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	State Date	End Date
Center Based					
Home Based	1				
Other		<u> </u>			

Special and Related Service

Special Service	How Often	How Long	Person Providing	Start Date	End Date
Speech Therapy					
Developmental					
OT	······				
PT					
OHI					and the second
Other:			2		

*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 herby give my consent to the services and program placement described above.

Parent/Guardian

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Date

Head Start/Pre-K Staff

Date

IEP Addendum to County Bd. Of Ed. IEP Updated 5/2018

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IEP Addendum and Emergency Evacuations

- Procedure
 - When a child has an IEP in place, the teacher will complete a blue IEP Addendum to County Board of Ed IEP form.
 - A new IEP Addendum must be completed each time the child's IEP is updated (through an initial or annual meeting, or an amendment). It is best if it can be completed with the child's guardian at each IEP meeting.
 - Fill in the blank lines in the top section.
 - Fill in the first chart for the Program Placement according to the days and times the child attends the program and the date the child was enrolled.

EXAMPLE:

Program Placement	How Often	How Long	Person Responsible	Start Date	End Date
Center Based	5 Days	6hrs 15 min	HS Staff	8/22/18	5/20/19
Home Based					
Other:					

Fill in the chart for Special and Related Services according to the Services page of the IEP. The
information in this chart MUST MATCH the information on the Services page of the IEP.

EXAMPLE:

Special Service	How Often	How Long	Person Providing	Start Date	End Date
Speech Therapy	Monthly	90 Minutes	BCS	8/29/18	5/20/19
Developmental					
OT					
PT			,		
OHI					
Other:					

 Mark the lines to indicate whether or not the child needs a bus and/or a center evacuation plan. If it is needed, complete the blue Emergency Evacuation Plan.

EXAMPLE:

C.C.

*Child does _____ does not _x___ require a bus evacuation plan

*Child does _____ does not _x___ require a center evacuation plan

*complete Emergency Evacuation Plan if child does require a bus and/or center evacuation play

• Be sure both the guardian and HS staff member sign and date the bottom of the form

Program Year _____

EPIC Head Start/Pre-K Emergency Evacuation Plan

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Child:		
Bus:	Center/Class:	
Staff Responsible:		
Special Consideration:		
Bus Evacuation Procedure:		
Center Evacuation Procedure:		
	·	
Signatures:		
		Date
Parent		
Bus Staff Responsible		Date
Center Staff Responsible		Date
Education/Disabilities Manager		Date
Updated May 2018		