

This booklet is intended to help families understand and plan for the transition from Early Intervention Services to the services available at age 3.



STEPS TO SUCCESS

A PRACTICAL GUIDE TO TRANSITION FOR PARENTS IN TENNESSEE'S EARLY INTERVENTION SYSTEM



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STEP | ONE

A transition goal is included in your child's initial Individualized Family Service Plan (IFSP) and reviewed at subsequent IFSP meetings.

With your consent, your TEIS Service Coordinator is required to arrange a Transition Planning Conference (TPC) for your family. The purpose of this meeting is to share progress on the IFSP outcomes and to develop a plan for your child's services as he/she approaches his/her third birthday.

STEP | TWO

A referral is sent to your local school system, with your consent, to schedule the Transition Planning Conference.

STEP | THREE

A Transition Planning Conference with the school system and your IFSP team is held three to nine months before your child's third birthday.

Participants in the Transition Planning Conference include:

- The parent(s) or guardian(s)
- Service Coordinator or designee
- School System Representative(s)
- Others invited by parent(s) or guardian(s)

STEP | FOUR

To help determine if your child is eligible for special education services through the school system, you will be asked to give your consent for the exchange of information for evaluation of your child. Assessment information is gathered by the school system's evaluation team to help determine eligibility. Additional assessments may be conducted. As the parent, you are part of the eligibility evaluation process.

STEP | FIVE

If your child is determined ineligible for special education services through the school system, your Service Coordinator will contact you to discuss options for appropriate services in your local community.

The school system will hold an eligibility meeting with you to discuss your child's eligibility for special education services. If eligible, TEIS will schedule the Age 3 TEIS Extended Option Decision Meeting.

Possible options are:

1. Continue your child's IFSP services through the TEIS Extended Option (services may be continued until the start of school following your child's fifth birthday).
2. Exit TEIS and pursue school system services through an Individualized Education Program (IEP). The IEP meeting may be held at a later date. As the parent, you are an important member of the IEP team. The beginning service date is determined by the IEP team. If your child is eligible for school system services and his/her third birthday occurs near school breaks or summer, your child's IEP team will determine when services begin.
3. Exit TEIS and decline school system services.

You may pursue services in the future by contacting your local school district. Once a child transitions from TEIS to the local school district, they cannot return to TEIS.

Planning is crucial for any important event in life. The more prepared you and your child are for changes, the smoother the process will be. Families, Service Coordinators, and school system staff members who communicate, collaborate, and participate in the planning process will help ensure that young children with developmental delays or disabilities have a positive experience as they move forward.

What can you do to make an informed decision regarding your child's transition options?

- Keep a file or notebook of your child's records, such as evaluation reports, daycare/preschool teacher comments, medical reports, IFSPs, etc.
- To help plan ahead for the needs of your child, provide permission for your Service Coordinator to refer your child to the school system at a minimum of three months before your child's third birthday. This will give everyone time to work together to help you decide the best option for your child and family.
- Use the **Materials to Bring for the Meeting** included in this guide to help you think of helpful information to share during the Transition Planning Conference.
- Be confident in planning. No one knows your child better than you do, and your child depends on your voice. As a valued team member, you have expert knowledge of your child to share with TEIS and the school system.
- Talk with the school system about the services your child has been receiving.
- Provide the school system with the records and information they require and request.
- Participate in the eligibility process in partnership with TEIS and the school system.

Consider making a Transition Portfolio to help the receiving program learn about your child. You might include the following information:

1. How well does your child notice and react to things in their environment (respond to familiar faces, react to loud noises, imitates others)?
2. How does your child let you know what he/she needs and wants (different cries, gestures, signs, sounds)?
3. How does your child react to other children (smile, play alone, play close other children, react to strangers)?
4. What kinds of things does your child do during daily routines (drink from a cup, eat solid foods, go to the bathroom, take naps)?
5. Other helpful information (child's best/hardest times of day, allergies, medications, your concerns, favorite activities)
6. How well does your child use and coordinate movements (roll over, crawl, sit, pull to stand, use a cup, turn pages of a book)?



QUESTIONS TO ASK

This list of questions is intended to give families topics that might be discussed through the transition process. These might also spark other questions to ask.

DURING THE TRANSITION PLANNING CONFERENCE:

- What are the steps involved in transitioning my child?
- What tests or assessments will be done? How are they done and by whom?
- What are your program's eligibility procedures?
- What happens if my child isn't eligible?
- What are the program's philosophy and goals?
- Does staff have training and skills related to my child's unique needs?

PREPARING FOR THE AGE 3 TEIS EXTENDED OPTION DECISION MEETING:

- When am I required to decide regarding my child's placement?
- If I choose the TEIS Extended Option, can my child exit TEIS at any time? If so, can my child return to TEIS in the future?
- Can my child receive TEIS services through my child's IFSP and school system services through an IEP at the same time?

DURING THE INDIVIDUALIZED FAMILY SERVICE PLAN MEETING (SHOULD YOU CHOOSE THE TEIS EXTENDED OPTION):

- Can I add or revise goals on my child's IFSP?
- Will my child be able to continue with services they have been receiving?
- Will I have the same Service Coordinator?
- Will I have the same therapists?
- Are there any fees for services?

DURING THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) DEVELOPMENT (SHOULD YOU CHOOSE TO PURSUE SCHOOL SYSTEM SERVICES):

- If a preschool classroom is an option, how many children are in the class?
- Will my child receive special transportation? If so, is the bus equipped for my child's special equipment/devices?
- What are the program hours?
- What is the child/staff ratio?
- Is therapy provided in or out of class?
- Tell me about the opportunities that my child will have interacting with children with and without special needs. Describe some of the activities.
- How are families involved in the preschool program?
- What are the policies/procedures in place for emergencies and health-related issues?
- What is the program's calendar?
- What is available to my child during the summer months?
- Who do we contact to visit programs?
- Are there fees for any services or programs? If so, will my insurance be accessed to cover costs?
- What can I do to prepare my child for preschool?
- Who do we contact if we have more questions?

WHAT IS AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)?

An IFSP is a written plan for providing early intervention supports and services to an eligible child and the family. The IFSP is reviewed at least every six months and revised at least annually by the IFSP team, which includes you as the parent. The IFSP includes family priorities and concerns, child's present levels of development, early intervention services, and measurable child and family outcomes including an educational component that promotes school readiness. The IFSP focuses on your child and family within your daily routines.

IFSP participants can include:

- The parent(s) or guardian(s)
- Others invited by parent(s)
- Service Coordinator or other TEIS representative
- Early Intervention Service Providers

The IFSP includes the following components:

- The strengths of your child
- Your concerns/needs for your child and family
- Measurable child and family outcomes
- Your child's present levels of development
- Amount and type of early intervention services and related services needed
- Description of the starting date and length of time the services will be provided
- Statement of how your child's services are provided within their natural environment
- Location where services will be provided

WHAT IS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)?

The IEP is a written educational plan. It is like the IFSP that was developed for your child and family for early intervention purposes. The IEP is developed with representatives from the school system and the parents or guardians of a child who is eligible for special education services.

IEP participants can include:

- The parent(s) or guardian(s)
- Teachers
- School system representative
- Interpreter of evaluation results
(this person may fill one of the above roles, as well)
- Service Coordinator or other TEIS representative (if requested by parent)
- Others invited by parent(s)

The IEP includes the following components:

- The strengths of your child
- Your concerns/needs for your child
- Educator concerns
- Measurable child outcomes
- Your child's present levels of educational performance
- Amount and type of special education services and related services needed
- Description of the starting date and length of time the services will be provided
- Statement of how your child's needs might impact participation in the regular program
- Location where services will be provided

To the maximum extent appropriate, TEIS services will be provided in natural environments, including your home and community settings that are natural or normal for your child's typically developing peers. Services will only be provided in settings other than the natural environment when it is determined that the desired outcome(s) cannot be satisfactorily achieved within the natural environment.

Local education agencies (LEAs) are required to provide services in the least restrictive environment (LRE). This means to the maximum extent appropriate, children with developmental delays or disabilities must be educated with children who do not have developmental delays or disabilities. Placing a child in a separate classroom or school site should only happen if the child's disability is so severe that extra supports, aids, and services are not enough to provide an appropriate education in the general education classroom.

There must be documented justification given if it is determined that a general education setting is not the least restrictive environment (LRE) for a child. The least restrictive environment expectations apply to all aspects of the provision of special education and related services, including the provision of speech-language therapy, occupational therapy, physical therapy, and transportation services.

MATERIALS TO BRING

These are some of the records that may be requested at the Transition Planning Conference, Age 3 TEIS Extended Option Decision Meeting, or IEP meeting. Check with your IFSP/IEP team to see what is required.

- ☒ Birth Certificate
- ☒ Social Security Card
- ☒ Immunization records/physical health history
- ☒ Records for current program
- ☒ Emergency contact information
- ☒ Medical numbers and copy of insurance cards
- ☒ Goals for my child
- ☒ Information on my child to help others get to know him/her
- ☒ Information requested by your school, such as proof of residency



SPECIAL EDUCATION DEFINITIONS

ADAPTIVE BEHAVIOR: A child's ability to perform self-help skills appropriate for their age in a manner which meets the expectations of their home, culture, school, and neighborhood. These skills are also considered prevocational skills for young children.

APRAXIA: Difficulty with motor planning, often impacting a child's ability to coordinate appropriate muscles used for speech.

ASSISTIVE TECHNOLOGY (AT): Devices and services used to increase, maintain, or improve functioning of a child with a disability. That may include equipment and/or instructional strategies needed to eliminate barriers and enable children with disabilities to have access to the general education curriculum.

ATTENTION DEFICIT DISORDER (ADD OR ADHD): Children who consistently display certain behaviors over an extended period of time in the areas of: inattention, focus, hyperactivity or impulsivity.

AUDITORY DISCRIMINATION: Being able to perceive the differences between speech sounds, and to sequence these sounds into meaningful words.

COGNITION: The understanding or awareness of information.

CONGENITAL: Existing at birth.

ELIGIBILITY: Meeting the standards necessary to qualify for special education.

EVALUATION: An examination or assessment done by formal or informal tests and observations.

EXPRESSIVE LANGUAGE: The ability to use language verbally, in writing, or by gestures.

EYE-HAND COORDINATION: The ability to combine functions of the eyes and hands in carrying out manipulative activities involving the hands.

FREE APPROPRIATE PUBLIC EDUCATION (FAPE): All children with disabilities have a right to a free appropriate education.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP): An IFSP is a written plan for providing early intervention supports and services to an eligible child and the family.

INDIVIDUALIZED EDUCATION PROGRAM (IEP): The IEP is a written educational plan. It is like the IFSP that was developed for your child and family for early intervention purposes. The IEP is developed with representatives from the school system and the parents or guardians of a child who is eligible for special education services.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA): Federal rules for special education (see <https://sites.ed.gov/idea/>)

LEAST RESTRICTIVE ENVIRONMENT (LRE): To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children without disabilities, and special classes, separate schooling, or other removal of children with disabilities from the general education environment occurs only when the nature or severity of the disability of a child is such that education in general classes with support cannot be achieved satisfactorily.

LOCAL EDUCATION AGENCY (LEA): Local school districts

MULTIDISCIPLINARY: The involvement of two or more disciplines or professions in providing services, conducting an evaluation or assessment, or in developing the IEP.

OCCUPATIONAL THERAPY (OT): Developmental and educational activities directed by an Occupational Therapist designed to improve fine motor, self-help, coordination, and sensory integration delays.

PERCENTILE: A type of test score which compares a person's performance to the performance of others the same age or grade.

PERCEPTUAL SKILLS: The ability to select, organize and understand information coming in through the senses.

PHYSICAL THERAPY (PT): Therapy designed and directed by a Physical Therapist to improve, maintain, or slow the rate of regression of the motor functions of a child to enable him/her to function in his educational environment.

RECEPTIVE LANGUAGE: The ability to receive and understand information from others.

SPECIAL EDUCATION DEFINITIONS *(continued)*

RELATED SERVICES: Services such as transportation and developmental, corrective, and other support services, including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, therapeutic recreation, social work services, and school nurse services to enable a child with a disability to receive a free appropriate public education. Related services may also include orientation and mobility services, and medical services for diagnostic and evaluation purposes only.

RELEASE OF INFORMATION: Written consent given by a parent that allows specific information to be given to schools/programs/agencies or an individual.

SCHOOL PSYCHOLOGIST: Provides evaluation to assess student's cognitive and developmental abilities and potential need for special education program/services.

SECTION 504: of the Rehabilitation Act of 1973 state that, "No otherwise qualified handicapped individual in the US...shall solely by reason of ... handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Section 504 in the schools is accommodations in the general education setting. The student must meet eligibility requirements, which is having a physical or mental impairment or a record of one that limits major life activities (caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working). A plan is developed outlining the accommodations needed in school. This Act applies to postsecondary education as well.

SPECIAL EDUCATION: Specially designed instruction, at no cost to the parents, to meet the unique educational needs of the student with a disability.

SPECIAL TRANSPORTATION: A related service, determined by the IEP team to provide travel to and from school and specialize equipment such as a special bus, lift or ramp if required, to assist a child eligible for services to benefit from special education.

SPEECH LANGUAGE THERAPY: Speech and language services designed and directed by a speech language pathologist.

SUPPLEMENTARY AIDS AND SERVICES: Aids, services, and other supports that are provided in regular education classes or other educational-related settings to enable children with disabilities to be educated with children without disabilities to the maximum extent appropriate.

TACTILE: Relating to the sense of touch.

TRANSITION: A coordinated set of activities that promotes movement from program to program.

VISUAL PERCEPTION: The ability to notice important details and assign meaning to what is seen.



DEFINITIONS OF DISABILITY USED FOR SCHOOL SYSTEM ELIGIBILITY STANDARDS

AUTISM SPECTRUM DISORDER (ASD): Autism means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistant to environmental change or change in daily routines, and unusual responses to sensory experience. The term also includes students that have been diagnosed with an Autism Spectrum disorder, such as Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS), or Asperger's Syndrome, Rett's or Childhood Disintegrative Disorder.

DEAF-BLINDNESS: Deaf-Blindness means hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing any one of the impairments.

DEAFNESS: Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.

DEVELOPMENTAL DELAY: refers to children aged three years, zero months (3:0) through nine years, eleven months (9:11) who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical (gross motor and/or fine motor), cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance.

EMOTIONAL DISTURBANCE: Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time (during which time documentation of informal assessments and interventions are occurring) and to a marked degree that adversely affects a child's educational performance.

FUNCTIONAL DELAY: Functional Delay means a continuing significant disability in intellectual functioning and achievement which adversely affects the student's ability to progress in the general school program, but adaptive behavior in the home or community is not significantly impaired and is at or near a level appropriate to the student's chronological age.

HEARING IMPAIRMENT: An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include Deafness.

INTELLECTUALLY GIFTED: A child whose intellectual abilities, creativity, and potential for achievement are so outstanding that the child's needs exceed differentiated general education programming, adversely affects educational performance, and requires specifically designed instruction or support services.

INTELLECTUAL DISABILITY: Intellectual Disability is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

MULTIPLE DISABILITIES: Multiple disabilities means concomitant impairments (such as Intellectual Disability-Deafness, Intellectual Disability- Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blindness.

ORTHOPEDIC IMPAIRMENT: A severe orthopedic impairment that adversely affects a child's educational performance. The term includes, but is not limited to, impairments caused by congenital anomaly (e.g., club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

OTHER HEALTH IMPAIRMENT: Having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, Attention Deficit Hyperactivity Disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and Tourette's Syndrome that adversely affects a child's educational performance.

DEFINITIONS OF DISABILITY USED FOR SCHOOL SYSTEM ELIGIBILITY STANDARDS *(continued)*

SPECIFIC LEARNING DISABILITY: A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations and that adversely affects a child's educational performance. Such term includes conditions such as perceptual disabilities (e.g., visual processing), brain injury that is not caused by external physical force, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include a learning problem that is primarily the result of Visual Impairment, Hearing Impairment, Orthopedic Impairment; Intellectual Disability; Emotional Disturbance; limited English proficiency; environmental or cultural disadvantage.

SPEECH OR LANGUAGE IMPAIRMENT: A communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance.

TRAUMATIC BRAIN INJURY: An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

VISUAL IMPAIRMENT: Visual impairment, including blindness, means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

WEBSITE ADDRESSES OF EARLY INTERVENTION RESOURCES

- <https://www.tn.gov/disability-and-aging>, Search for TEIS
Tennessee's Early Intervention System
- <https://www.tn.gov/education/student-support/special-education/special-education-section-619.html>
Tennessee Department of Special Education, Early Childhood Special Education
- <https://www.tn.gov/education/instruction/academic-standards/early-learning-development-standards.html>
Tennessee Early Childhood Early Learning Developmental Standards
- <https://vkc.mc.vanderbilt.edu/vkc/pathfinder/>
Tennessee Disability Pathfinder
- <https://www.tnstep.org/>
Tennessee STEP
Information, advocacy, and support services for parents of children eligible for Part C and Part B of the IDEA services.
- <https://www.kidcentraltn.com/>
A resource for parents in the state of Tennessee
- <https://ies.ed.gov/ncser/>
National Center for Special Education Research
- <https://www.seca.info/>
Southern Early Childhood Association
- <https://www.zerotothree.org/>
Zero to Three
An organization that trains and supports parents to promote the health and development of infants and toddlers.