

Disabilities Services

The Disabilities Services area provides the necessary services to ensure that children with disabilities and their families achieve the full benefits of the Head Start/Pre-K and Early Head Start programs.

The continuing objectives of this service area are to fully include children with disabilities in the classroom, document developmental milestones, provide guidance for classroom staff, help develop positive attitudes in adults and children toward children with disabilities, provide appropriate referrals for therapy, and to act as an advocate for families with disabled children. The Head Start/Pre-K Child Development/Disabilities Managers and Teachers will attend IEPs. The Early Head Start Managers will participate in the development of IFSPs for Early Head Start children when invited. The Managers will consult with the Specialist to provide guidance and training for staff and parents.

* The following two forms must be printed on light blue paper.

**EPIC Head Start/Pre-K
IEP Addendum to County B. of Ed. IEP**

Your child, _____, is enrolled in the EPIC Head Start/Pre-K Program and has an IEP in place with the _____ County Board of Education for _____ services. Your child's teacher will consult with the _____ (speech, OT, PT, PSSN)

_____ County Board of Education representative serving your child. We will work together to support your efforts to achieve our child's IEP goals.

| Program Placement | How Often | How Long | Person Responsible | Start Date | End Date |
|-------------------|-----------|----------|--------------------|------------|----------|
| Center Based | | | | | |
| Home Based | | | | | |
| Other | | | | | |

Special and Related Service

| Special Service | How Often | How Long | Person Providing | Start Date | End Date |
|-----------------|-----------|----------|------------------|------------|----------|
| Speech Therapy | | | | | |
| Developmental | | | | | |
| OT | | | | | |
| PT | | | | | |
| OHI | | | | | |
| Other: | | | | | |

- *Child does ___ does not ___ require a bus evacuation plan
- *Child does ___ does not ___ require a center evacuation plan
- *Complete Emergency Evacuation Plan if child does require a bus and/or a center evacuation plan

Statement of Parent Involvement and Consent for Special Services

I have worked with Head Start/Pre-K staff to develop this Individual Education Program (IEP) addendum for my child. It has been discussed with me in my native language/primary mode of communication. I agree with its contents and hereby give my consent to the services and program placement described above.

Parent/Guardian

Date

Head Start/Pre-K Staff

Date

Program Year _____

**EPIC Head Start/Pre-K
Emergency Evacuation Plan**

Child: _____

Bus: _____ Center/Class: _____

Staff Responsible: _____

Special Consideration: _____

Bus Evacuation Procedure: _____

Center Evacuation Procedure: _____

Signatures:

Parent

Date

Bus Staff Responsible

Date

Center Staff Responsible

Date

Education/Disabilities Manager

Date