Municipality Representative:

_____ (date)

Español

**RESUMEN DE LOS RESULTADOS DE LA EVALUACIÓN
DE ESTUDIANTES PRE-ESCOLARES
ANEXO**

Nombre del Estudiante:	Fecha de Nacimiento:	Fecha de Evaluación:
Padres/Guardián:	Parentesco:	Agencia:
Dirección:	Persona a Contactarse:	Teléfono:
Condado de Residencia:	Distrito Escolar:	

Este informe es un resumen de los resultados de la evaluación que incluye una declaración detallada sobre las necesidades individuales del niño. Como resultado del Capítulo 474 de las Leyes de 1996, el evaluador no podrá hacer recomendaciones acerca del tipo, frecuencia y duración de programa o servicio de educación especial así como tampoco podrá proveer el programa o servicio en el ambiente menos restrictivo.

Sírvase indicar las medidas que se utilizaron en la evaluación administrada individualmente, incluyendo el resultado de la observación del niño y los resultados pertinentes a las áreas indicadas en los casilleros. Incluya las áreas más desarrolladas del niño y las características relativas a la incapacidad de la que se sospecha. Este resumen y la documentación acerca de los resultados de la evaluación debe ser entregados a todos los miembros del Comité de Educación Especial Pre-escolar y al representante municipal. Los padres deben recibir una copia del resumen de los resultados de la evaluación antes de la reunión con el Comité de Educación Especial Pre-escolar. El resumen de los resultados de la evaluación debe estar escrito en Inglés y cuando sea necesario en el idioma que los padres dominan, u otro modo de comunicación de los padres.

1. Cognoscitivo
2. Social/Emocional
3. Desarrollo Motriz
4. Lenguaje y Comunicación
5. Evaluación de Conducta de Adaptación/Funcional

Por favor indique la fecha en que los resultados de la evaluación, incluyendo el resumen de los resultados de la misma, fueron enviados al Comité de Educación Especial Pre-escolar y al Representante Municipal.