Early Childhood/Head Start Interagency Protocol Instructions

This Early Childhood Interagency Protocol boilerplate for School Districts and Head Start Programs (HS), which includes Migrant and Seasonal Head Start (MSHS) and American Indian, Alaska Natives Head Start (AIAN), outlines the minimal topics that should be addressed through annual joint planning between the local HS and the Local Educational Agencies (LEA or school district) serving children under Part B of the Individuals with Disabilities Education Act (IDEA).

Local HS Programs and districts will jointly review annually and update content as needed. The LEA will initiate annual document review and will submit an assurance of completion to the State Department of Education with their IDEA Part B and Preschool application in the fall of each year. Annually, ten percent of the districts will be required to submit completed Interagency Protocols for verification purposes. Head Start Programs are required to maintain current Interagency Agreement and Protocols with all LEAs in their service area, in their files for Federal Review.

*Sections in italicized text outline minimum Federal and State policy requirements and may not be modified.*

The use of “parent” throughout this document includes guardians and other legally responsible persons.

Text using Arial font and formatted in boxes contains potential options and negotiation points and may be modified as agreed between the participants.

*Local HS Programs and districts may insert other jointly- agreed upon options for collaboration in any of the boxed fields. In addition, HS and districts may supplement this document with additional topical areas as needed.*

*All additions must be consistent with Head Start Program Performance Standards on Services for Children with Disabilities (Part 1308) and Part B regulations (34 CFR Part 300) and support the goal of effective system collaboration promoting efficient, seamless service provision to eligible children and their families.*

Early Childhood/Head Start Interagency Protocol, Attachment A

This Interagency Protocol represents a negotiated agreement between the following organizations:

|  |  |
| --- | --- |
| School District # \_\_\_\_\_\_\_ | Head Start Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | Address: |
| Effective Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_  Effective Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_ | |

# Section A. Contact Information and Child Find

*The parties recognize that collaboration is necessary to facilitate smooth referrals, transitions, and the determination of eligibility for Special Education services. This supports a smooth and effective transition for children and their families.*

*To be in compliance with Federal and State regulations, the parties agree to abide by the terms outlined in the State Interagency Agreement.*

***Exchange of Information***

*Confidential information will be exchanged between agencies according to HIPAA, FERPA, Head Start, and IDEA regulations and agency protocols.*

Community Resources/Contact Personnel:

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Contact Name** | **Phone/Fax** | **Email** |
| District #\_\_\_\_\_\_\_\_ |  |  |  |
| Head Start Program:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

***Child Find Local Screening Activities***

*Screening is intended to identify children who may have a developmental delay and be eligible for special education services.*

*The Head Start Program and local school district may agree to cooperate and share staff, facilities, and other resources as necessary to carry out Child Find and related screening/ assessment/evaluation activities.*

|  |
| --- |
| Will the School District & Head Start Program conduct separate or joint child find screening activities?  \_\_\_\_\_ Separate \_\_\_\_\_ Joint |
| If joint, specify known details (e.g. dates, frequency, location, primary organizer, etc.): |

# Section B. Provision of Referral for Evaluation and Assessment for Special Education

*Head Start must screen all enrolled children within 45 days (30 days for Migrant/Seasonal) in general development, sensory, vision and hearing, social/emotional development. Well-child health and dental screenings will be completed within 90 days (30 days Migrant and Seasonal).*

*When Head Start screening indicates the need for further evaluation/assessment, a referral will be made to the LEA in which the child resides. (1308.4(f) and 1308.6(e))(1) Head Start Performance Standards.) Local Head Start programs determine screeners in accordance with Head Start Standards.*

*If concerns are raised about an individual child based on screening results, the following process applies:*

*Per* [*Head Start Program Performance Standards and Other Regulations*](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements)*;* [*34 CFR*](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1308) *§1308.6 the local Head Start Program must complete a developmental assessment. If a child is suspected of having a disability the disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday (HS 1308.06(e)(1)). The LEA must follow the provisions and timelines as outlined in IDEA to complete timely evaluations as identified in Idaho Special Education Manual, Chapter 4, Evaluation and Eligibility.*

*Referrals to Consider Special Education evaluation/assessments for children enrolled in Head Start must be processed in a timely manner (1308.6(1)). While state law does not mandate school districts to provide summer services, unless required in an individual child’s IEP, districts do have the responsibility to work with Head Start programs to provide assessments for children in summer programs, (see State Interagency Agreement) especially for children referred by Migrant/Seasonal Head Start and homeless children. Children will be assessed using culturally and linguistically appropriate procedures.*

*LEAs will accept referrals and conduct assessments throughout the calendar year, including summer, when schools are generally not in session to accommodate the need for evaluation/assessment of children referred by Head Start, Migrant and Seasonal Head Start, and homeless children.*

|  |
| --- |
| To accomplish referral from a HS, MSHS, and AIAN to a local LEA for evaluation/assessment and eligibility, describe how referrals will be made and evaluation timelines established: |
| Please describe how referrals will be managed over the summer months when the LEA is on break: |

|  |  |  |  |
| --- | --- | --- | --- |
| The people listed below will be responsible for ensuring Referral is shared in a timely manner and appropriate follow-up is completed for the family. | | | |
| **Agency** | **Contact Name** | **Phone/Fax** | **Email** |
| Head Start Program:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| District # \_\_\_\_\_\_ |  |  |  |
| Migrant/Seasonal Head Start |  |  |  |
| Homeless Coordinator |  |  |  |

# C. Procedures for exchange of Information

|  |
| --- |
| *Discuss and document how information about children will be exchanged between agencies according to HIPAA and FERPA regulations and agency protocols. (Sp. Ed form 360, Head Start Authorization for Mutual Exchange of Information and Migrant Seasonal Head Start, Authorization for Release of Confidential Information (CCI/MSHS form)).* |

***Special Education Form 360:***

[www.sde.idaho.gov/specialeducation/docs/Manual/Manual%20Appendices/Chapter13.pdf](http://www.sde.idaho.gov/specialeducation/docs/Manual/Manual%20Appendices/Chapter13.pdf)

# D. Responsibility for Evaluations/Assessments

*Evaluation/assessment information should reflect the current functioning of the child. Head Start and the LEA should consider the needs of the child, the evaluation/assessment tools used, and IDEA requirements for eligibility.*

*The LEA is responsible for determining eligibility as outlined in the Idaho State Special Education Manual.*

*Parental involvement is required in the evaluation and assessment process. The LEA is responsible for ensuring interpreters are available and necessary accommodations are made for parents with limited proficiency in English or who are hearing impaired, for the IEP meeting. The LEA and HS programs will share responsibility to assure that language needs are met for parent involvement.*

***If summer referrals for evaluation/assessment are not accepted/provided by the LEA****, the Migrant and Seasonal Head Start Program will provide the evaluation/assessment services for the child as mandated by Federal Head Start Regulations (45CFR 1308.19).*

*In compliance with 34 CFR 300.154 and 300.111(2) LEAs can chose to have district personnel conduct evaluations/assessment, or reimburse Head Start /Migrant Seasonal Head Start for their costs of doing the assessments.*

|  |
| --- |
| Describe the procedures and responsibilities for assessment and evaluation for IDEA eligibility through the summer months, including how the cost will be addressed: |

*Head Start is required to maintain a copy of the LEA’s Referral to Consider Special Education Evaluation - (MSHS Consent for Evaluation) in the Child or Family file of each child referred.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation Contacts:**  Please list the primary evaluation contact from each agency (if different from those listed above).  If requirements/contacts are not the same throughout the district, please list information separately for each school that has unique requirements. Also, note any contacts/requirements by school for services during the summer**.** | | | | |
| **Agency** | **Contact Name/Position** | **Phone/Fax** | **Email** | **Best Date & Time** |
| District #\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Head Start Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **Schools/Programs with different contacts for summer evaluations should be listed below.** | | | | |
| District #\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Head Start Program:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

|  |
| --- |
| Other Information: |

# E. Eligibility Determination and IEP Development

*When determining eligibility, the LEA will review all available evaluation/assessment information that is available when written parental consent has been obtained. If the LEA determines that additional assessment/evaluation is necessary to determine eligibility for Special Education services, the LEA will conduct or arrange for needed assessment/evaluations.*

*Head Start program will provide the following to the LEA for students potentially eligible for Special Education Services:*

* *Screening material and comprehensive developmental assessment.*
* *Authority to Release Information.*
* *Referral to Consider Special Education Evaluation (330a).*
* *Assist in contacting the parent, explaining process, and obtaining consent(s) at required points.*
* *Head Start/ MSHS can assist LEA in accessing translators.*
* *Act as the general education teacher during eligibility and IEP meetings (HS 1308.19(c).*

*Eligibility for Special Education service is determined by the local school district via following the following steps:*

* *LEA acknowledges referral from Head Start program within with a timely manner (10 school days).*
* *LEA will work with the Head Start program for the analysis of data collection for HS children who are already attending HS and are suspected of having a disability.*
* *LEA will coordinate and schedule the eligibility evaluation and assessment within a timely manner.* 
  + *LEA obtains signed parental Consent for Assessment (350 a).*
  + *LEA provides written procedural safeguards to parent in native language unless not feasible, and collaborates with HS to provide an interpreter to explain the documents to facilitate parental understanding.*
  + *LEA schedules meeting.*
* *Eligibility evaluation and eligibility determination must be completed within 60 calendar days of signed consent for evaluation/assessment.*
* *Provide prior written notice for eligibility and educational placement, and copies of documents to parents.*
* *Students found eligible for an IEP must have the IEP developed and implemented within 30 calendar days from eligibility determination.*
* *LEA will invite a representative from Head Start to the IEP meeting, per 1308.109(c).*

|  |
| --- |
| Please describe how districts will complete evaluation and assessment for eligibility determination, including timelines, shared assessment, interpretive services, evaluation material, and share resources: |

*If the Migrant and Seasonal Head Start have provided evaluation/assessment services they will send results of their assessments to school districts and the LEA will respond to the Migrant-Seasonal Head Start referral:*

* *Review and consider acceptance of Migrant and Seasonal Head Start (MSHS) assessments for the purpose of determining eligibility for special education/ services.*
* *Conduct additional evaluations as needed, and when necessary, in the child’s home language.*
* *Convene an IEP meeting with Head Start as a partner. The IEP team must include at least the parent, district administrator, special education teacher, or service provider responsible for implementing the IEP, general education teacher, individual who can interpret implications of evaluation results and other individuals who have knowledge or special expertise regarding the child. The Head Start personnel would qualify as the general education teacher for the IEP meeting.*
* *To meet the provisions of the Migrant Education Act and/or McKinney Vento Act, evaluation/assessment results and/or IEP documents will be promptly forwarded when child moves to a new school – (by contacting the district homeless coordinator and/or the request has been made by the new district. ( 34 CFR 99.31 (a) (2) FERPA)*

*The Problem Solving/Eligibility meeting is the time for parents, school district staff, and Head Start staff to discuss the assessment results and determine eligibility for special education, plan services, and develop an IEP.*

*List the preferred day, time, and place for Problem Solving/Eligibility meeting(s):*

|  |
| --- |
| Established day: |
| Established time:       A.M.       P.M. |
| Scheduled as Needed: |
| Meeting place: |

# F. Least Restrictive Environment

*The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities, including preschool students, are educated to the maximum extent appropriate in regular classes with supplementary aids and services. Section 612(a)(5) IDEA and 34 CFR 300.114-300.118*

*The LEA is responsible for providing Free Appropriate Public Education (FAPE) to a preschool child with a disability and must ensure that FAPE is provided in the Least Restrictive Environment (LRE) where the child’s unique needs (as described in the child’s IEP) can be met, regardless of whether the local educational agency (LRE) operates public preschool programs for children without disabilities. OSEP Letter 2/29/2012*

*Head Start may serve as the General Educational Setting within the Least Restrictive Environment for students that qualify for Head Start services.*

|  |
| --- |
| Describe how the LEA will provide special education resources such as Itinerant teachers, Speech pathologists, OT/PT, classroom aides, facilities/ space, training/consultation, Special Ed. transportation, curriculum, and other: |

|  |
| --- |
| Describe how Head Start will share evaluation/ assessment information, student progress on IEP goals and Early Childhood Outcomes, etc. with the LEA: |

# G. Kindergarten Transition

*Head Start will participate in Kindergarten transition activities with LEAs to assure that student have a seamless transition into Kindergarten. The Grantee has an obligation to assist parent in the transition from Head Start to the public school and in collaboration with parent to notify the school of the child’s impending enrollment. HS 1308.21(b)(c).*

|  |
| --- |
| Describe how the LEA will assist students in Head Start on IEPs in transitioning into Kindergarten in the areas of parent involvement/education, meeting with the receiving teacher, IEP revision (if necessary), visit the Head Start program/home to meet student, and the transfer of records: |

|  |
| --- |
| Describe how the Head Start Program will assist students in Head Start on IEPs in transitioning into Kindergarten in the areas of parent involvement/education, meeting with the receiving teacher, participate in IEP revision (if necessary), visit the receiving classroom, and the transfer of records: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Kindergarten Transition Contacts:**  Please list the primary Kindergarten transition contact from each agency (if different from those listed above). | | | | |
| **Agency** | **Name/Position** | **Phone/Fax** | **Email** | **Best Date & Time** |
| District #\_\_\_\_\_\_\_\_ |  |  |  |  |
| Head Start Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

|  |
| --- |
| Please describe how the LEA will address the evaluation/ assessment needs of student referred from HS less than 60 days from the end of the school year. |

# H. Additional Content

|  |
| --- |
| Please document other agreements that have been negotiated between the LEA and the Head Start Grantee. Content should clearly describe the agreement, who is responsible for implementation, and the agreed upon timeline. All additions must be consistent with policies and regulations, Head Start Program Performance Standards, and Other Regulations; 45 CFR 1308 §1308.6 and Part B of IDEA. |
|  |
|  |
|  |
|  |

***Sharing resources***

*The LEA and Head Start Grantee will make efforts to coordinate activities and collaborate with other community agencies and programs. Examples of resource sharing include: parenting classes, facilities, joint training of staff and parents, and professional development training opportunities.*

|  |
| --- |
| Please describe joint activities or resource sharing that is planned between the HS Program and the LEA: |

## *I. Dispute Resolution*

*If there are concerns regarding compliance with this agreement, please address the issue directly with the individuals involved and if necessary, that individual’s supervisor. If this does not satisfactorily resolve the concern, please alert the signers of this document to the concern.*

*Facilitation may occur between agency and family or agency and agency. All participating agencies agree to follow the dispute resolution process outlined in the current State Early Childhood Interagency Agreement.*

***J. General Provision***

*This protocol becomes effective on the date signed by all parties and will be considered current through the date listed below (no longer than two years from signature date).*

*This protocol will be kept current by all participating agencies. Contact names and information can be updated without a formal review by all parties, but updated information must be shared with all those listed in the Protocol document. The agreed upon provisions may be modified or changed upon a written amendment signed by all parties.*

*This protocol shall be jointly reviewed by all parties at least annually. Any party may initiate a review and propose revisions; however, the LEA has the responsibility to initiate the review of this protocol annually. An Assurance for Early Childhood Interagency Protocol shall be submitted with the District’s IDEA Part B and Preschool application for funding in the fall of each year.*

***K. Signature Section:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agreement Effective Dates: \_\_\_\_\_\_\_\_\_, 20\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_**  *(Agreement must be jointly reviewed annually and rewritten every two years.)* | | | | | | |
| **School District Signature** | | **Date** |  | **Head Start Grantee Signature** | | **Date** |
| **Address** |  | |  | **Address** |  | |
| **City, State, Zip** |  | |  | **City, State, Zip** |  | |
| **Phone** |  | |  | **Phone** |  | |
| **Email** |  | |  | **Email** |  | |
| ***Documentation of Annual Review:***  This Protocol Document was jointly reviewed on \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.  \_\_\_\_\_ No changes are needed at this time.  \_\_\_\_\_ The contact names/information have been updated.  \_\_\_\_\_ Protocol document was renegotiated and revised. | | | | | | |
| **School District Signature** | | **Date** |  | **Head Start Grantee Signature** | | **Date** |
| **Address** |  | |  | **Address** |  | |
| **City, State, Zip** |  | |  | **City, State, Zip** |  | |
| **Phone** |  | |  | **Phone** |  | |
| **Email** |  | |  | **Email** |  | |

*Please Note:*

*When updated, copies of this protocol shall be distributed to the following:*

* *Head Start Grantee and Part B Administrators*
* *District Preschool Teachers*