

# TURNING THREE YEARS OLD

Transitioning from Early Start into Special Education Preschool Services

A Planning Workbook for Families



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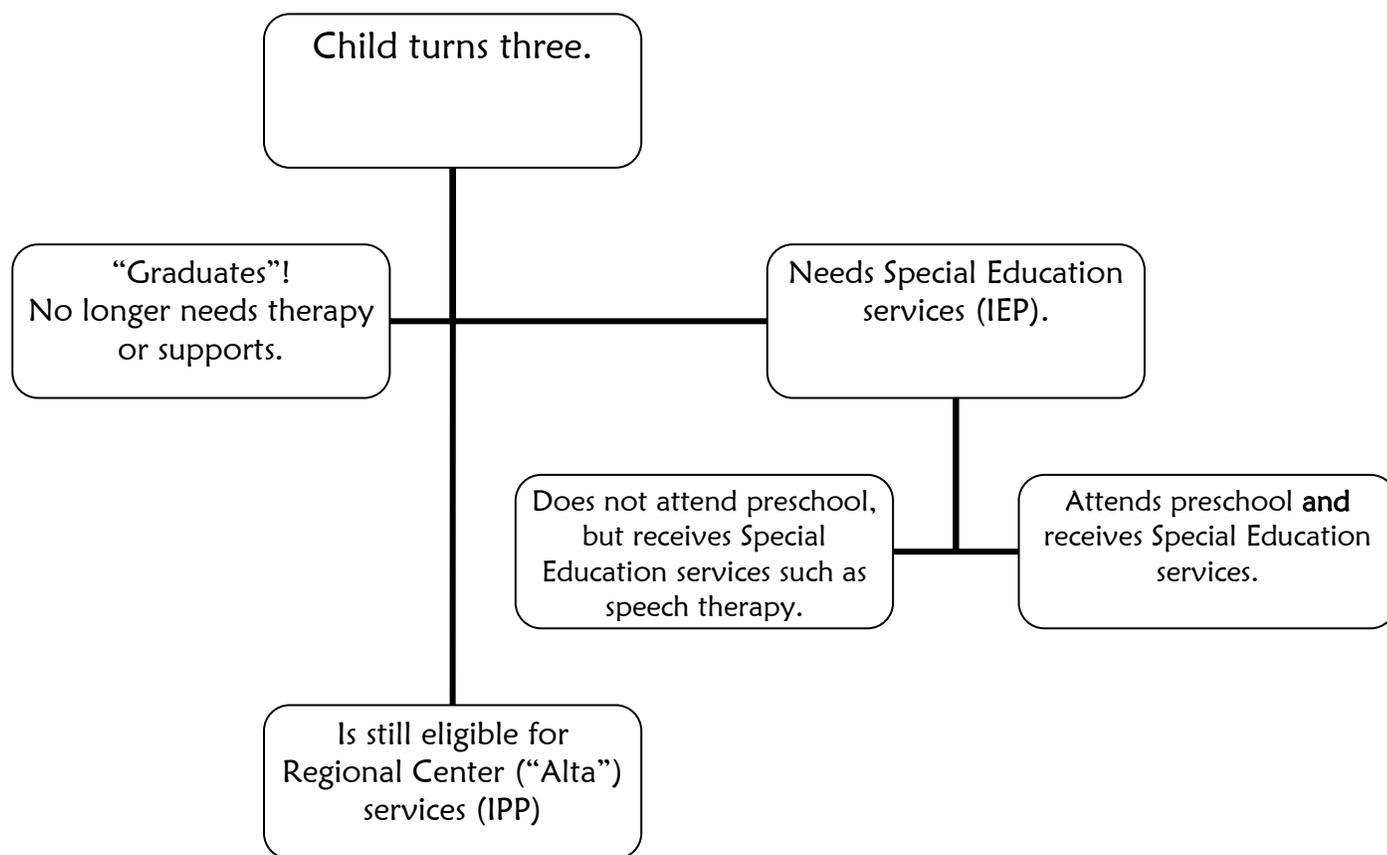
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## TURNING THREE YEARS OLD!

Before long, your child will turn three years old. There are changes ahead as your child moves from services for infants and toddlers to services for pre-school age children. This transition is very exciting (and sometimes a bit scary) - knowing that your child is growing and changing and that you helped him/her get off to a good start by participating in an early intervention program.



Here are the possible changes that happen when your child turns three years old. We'll look at them more closely in the pages to come.



It will help you plan for transition if you understand how the transition process works and the differences between infant and preschool programs. This booklet will guide you.

As you read "Turning Three Years Old", think about what you want for your child and get the information you need to make decisions for your child's next step.

Nothing in your child's Special Education program is "written in stone" and if services need to be revised, you may call a meeting to discuss with the team the changes that are needed.

WarmLine staff is knowledgeable about transition and Special Education and are available to talk with you! We also provide IEP trainings that are posted on our website at [www.warmlinefrc.org](http://www.warmlinefrc.org).



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## Let's Start With Some Terms!

Understanding your child's transition from early intervention will be easier if you understand some terms, so let's get started! (There is a more complete glossary in the back of this booklet.)

- **Early Start** – The program in California which provides early intervention services to infants and toddlers (birth to 3 years old) who are eligible.
- **IDEA** – Individuals with Disability Education Act. Federal “Special Education” law.
- **LEA** – Local Education Agency. The school district in which you live.
- **Lead Agency** – The agency which is providing Early Start services. In the Sacramento area, it is usually the Alta California Regional Center, but may be a Local Education Agency (LEA).
- **Individualized Education Plan (IEP)** – Formal plan to provide educational services to a child through the LEA.
- **Individual Family Service Plan (IFSP)** – Formal plan to provide developmental services to a child through Early Start.
- **“Part C”** – Early intervention services for children birth to 3 years old under Individuals with Disabilities Education Act (IDEA).
- **“Part B”** - Special Education services for children 3-22 years old under Individuals with Disabilities Education Act (IDEA).
- **SEA** – State Education Agency, i.e., California Department of Education.

## Getting Ready for Transition (Lead Agency)



When your child is **27-33 months old**, the lead agency must get ready to transition your child out of Early Start services. (In the Sacramento area, the lead agency is usually the Alta California Regional Center, but may be your county office of education infant development program.)

The lead agency must:

- Notify you that your child will transition out of Early Start services at 3 years old,
- Get your consent to share your child's information with the LEA,
- Notify the LEA and SEA that your child may be eligible for Special Education services,\*
- Plan a transition conference (meeting) with you, the LEA and the lead agency. You may invite a friend, family member(s) and/or service providers, if you choose.
- Write a transition plan, which is part of your child's IFSP. (This can be at the same time as the transition conference. See “Transition Plan” for more information.)

\* If the lead agency thinks your child will not be eligible for Special Education services, it should convene a transition conference (meeting) with you and the providers of appropriate services, i.e.; Head Start, child care, other preschool programs.

## Exceptions to Timeline

If your child was found eligible for Early Start 45-90 days before turning 3, the lead agency must make the referral to the LEA as soon as possible after eligibility is determined.

If your child is referred to the lead agency less than 45 days before turning 3, no evaluation, assessment or IFSP is required. However, the lead agency must notify the LEA that your child may be eligible for Special Education services.

## Transition Plan

The transition plan must be included in your child's IFSP and is created **with your input!** It is written when your child is **27-33 months old** and must include:

- Steps for your child (and you) to exit from Early Start
- Any transition services that the IFSP team identifies as needed for your child (and you)
- Steps to support transition to one of the following: preschool (Special Education) services, early education, Head Start, Early Head Start, child care programs or other appropriate services.

## Things to think about:

- Do I want my child to attend a (public or private) preschool class, a day care, or stay at home with me or someone else? (Preschool is not required.)
- Will my child need Special Education, such as speech therapy during the preschool years? How will those services be provided if my child does not attend preschool?
- Will my child benefit from more intensive Special Education services? If so, what type of classroom placement would be the most appropriate?
- How are infant programs and special preschool programs **ALIKE** and **DIFFERENT** and how do those differences affect my child's services?



Talking over your thoughts with your service coordinator, friends, family, other parents and WarmLine staff is a good way to sort out your ideas.

**If it seems likely that your child will continue to need Special Education services during the preschool years, your service coordinator must include the LEA in the transition conference.**

## Transition Conference (Also known as Transition Meeting)

When your child is **27-33 months old**, the lead agency will, **with your consent**, notify the LEA that your child will transition out of Early Start at three and work with you and the LEA to set a date for the transition conference. The transition conference is a good time to share with the LEA and your service coordinator your vision for what you would like for your child between the ages of 3-5 years old.

*The lead agency and LEA are required to attend the transition conference.* You may invite a friend, family member(s), service provider(s) or anyone else you think may have helpful input.



Usually provides services 1-2 times per week	Services are provided 1-5 times per week
Program writes Individualized Family Service Plan (IFSP) with outcomes for your child AND family. Updated every 6 months.	Program writes Individualized Education Plan (IEP) with goals and objectives for your child only. Updated yearly.
<b>Early Intervention (EI)</b>	<b>Special Education</b>
Services are DEVELOPMENTALLY based.	Services are EDUCATIONALLY based; therefore services may be changed or reduced from Early Start.
<p>EI is concerned with all the basic skills that babies typically develop during the first three years of life, such as:</p> <ul style="list-style-type: none"> <li>• Physical (reaching, rolling, crawling, walking)</li> <li>• Cognitive (thinking, learning, solving problems)</li> <li>• Communication (talking, listening, understanding)</li> <li>• Social/emotional (playing, feeling secure and happy)</li> <li>• Self-help (eating, dressing)</li> </ul>	Services are provided in order to help the student access and benefit from the school curriculum.

If the LEA determines that your child does not qualify for a Special Education service, discuss with the team the assessments performed and their validity. Document your child’s needs that are not being met and request an Independent Educational Evaluation (IEE), if necessary. (See page 29) WarmLine staff can assist you with more information.

**Special Education Is:**

- Specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability
- Educational services for students 3-22 years old with disabilities which are written into an Individual Education Program (IEP)
- Includes Related Services i.e., Speech Therapy, which assist the student to access special education services
- Mandated under federal law, Individuals with Disabilities Education Act (IDEA)

**Main Principles of IDEA**

Free Appropriate Public Education (FAPE)

FAPE means Special Education and related services are provided at public expense and without charge to parents, meet the standards of the SEA, include an appropriate school setting and conform with the IEP.



### Least Restrictive Environment (LRE)

Every child who receives Special Education is entitled to be educated in the Least Restrictive Environment (LRE). LRE means that, “to the maximum extent appropriate”, the child is to be educated with his/her same-age, non-disabled peers to the maximum extent appropriate. This is usually referred to as “inclusion”.

**Inclusion** means children with special needs are part of their community, attend their neighborhood schools, and participate in age-appropriate education regardless of their disability. It is the spirit of the law that all children will be included as participants in their communities and schools; that they will have opportunities to participate in activities, to interact with age mates, and to develop friendships.

Students with or without special needs, benefit from inclusion. Inclusion provides students with disabilities opportunities to interact socially with peers who can be models for appropriate behavior. Typically developing students learn to appreciate and accept individual differences. They show increased respect for all people. All children have the opportunity to develop positive relationships and friendships with others.

### Appropriate Evaluation/Assessment

Evaluation determines:

- If a child has a disability which qualifies him/her for Special Education and related services
- The child’s specific educational needs
- Special Education services and related services which are appropriate

If parents disagree with the evaluation(s), they have the right ask the school district to pay for an Independent Educational Evaluation (IEE). (See page 29.)

### Individualized Education Program (IEP)

Individualized Education Program means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with IDEA.

### Parent (and student) participation in the decision process

Parents and students (to the extent age-appropriate) are active participants in Special Education decisions.

### Due process and procedural safeguards

Formal, legal approaches which parents can use when they and the school district disagree. (There are also informal ways to solve disagreements. For more information on informal solutions, go to [www.directionservice.org/cadre/](http://www.directionservice.org/cadre/) )

## **The Individual Education Plan (IEP)**

Below is general information about the IEP as it pertains to children transitioning into preschool and is an overview. For more detailed information about the IEP, please see WarmLine’s booklet, “Understanding Special Education”, which can be found at [www.warmlinefrc.org](http://www.warmlinefrc.org). We also invite you to attend a WarmLine IEP training. For more information, please visit our website or call us.

## The IEP Team:

- ☆ Parent(s) or surrogate parent(s) of the student,
- ☆ At least one Special Education teacher or at least one Special Education provider,
- ☆ A general education teacher if the child is, or may be participating in general education,
- ☆ A representative of the local education agency who:
  - Is qualified to provide, or supervise, Special Education services,
  - Knows about the general education curriculum,
  - Knows about the availability of resources of the school district,
  - Can interpret the instructional implications of the evaluation results.
- ☆ Others such as a friend/advocate for the parent/student, other professionals working with the child, independent evaluators, doctors or other health professionals.

## Timeline

The assessments must be completed within 60 calendar days after the assessment plan is signed. A meeting is held to discuss the child's eligibility for Special Education services and the IEP is written by the child's 3<sup>rd</sup> birthday.

## Eligibility

In order to qualify for Special Education services, the child must be found to have a disability from one or more of the categories below **which also impairs the student's ability to learn and requires Special Education for the student to benefit from the curriculum.**

- Autism
- Deaf-blind
- Deaf
- Emotional disturbance
- Established medical disability
- Hearing impaired
- Intellectual disability
- Multiple disability
- Orthopedic impairment
- Other health impairment
- Speech and/or language impairment in one or more areas of voice, fluency, language and articulation.
- Specific learning impairments
- Traumatic brain injury
- Visual impairment



## The Individualized Education Plan (IEP)

When a child qualifies for Special Education services, an Individual Education Plan (IEP) is written. This plan is a legally binding document between the LEA and the parent (student). The IEP states the student's present levels of performance, summarizes the assessment information, sets goals and objectives appropriate to the student, describes who is responsible for the delivery of specific services and defines the least restrictive environment in which the child's education and related services will be delivered. Parents, teacher, and administrators work together to develop the IEP.

### What does an IEP contain?

The IEP must contain certain information. **(This is a shortened list and does not include material about students who are in elementary, middle or high school.)** The following are listed by the title of the IEP form page on which they typically can be found. Some school districts' forms may vary.

Title of Page	Questions for Parent to Ask
"Eligibility"	1. How is my child eligible for Special Education?
<p data-bbox="147 730 500 825"><b>"Present Levels of Academic Achievement and Functional Performance"</b></p> <p data-bbox="147 863 634 1026">Skills the child currently has in areas of: reading, writing, math, communication, gross/fine motor, social /emotional/behavior, prevocational, health, adaptive/daily living.</p>	<p data-bbox="678 730 1312 793">1. Do they describe how my child's disability affects involvement and progress in the general curriculum?</p> <p data-bbox="678 831 1430 894">2. Are they based on current information and state more than test scores?</p> <p data-bbox="678 932 1398 995">3. Do the assessments correspond to my knowledge of my child's abilities?</p> <p data-bbox="678 1033 1344 1096">4. Do the results describe my child's abilities as well as specific areas of need?</p>
Parent Concerns	1. Is the team addressing my education related concerns (in the IEP)?
Student's Strengths	<p data-bbox="678 1199 1224 1230">1. Does the team know my child's strengths?</p> <p data-bbox="678 1268 1024 1299">2. Has my input been used?</p>
"Statewide Assessments"	<p data-bbox="678 1335 1419 1367">1. Who will be responsible for administering the assessment?</p> <p data-bbox="678 1404 1219 1436">2. When will the results be shared with me?</p> <p data-bbox="678 1474 1455 1698">Preschoolers in Special Education take a test called the Desired Results Developmental Profile Access (DRDP-A) twice a year from age 3-5. The DRDP-A measures your child's development in area such as learning, getting along with others, being safe and healthy and is based on observations of your child in typical, everyday activities with familiar people. (For more information, go to <a href="http://www.draccess.org">www.draccess.org</a> )</p>
"Annual Goals"	<p data-bbox="678 1724 1341 1787">1. Are they based on assessments of my child's current performance?</p> <p data-bbox="678 1824 1308 1887">2. What, if any, changes are expected in my child's behavior? Are positive behavior supports included?</p>

	<p>3. Given my knowledge of my child, are the goals appropriate?</p> <p>4. Do I think additional goals should be addressed?</p> <p>5. Can my child's progress on each goal be measured?</p>
<b>Short-term Objectives/Benchmarks</b>	<p>1. Will they help my child progress on the stated goals?</p> <p>2. Will I be able to tell if my child has mastered an objective or reached a benchmark?</p>
<b>"Offer of FAPE" (Free Appropriate Public Education)</b>	<p>1. What services/supports (including related services such as speech and OT) are going to be provided to help my child access/benefit from the curriculum?</p> <p>2. Services are provided: When? Where? By whom? How frequently? How long is each "session"?</p> <p>3. What makes this placement appropriate for my child?</p> <p>4. What supplementary aids/services are needed?</p> <p>5. What accommodations or modifications are needed?</p> <p>6. Does my child qualify for ESY (Extended School Year "summer school") services?</p> <p>7. Will my child receive transportation to and from school? How long will he/she be on the bus?</p>
<b>"Offer of FAPE Educational Settings"</b>	<p>1. What percentage of my child's day will be spent <b>with</b> and <b>away</b> from typically developing children?</p> <p>2. Is my child eligible for mental health services and are they included in the IEP?</p> <p>3. How will I receive progress reports and how often?</p> <p>4. What will be done to support my child's transition into kindergarten?</p>
<b>"Special Factors"</b>	<p>1. Does my child require assistive technology or services/materials to meet his/her educational goals?</p> <p>2. If my child is an English language learner, how will his/her IEP needs be met and measured?</p> <p>3. If my child has behaviors that impede his/her learning (or that of other students), are there positive behavior supports/interventions included in the IEP?</p>

<p><b>“Signature and Parent Consent”</b>          You do not have to sign the consent immediately after the meeting. You may take it home to review it. Find out who you should contact (and how) if you have questions.</p>	<ol style="list-style-type: none"> <li>1. Are the meeting attendees listed? If I need to follow up with someone, do I have their contact information?</li> <li>2. If I disagree with any parts of the IEP, have I written short statement on this page about what I disagree with and why?</li> </ol>
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## Related Services

Related services are also known as Designated Instruction and Services (DIS) in California. DIS are “any services necessary to help a student benefit from a Special Education program”.

- Language and speech development and remediation
- Audiological services
- Orientation and mobility services
- Instruction in the home or hospital
- Adapted physical education
- Physical therapy
- Occupational therapy
- Vision services
- Specialized driver training instruction
- Counseling and guidance services, including rehabilitation counseling
- Psychological services other than assessment and development of the individualized education program
- Parent counseling and training
- Health and nursing services, including school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program
- Social worker services
- Specially designed vocational education and career development
- Recreation services
- Specialized services for low-incidence disabilities (deaf, blind and/or orthopedically impaired), such as readers, transcribers, and vision and hearing services
- Interpreting services
- Transportation services



## Preparing for Your Child’s IEP (Individual Educational Plan)

Now that your child is turning 3 years old, it is time to transition from Early Start services for infants to services for preschool-age children. Every child in Special Education has the right to an Individual Educational Program (IEP) that describes the needs of the child and the appropriate services that will give the child access to the school curriculum.

If your child has been receiving Early Start services you are used to the IFSP or Individual Family Service Plan. Now a teacher and others will meet with you to develop an IEP (Individual Educational Plan). This plan will be updated at least yearly and will describe what your child is able to do now, what educational goals your child has for the next year, and what services the school will provide to help your child to meet these goals.

“PREPARING FOR YOUR CHILD’S IEP” has been developed to help you plan for the IEP meeting. Use the following worksheet to note what things your child can do currently and what you think are important for your child to work on in school. Remember, no one knows your child better than you!

Area of Need	What My Child Can Do Now	What I’d like My Child to Work on
Communication Skills		
Physical Activity and Gross Motor Skills		
Fine Motor Skills		
Social/Behavior Skills		
Prevocational Skills (i.e., following directions, completing tasks.)		
Self-Help and Independent Living Skills (i.e., dressing, feeding self)		
Cognitive Skills (i.e., problem solving)		
Recreational Skills (i.e., playing with others)		
Medical/Health Needs		

## Questions to Ask About a Preschool



What is the make-up of the children in the class?

Are they mostly typically developing children or do they have special needs?

Are they the same age as my child?

Where is the school located?

Will I have to provide transportation?

Will my child ride a school bus?

How long will the bus ride be?

How much time do the children spend in school?

Hours per day; days per week?

Summer school?

Will I have to pay for my child to go to this school?

Is the play area safe for my child?

Is it fenced?

Is the playground equipment safe?

Are the children well supervised?

Are there children who may be too rough or active for my child?

Will my child have to be toilet trained to attend?

If not, how does the staff handle diaper changes?

Will the staff work on toilet training?

What is the atmosphere in the classroom?

Is it happy and relaxed?

Are the children busy with learning activities?

During unstructured activities, will my child be guided, if necessary, to choose an activity?

Does the staff speak to the children with caring and respect?

Is the classroom clean, with interesting toys and materials?

How does the staff handle my child's special medical or diet needs?

Can I send special food or medicine?

Who will administer the medicine? Do they keep track of medicine given?

If my child needs to be fed, who will do it?

What happens if my child gets sick at school?

How can I be involved in my child's school?

Can I visit whenever I want to?

Can I help in the classroom?

Are there parent meetings? Am I required to attend?

How will the staff communicate with me?

What will they teach my child?

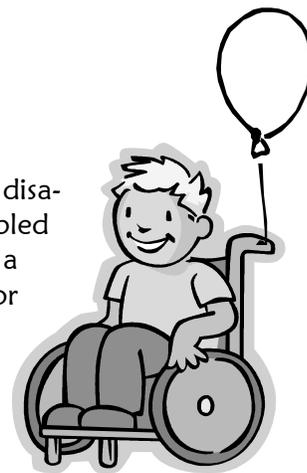
Is the curriculum the same for all the children or do they have individualized instruction?

How much time is spent in structured and unstructured activities?

## Regional Center Services after Age Three

Some children will continue to be eligible for Regional Center (Alta) services after they turn 3 years old. The criteria for eligibility are a diagnosis of:

- Intellectual Disability
- Epilepsy
- Cerebral Palsy
- Autism
- “Other handicapping condition found to be closely related to intellectual disability or to require treatment similar to that required to intellectually disabled individuals...and can be expected to continue indefinitely and constitutes a substantial handicap which results in major impairment of cognitive and/or social functioning.”



If your child will be eligible for Regional Center services past age 3 years, he/she will be assigned a new service coordinator from the Children’s Unit and an Individual Program Plan (IPP) will be written yearly. The IPP states what services the Regional Center will provide once the transition from Early Start has taken place. For more information on the IPP, please contact your service coordinator or WarmLine.

### How Services are Determined - From [www.altaregional.org](http://www.altaregional.org) (4/2015)

Once a person has been assessed and is found eligible for regional center services, they are assigned a Service Coordinator (SC). The SC contacts the client or their family to schedule a time to meet, gets to know them, and discusses their desired outcomes. The goal is to develop a plan of support that identifies what services and supports are needed and identify who will provide the service(s).

Clients may need help in talking about and planning for their future so the input of family members, and others who support them, can be helpful in the process. Others can be included in the meeting but, at minimum, it’s the client or their legal representative and the [ACRC SC](#).

The Lanterman Developmental Disabilities Act states that every client over the age of three has a plan that identifies a set of goals and objectives detailing what he or she needs ACRC to help with; this document is called the **Individual Program Plan (IPP)**.

For families with an infant or toddler under the age of three, this document is called the **Individualized Family Service Plan (IFSP)** because its focus is on providing support and services to the family.

At the meeting, sometimes called a planning team meeting, a written IPP or IFSP is developed based on conversations of assessed needs. The document establishes the goals for the infant, toddler, child or adult, and identifies who will provide the service or support along with the funding source.

By law, ACRC must first exhaust all other resources such as private insurance or natural supports and provide assistance to find and use community resources (called generic resources) before paying for any service or support. If ACRC funds any service or support, it must be identified in the IPP/IFSP or it cannot be provided.

The client’s IPP or the family’s IFSP is reviewed on a regularly scheduled basis to determine whether the supports and services being provided are successful in meeting the desired outcomes. This means they

meet either four times a year, twice a year or annually depending on the types of services they receive and where they reside. Clients and/or families can also contact their SC and discuss the need for new or different services any time the need arises.

## **THE INDIVIDUAL PROGRAM PLAN (IPP)**

The Lanterman Developmental Disabilities Act requires that a person who receives services from a regional center, over the age of three, have an Individual Program Plan ([IPP](#)). An IPP identifies what outcomes the client and is working towards, who will provide the services or support and, if there is a cost associated with the service or support, who will fund it. In 1992, the law was amended to make the development of the IPP more focused on the client. This approach is called **person-centered planning** and is about determining, planning for and working toward the preferred future of the person with developmental disabilities. The preferred future is what the person and family, if they are a child, want to do in the future based on their strengths, capabilities, preferences, lifestyle and cultural background. It entails listening to clients and their families about things like: where they want to live; how they want to spend their day; who they want to spend time with; and their hopes and dreams for their future. It is about supporting people in the choices they make about their life and giving people all the information they need to make those choices. The Service Coordinator ([SC](#)) writes the IPP which documents the goals and objectives to focus on, identifies the services and supports needed to meet the goals to implement the IPP and monitors to make sure that the services and supports client the client receives are the ones they need and want.

**Preparing for Your Child’s IPP (Individual Person Plan)**  
(For continuing consumers of Alta California Regional Center)

If your child qualifies for Regional Center services, after age 3 years, he or she will usually be assigned a new Service Coordinator.

Instead of the IFSP your child had previously, your new Regional Center Service Coordinator will meet with you to develop an IPP (Individual Program Plan). This plan will be updated at least yearly, close to the time of your child’s birthday. It will describe what your child is able to do now, what you want your child to be able to do in the next year, and what services the Regional Center may provide to help you and your child to meet these goals.

**“PREPARING FOR YOUR CHILD’S IPP”** has been developed to help you plan for the IPP meeting. Remember, no one knows your child better than you!!

My child’s strengths:

---

What my child can do now:

---

Things I want people to know about my child:

---

Our family and significant others:

---

Where we live:

---

My child’s health:

---

What my child likes to do for fun:

---

What our family likes to do for fun:

---

My concerns for my child:

---

Current Regional Center services:

---

School programs/services:

---

Other services:

---

Our family’s hopes and dreams for the future:

---

## Record Keeping

If you have a child with special needs, it will be helpful to get in the habit of keeping records. Whenever you begin seeing a new professional who is working with your child you will need to provide certain information and it will be much easier if you have kept it in a format that gives you easy access.

Having a child with a developmental delay or special need and juggling services can feel overwhelming at times. Most parents who keep their child's records organized and readily available say that doing so gives them a sense of empowerment when dealing with service providers and systems.

(As your child gets older, some of the information that was necessary when he/she was an infant or toddler will be needed less often. However, it is important to keep the records you have compiled because they may be useful for obtaining services such as Social Security when he or she becomes an adult. Also, if a child was medically fragile, adult medical providers may need the information that is contained in your records.)



You don't need to spend a lot of money on record keeping systems. A binder which has dividers works wonderfully. A bonus is that it is portable and can accompany you to appointments.

### Examples of Records to Keep

#### Medical/Dental Records

*(As your child gets older, you won't need to carry these records with you to every meeting.)*

- ◆ List of doctors and other medical providers and contact information
- ◆ Hospital discharge summaries
- ◆ Initial evaluations by new physicians and therapists (at the first visit, ask to be sent a copy)
- ◆ Dates and location of tests such as MRIs and important procedures
- ◆ Vaccination records
- ◆ Current medication
- ◆ Allergies

#### Developmental Records

*(As your child gets older, you won't need to carry these records with you to every meeting.)*

- ◆ List of therapists and others who are working with your child and contact information
- ◆ Developmental milestones
- ◆ Developmental assessments/evaluations
- ◆ Individual Family Services Plan (IFSP)

#### Educational Records

- ◆ Teachers and others who are working with your child and contact information
- ◆ Educational assessments/evaluations
- ◆ Individual Education Program (IEP)

## It's the person first— then the disability



**What do you see first?** The wheelchair? The physical problem? The person?

If you saw a person in a wheelchair unable to get up the stairs into a building, would you say, “There is a handicapped person unable to find a ramp?” Or would you say, “There is a person with a disability who is handicapped by an inaccessible building?”

Consider how you would introduce someone—Jane Smith—who doesn’t have a disability. You would give her name, and perhaps where she lives or what she does.

Why say it differently for a person with a disability? Few people want to be identified only by their ability (or inability) to play tennis that they have cerebral palsy or by their love for fried onions.

In speaking or writing, remember that people with disabilities are like everyone else—except they happen to have a disability. Therefore, here are a few tips for improving your language related to people with disabilities.

### **Say...**

child with a disability  
person with cerebral palsy  
person who is deaf or hard of hearing  
person with cognitive disability  
person with epilepsy or seizure disorder  
person who has...  
without speech, nonverbal  
developmental delay  
emotional disorder or mental illness  
uses a wheelchair  
person with Down syndrome  
has a learning disability  
nondisabled, typically developing  
has a physical disability  
congenital disability  
condition  
seizures  
cleft lip  
mobility impaired  
medically fragile or has chronic illness  
paralyzed  
has hemiplegia (paralysis on one side of the body)  
has quadriplegia (paralysis of both arms & legs)  
has paraplegia (loss of function of lower body)  
of short stature, little person  
accessible parking  
child with autism

### **Instead of...**

disabled or handicapped child  
cp or spastic  
deaf or dumb  
retarded or retard  
epileptic  
afflicted, suffers from, or victim  
mute or dumb  
slow or retarded  
crazy, insane, or mentally ill  
confined to a wheelchair  
Mongoloid or retard  
is learning disabled  
normal or healthy  
crippled  
birth defect  
disease (unless it is a disease)  
fits or spells  
hare lip  
lame  
sickly  
invalid or paralytic  
hemiplegic  
quadriplegic  
paraplegic  
dwarf or midget  
handicapped parking  
autistic child

## Glossary

### Abbreviations, Acronyms and Terms...Oh My!

This glossary was written to help parents understand the abbreviations, acronyms and terms that are commonly used in developmental services and Special Education.

Some of the abbreviations and acronyms may be the same, but stand for different words. If you don't understand what terms that are being used, always ask for an explanation!

### ALPHABET SOUP (COMMON ACRONYMS)

AAC	Augmentative Alternative Communication
ABA	Applied Behavior Analysis
ACRC	Alta California Regional Center
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
APE	Adapted Physical Education
ASD	Autism Spectrum Disorder
AT	Assistive Technology
CAC	Community Advisory Committee
CCS	California Children Services
CDE	California Dept. of Education
CH	Communicatively Handicapped
CP	Cerebral Palsy
DD	Developmentally Delayed
DDS	Dept. of Developmental Services (California)
DHOH	Deaf and Hard of Hearing
DIS	Designated Instruction and Services
ED	Emotionally Disturbed
ECSE	Early Childhood Special Education
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FRC	Family Resource Center
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IHSS	In-home Support Services
IPP	Individual Program Plan
IQ	Intelligence Quotient
LD	Learning Disabled/Learning Disability
LEA	Local Education Agency (School District)
LH	Learning Handicapped
LRE	Least Restrictive Environment
OH	Orthopedically Handicapped
OI	Orthopedically Impaired
OHI	Other Health Impaired
O&M	Orientation and Mobility
OT	Occupational Therapy



<b>PDD</b>	Pervasive Developmental Disorder
<b>PDD/NOS</b>	Pervasive Developmental Disorder, Not Otherwise Specified
<b>PT</b>	Physical Therapy
<b>RC</b>	Regional Center
<b>SCC</b>	Self-Contained Classroom
<b>SDC</b>	Special Day Class
<b>SED</b>	Severely Emotionally Disturbed
<b>SELPA</b>	Special Education Local Plan Area
<b>SH</b>	Severely Handicapped
<b>SLD</b>	Specific Learning Disability
<b>SLP</b>	Speech & Language Specialist
<b>SLT</b>	Speech & Language Therapist (or Therapy)
<b>SSI</b>	Supplemental Security Income
<b>SST</b>	Student Study Team
<b>TDD</b>	Telecommunications Device for the Deaf
<b>VI</b>	Visually Impaired

## Terms Used in Special Education and by Regional Centers

**504: Refers to Section 504 of the Rehabilitation Act:** Requires that the needs of students with disabilities to be met as adequately as the needs of non-disabled students. Usually used to provide educational accommodations for students who don't qualify for Special Education services.

**Adapted Physical Education (APE):** Special physical education provided by an adapted physical education specialist who assists children with motor activities such as balance, climbing, and other gross motor skills.

**Asperger's Syndrome:** An autism spectrum disorder (ASD) in which children have normal intelligence and language skills, but have autistic-like behaviors and serious difficulty with social and communication skills.

**Assistive Technology (AT):** Any item, piece of equipment, or system used to increase, maintain, or improve function of individuals with disabilities.

**Assessment:** Observing and testing a child in order to identify his/her strengths and needs. Assessment is necessary to develop an appropriate educational program and to monitor progress.

**Attention Deficit Hyperactivity Disorder (ADHD):** A combination of symptoms relating to inattention and hyperactivity-impulsivity that last for at least 6 months and are not consistent with the child's developmental level.

**Audiological Services:** Service provided by a licensed audiologist who identifies children with hearing losses and helps children with hearing loss to use their strengths and abilities.

**Auditory Processing:** The ability to understand, remember, and use information that is heard, both as words and as other verbal sounds.

**Augmentative and Alternative Communication (AAC):** Augmentative and alternative communication is the use of other means to communicate in support of, or as an alternative to, speech.

**Autism:** A disorder which impairs a person's ability to communicate and to interact with other people. Autism is referred to as a spectrum disorder – that is, a disorder in which symptoms can occur in any combination and with varying degrees of severity.

**Behavior Assessment – see Functional Behavior Assessment.**

**Cerebral Palsy:** A disorder of movement, muscle tone or posture caused by injury to an infant's brain sustained during late pregnancy, birth, or trauma during the first two years of life. Children with cerebral palsy may have difficulty walking, speaking or swallowing.

**Cognition; Cognitive Skills:** Thinking skills; sometimes referred to as pre-academic or problem-solving skills in preschoolers.

**Communicatively Handicapped (CH):** Describes children whose major disability is in the area of speech and language.

**Community Advisory Committee (CAC):** A group made up of parents of children with disabilities, members of the community, students, and Special Education professionals, who discuss and make recommendations on Special Education issues and hold informative meetings. For more information about your local CAC, contact your Special Education department or WarmLine.

**Deaf-Blind:** A disability in which children have impairment of both vision and hearing that affects their ability to learn.

**Designated Instruction and Services (DIS): (Related Services)** Services such as speech, adapted physical education, transportation, etc. which a student needs in order to benefit from his or her Special Education..

**Developmental:** Having to do with the stages of growth and development before the age of eighteen.

**Developmentally Delayed:** Describes a child who is not able to perform the skills that other children of the same age can perform.

**Down Syndrome:** A chromosomal disorder that results in mild to severe developmental delays and physical symptoms.

**Due Process:** The legal procedures used to make sure that parents and educators make fair decisions about the identification, assessment and placement of children with disabilities.

**Emotionally Disturbed (ED):** A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

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

**Early Intervention Services:** Services designed to identify and reduce the impact of a developmental delay as early as possible.

**Early Start:** California's program to help infants or toddlers have disabilities or developmental delays.

**Evaluation:** The collection of information about a student's learning needs, strengths, and interests.

**Expressive Language:** How a person communicates their wants and needs. It encompasses verbal and nonverbal communication skills and how an individual uses language. Expressive language skills include: facial expressions, gestures, intentionality, vocabulary, semantics (word/sentence meaning), morphology, and syntax (grammar rules).

**Extended School Year (ESY):** Summer session designed to help children continue to work on IEP goals. Criteria for ESY are a significant loss of function (skills) and/or a long recruitment period required if services stop during summer vacation.

**Fair Hearing/Due Process Hearing:** A formal hearing called by parents or a school district and run by an outside person. The purpose of the hearing is to resolve a disagreement about a child's educational program.

**Fine Motor Skills:** Skills needing the use of hands or the use of small muscle groups.

**Free Appropriate Public Education (FAPE):** One of the key parts of the IDEA, which requires that an appropriate education program be provided for all school-aged children (3-22 years) without cost to families.

**Functional Behavior Assessment:** "Behavior assessment" usually performed by a behavioral specialist or school psychologist, it identifies problem behavior and provides interventions to teach acceptable alternative to the behavior.

**Gross Motor Skills:** Skills needing the use of large muscle groups.

**Head Start:** Pre-school program for qualifying children ages 3 to 4 years. Head Start provides health, nutritional, educational, social and other services. Ten percent of children served must be children with disabilities.

**Hearing Impaired (HI):** A term used to describe children whose major disability is in the area of hearing and understanding speech.

**Individuals with Disabilities Education Act (I.D.E.A):** Federal Law that guarantees children with disabilities will receive a free and appropriate education.

**Inclusion:** Children with and without disabilities participating together in an educational setting. Students with disabilities are placed in typical classrooms taught by regular education teachers. Help from Special Education teachers and/or special instruction and services can offer additional support.

**Individualized Education Program (IEP):** A written plan for children ages 3 to 22 years which states a child's present level of educational performance, sets annual goals and short-term objectives, and identifies appropriate services needed to meet those goals.

**Individualized Family Service Plan (IFSP):** A written plan for families and children aged birth to three years which includes a statement of the family's priorities and resources and a statement of the child's present levels of development with outcomes and services to be provided.

**Individualized Program Plan (IPP):** A written, person-centered plan for persons after age 3 who are served by the Regional Center which includes the child’s and family’s desires, information about the child, and a plan for delivering services.

**Intellectual Disability: (ID)** Replaced “mental retardation” in Federal and California law.

**Language Delay:** A lag or slowness in the development of a child’s ability to speak or understand language.

**Lanterman Act:** The Lanterman Developmental Disabilities Services Act (Lanterman Act) is that part of California law that sets out the rights and responsibilities of persons with developmental disabilities, and creates the agencies, including regional centers, responsible for planning and coordinating services and supports for persons with developmental disabilities and their families.

**LEA:** Local Education Agency. Local School District.

**Learning Disability/Learning Handicap (LD/LH):** A disability in which children have problems using language, remembering, concentrating, following instructions, reading, calculating or learning through listening or looking.

**Least Restrictive Environment (LRE):** A school setting in which children with special needs are educated with their typically developing, same age peers.

**Low Incidence:** Term for blind, deaf and/or orthopedically impaired.

**Mentally Retarded:** see **Intellectual Disability**

**Multi-handicapped (MH):** When a child has two or more disabilities.

**Natural Environment:** A place where infants and toddlers without disabilities and their families might typically be found. Early Intervention services are required to be provided in a natural environment.

**Occupational Therapy (OT):** A service provided by a licensed occupational therapist that assists children with fine motor activities and everyday tasks like eating, dressing and hand use.

**Orientation and Mobility (O&M):** A service provided by an orientation and mobility specialist who teaches children with visual impairments how to know their position in space and how to move safely from place to place.

**Orthopedically Impaired (OI):** A disability in which children have difficulty getting around without adaptive equipment, e.g., wheelchair, braces, etc.

**“Part C”** – Early intervention services for children birth to 3 years old under Individuals with Disabilities Education Act (IDEA).

**“Part B”** - Special Education services for children 3-22 years old under Individuals with Disabilities Education Act (IDEA).

**Pervasive Developmental Disorder (PDD):** The diagnostic category of PDD refers to a group of disorders characterized by delays in the development of socialization and communication skills. Autism (a developmental brain disorder characterized by impaired social interaction and communication skills, and a limited range of activities and interests) is the most characteristic and best studied PDD. Other types of PDD include Asperger's Syndrome, Childhood Disintegrative Disorder, and Rett's Syndrome. Children with PDD vary widely in abilities, intelligence, and behaviors. Some children do not speak at all, others speak in limited phrases or conversations, and some have relatively normal language development. Repetitive play skills and limited social skills are generally evident. Unusual responses to sensory information, such as loud noises and lights, are also common.

**Physical Therapy (PT):** A service provided by a licensed physical therapist who assists children with gross motor activities such as rolling, sitting, and walking.

**Preschool:** Refers to schools/classrooms that serve children three to five years of age.

**Program Specialist:** A person at the district level who is knowledgeable about available special education programs in that district, and who is responsible for making sure that children receive needed services.

**Receptive Language:** Recognition and/or understanding of what is heard.

**Related Services:** see **Designated Instruction and Services**

**Resource Room:** A Special Education service/placement for children who are in a regular classroom for more than half of the school day.

**Resource Specialist Program:** Taught by a Special Education teacher who provides instruction and services for children who are assigned to a regular classroom for the majority of the day but who have needs for Special Education services as identified by the IEP team.

**Self-Help Skills:** Skills such as feeding, dressing, and toileting.

**Sensory Integration Therapy (SI):** Usually provided by a specially trained occupational therapist, SI therapy does not attempt to develop specific skills, but rather provides the sensory and motor activities which help the overall functioning of the nervous system and helps the child to cope with the sensory input from the environment.

**Special Day Class (SDC):** A classroom placement for children who would benefit from specialized services for over half of the school day; the children receive their teaching from a Special Education teacher. (Also called Self-Contained Classroom.)

**Speech/Language Therapy:** Services provided by a speech therapist or speech pathologist who helps children learn to communicate.

**Transition:** A time in a person's life when he or she moves from one education program to another. (This workbook helps with students moving from an early intervention infant program to a preschool program.)

**Visual Impairment (VI):** a disability in which children have a vision loss that affects their ability to learn.

**Visual Processing:** A visual processing disorder can cause difficulty in seeing the difference between two similar letters, shapes, or objects, or noticing the similarities and differences between certain colors, shapes, and patterns. Although visual processing disorder is not named as learning disability under federal law, it can explain why a child may have trouble with learning and performance.



## IFSP/Transition Resource

[Early Childhood Transition](#) - US Office of Special Education Programs (OSEP) November 2011

## Transition Notification

Prior to a toddler exiting the Part C early intervention program, if that toddler is potentially eligible for services under Part B of the IDEA, the lead agency must notify the SEA and the LEA where the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B. (§303.209(b)(1))

Status of Toddler Who is Potentially Eligible for Part B	Lead Agency Notifies LEA/SEA
Exiting Part C by age three (§303.209(b)(1)(i)).	27-33 months prior to toddler's 3 <sup>rd</sup> birthday.
Determined eligible for Part C 45-90 days prior to turning age three (§303.209(b)(1)(ii)).	As soon as possible after the eligibility determination.
Referred to lead agency less than 45 days prior to turning three (§303.209(b)(1)(iii)).	No evaluation/assessment/IFSP required, but MUST notify the SEA and LEA if the child may be eligible for Part B (with parental consent, if applicable, under §303.401).

- States can adopt an opt-out policy that permits a parent to object to the disclosure of the child find personally identifiable information (PII). (§303.209(b)(2) and §303.401(e))
- The opt-out policy includes notifying the parent of the limited disclosure of personal information for child find purposes and allowing a specified period of time for the parent to object. (§ 303.209(b)(2) and §303.401(e)).
- The SEA/LEA notification must be consistent with any opt-out policy that the State has adopted. (§303.209(b)(2))

## Transition Conference (Meeting)

- For a child exiting part C and potentially eligible for Part B services, the transition conference must be held, with family approval, at least 90 days and not more than 9 months prior to the toddler's third birthday. Required participants include the lead agency, the LEA and the family. (§303.209(c)(1))
- For a child exiting Part C and not potentially eligible for Part B, the lead agency (with family approval) makes reasonable efforts to convene the transition conference. Required participants include the lead agency, providers of other appropriate services the toddler may receive and the family. (§303.209(c)(2))
- The transition conference must be conducted with the family's approval.
- If the meeting to develop the transition plan and the transition conference are held together, the meeting must meet the requirements in §303.343(a) – IFSP Team meeting and periodic review.
- If the transition conference is held separately from the meeting to develop the transition plan, the required participants for the conference include the lead agency, the LEA and family.

## Transition Plan

- Service coordination services include facilitating the development of a transition plan. (§303.343(b)(10))
- The IFSP must include a transition plan for ALL infants and toddlers with a disability who are exiting from Part C. (§303.209(d))
- Transition plan must be in the IFSP.
- Must be established not fewer than 90 days and, at the discretion of all parties, not more than 9 months before the toddler turns age three.
- Transition plan must include a review of program options.
- Each family is included in development of the transition plan.
- Must include steps and services.

**Procedures for Transition Plans (§303.209(d)(3))**

Steps to Exit from Part C	Services Identified as Needed
<ul style="list-style-type: none"> <li>• Child find information is transmitted to the LEA or other relevant agency.</li> <li>• Transmission of additional information, such as the most recent evaluation, assessments and IFSP (with parent consent).</li> <li>• Will vary depending on the program to which the child is transitioning.</li> </ul>	<ul style="list-style-type: none"> <li>• Support transition of the child.</li> <li>• Identified by the IFSP team.</li> <li>• Needed by the toddler and his/her family.</li> <li>• Discussions with and training of parents regarding future placements and other matters related to transition of their child Including Head Start and other preschool options.)</li> </ul>

**Part C Requirements**

- Transition notification (§303.209(b))
- Transition conference to discuss services (§303.209(c))

- Procedures for transition plan (§303.209(d))
  - \*Review of program options
  - \*Family involvement in the transition plan
  - \*Steps and services
- Combining timely conference and the transition plan (§303.209(e))

### Part B Requirements

- Upon referral from Part C, the LEA must provide the parent with procedural safeguards notice. (§300.504(a)(1))
- For those children who are potentially eligible for Part B services, the LEA must participate in the transition conference. (§300.124)
- For a child determined eligible under Part B, the LEA must develop and implement the IEP by the third birthday. (§300.101(b) and §300.124(b))
- At the parent's request, the LEA must invite the Service Coordinator to the initial IEP meeting. (§300.321(f))
- When developing the initial IEP, the LEA **MUST** consider the IFSP. (§300.323(b))



### Parents' Rights in Special Education

A brief summary of Procedural Safeguards for students with disabilities receiving Special Education services. From California Department of Education website (June 2013).

Parents of children with disabilities from ages three through twenty-one have specific ... rights under the Individuals with Disabilities Education Act (IDEA). These rights are called procedural safeguards. Individuals serving as surrogate parents and students aged eighteen receiving Special Education services, are also entitled to these rights.

A number of staff in the child's district and Special Education local plan area (SELPA) (can) answer questions about the child's education and the parents' rights and responsibilities. When the parent has a concern, it is important that they contact their child's teachers or administrators to talk about their child and any problems they see. This conversation often solves the problem and helps maintain open communication.

Parents must be given opportunities to participate in any decision-making meeting regarding their child's Special Education program. Parents have the right to participate in individualized education program (IEP) meetings about the Special Education eligibility, assessment, educational placement of their child and other matters relating to their child's free appropriate public education (FAPE).

### **What Are Parents' Rights in California Special Education?**

#### **Parents and students over age eighteen have the right:**

- **To Participate** - Parents have the right to refer their child for Special Education services, to participate in the development of the IEP and to be informed of all program options and alternatives, both public and nonpublic.
- **To Receive Prior Written Notice** - Parents have a right to receive prior written notice, in their native language, when the school district initiates or refuses their request to initiate a change in their child's identification, assessment, or educational placement in Special Education.
- **To Consent** - Parents must provide informed, written consent before their child is assessed or provided with any Special Education services. Parental consent must also be provided before any change in Special Education services may occur. The district must ensure that parents understand proceedings of the IEP team meeting including arranging for an interpreter for parents with deafness or those whose native language is other than English.
- **To Refuse to Consent** - Parents may refuse to consent to an assessment or the placement of their child in Special Education.
- **To Be Given a Nondiscriminatory Assessment** - Children must be assessed for Special Education through the use of methods that are not culturally biased or discriminatory.
- **To Receive Independent Educational Assessments** - If parents disagree with the results of the assessment conducted by the school district, they have the right to ask for and obtain an independent education evaluation (IEE) at public expense.

The parent is entitled to only one IEE at public expense each time the public agency conducts an evaluation with which the parent disagrees.

When a parent requests an IEE at public expense, the school district must, without unnecessary delay, either ensure that an IEE is provided at public expense, or request a due process hearing

if the district believes their assessment was appropriate and disagrees that an IEE is necessary. The school district also has the right to establish the standards or criteria (including cost and location) for IEEs at public expense.

- **To Access Educational Records** - Parents have a right to inspect, review, and obtain copies of their child's educational records.
- **To Stay in the Current Program If There is a Disagreement About Placement** - If parents disagree with the district regarding their child's Special Education placement or a proposed change in placement, the law requires the student to "stay put" in the current program until the dispute is resolved.
- **To Be Given a Hearing Regarding Disagreements About an IEP** - Parents have the right to present a complaint relating to the provision of a FAPE for their child; to have an attorney, an advocate, and the student, if appropriate, present at the due process hearing; and to make the hearing public. Under certain conditions, the hearing officer may award, reduce, or deny the reimbursement of attorneys' fees and fees paid to nonpublic institutions by parents in the settlement of a case. To request a due process hearing or to receive a complete notice of procedural safeguards related to a due process hearing, contact the Office of Administrative Hearings (see contact information below).
- **To Receive Mediation** - Parents are encouraged to consider settling disagreements regarding their child's Special Education program through voluntary mediation, a process through which parties seek mutually agreeable solutions to disputes with the help of an impartial mediator. Parents may seek mediation alone or separate from due process, or they may participate in mediation pending a due process hearing. Mediation cannot be used to delay parents' right to a due process hearing.
- **To File a Complaint Against Your School District** - If parents believe their child's school district has violated the law, they may file a complaint with the California Department of Education. The Department must investigate complaints alleging violations of noncompliance with IDEA, state Special Education laws, or regulations, and issue a written report of findings within 60 days of receiving the complaint.
- **To Be Informed of School Discipline and Alternative Placement** - There are specific rules regarding the suspension and expulsion of students with IEPs. Generally, a student with a disability may be suspended or placed in an alternative educational setting to the same extent that these options apply to students without disabilities.

If the student with a disability is in such a placement for more than ten days, an IEP meeting must be held to consider the appropriateness of the child's current placement and the extent to which the disability is the cause of the misconduct. Regardless of the child's placement, the district must provide FAPE

- **To Be Informed of Policies Regarding Children Who Attend Private Schools** - School districts are responsible for identifying, locating and assessing students with disabilities enrolled in private schools by their parents. However, school districts are not required to provide Special Education or related services to these students. There is no entitlement for services, though some pri-

vate schools and students attending private schools may receive some services from the school district.

This notice is an abbreviated summary of procedural safeguards under federal and state laws. Special Education Rights of Parents and Children, a more extensive description of these rights, is available from the California Department of Education, Special Education Division.

To obtain more information about parental rights or dispute resolution, including how to file a complaint, contact the California Department of Education, Special Education Division, Procedural Safeguards Referral Service, by telephoning 800-926-0648 or writing to:

California Department of Education  
Special Education Division  
Procedural Safeguards Referral Service  
1430 N Street, Suite 2401  
Sacramento, CA 95814  
Telephone: 800-926-0648  
Fax: 916-327-3704

**To file for mediation or a due process hearing, contact:**

Office of Administrative Hearings  
Special Education Division  
2349 Gateway Oaks, Suite 200  
Sacramento, CA 95833-4231  
Telephone: 916-263-0880  
Fax: 916-263-0890



## Special Education Resources

There are many good resources for further information about Special Education.

Center for Appropriate Dispute Resolution in Special Education (CADRE)

[www.directionservice.org](http://www.directionservice.org)

Center for Parent Information and Resources

[www.parentcenterhub.org](http://www.parentcenterhub.org)

California Department of Education (CDE)

<http://www.cde.ca.gov/sp/se/>

Desired Results Access Project

<http://www.draccess.org/families/>

Disability Rights California (“Special Education Rights & Responsibilities”)

[www.disabilityrightsca.org](http://www.disabilityrightsca.org)

Office of Special Education Programs (OSEP)

[www2.ed.gov/about/offices/list/osers/osep/index.html](http://www2.ed.gov/about/offices/list/osers/osep/index.html)

WarmLine Family Resource Center

[www.warmlinefrc.org](http://www.warmlinefrc.org)

Wright’s Law

[www.wrightslaw.org](http://www.wrightslaw.org)

### Parents' Vision for Their Children

- ☆ We want our children to be happy.
- ☆ We want our children to progress developmentally.
- ☆ We want our children to be safe from ridicule.
- ☆ We want our children to have appropriate social skills.
- ☆ We want our children to have friends who love them for who they are.
- ☆ We want our children to be invited to birthday parties.
- ☆ We want our children to feel loved and accepted by our community.
- ☆ We want our children to reach their greatest potential.
- ☆ We want our children to be involved in fun after- school activities with friends.
- ☆ We want our children to have similar opportunities as their same-age peers and siblings.

### Meeting Notes

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_



Location: \_\_\_\_\_

People attending: \_\_\_\_\_

\_\_\_\_\_

Issues, Concerns, Questions	Responses, Solutions, Answers

Outcome of meeting:

\_\_\_\_\_  
\_\_\_\_\_

Next steps:

\_\_\_\_\_  
\_\_\_\_\_

Things to do or remember:

\_\_\_\_\_  
\_\_\_\_\_

Next meeting date: \_\_\_\_\_ With: \_\_\_\_\_

### Frequently Called Numbers



# WARMLINE FAMILY RESOURCE CENTER

Supporting families of children with special needs in  
Sacramento, Placer, Yolo, El Dorado, Nevada and Alpine Counties.



WarmLine is grateful for funding support from California Department of Developmental Services Early Start Program, First 5 of Placer County, Sacramento County Office of Education, the annual WarmLine Golf Tournament, our community partners and friends.

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**FIRST 5**  
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Children & Families Commission  
[www.First5Placer.org](http://www.First5Placer.org)