Connecticut Birth to Three System

A Family Handbook

Guide 2:
Orientation to Supports for Families of Eligible Children

July 2021
Connecticut Birth to Three System

A Family Handbook

This handbook and others are available at www.birth23.org

My important information

Name of my program: ____________________________________________

Phone: __________________________________________________________

My program director: _____________________________________________

Phone: __________________________________________________________

My service coordinator: ___________________________________________

Phone: __________________________________________________________

Other team members: _____________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

IFSP dates: ________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
# Table of Contents

Ten things every parent should know about Birth to Three BEFORE they begin services .......................... 1
Introduction .................................................................. 3
What is the Birth to Three System? ................................. 4
Why is my child eligible? ................................................ 5
Why should I enroll in Birth to Three? ............................. 5
How is my program doing? ............................................. 6
What is a service coordinator and what can I expect? ........ 6
How can I help my child? .............................................. 7
What is an IFSP? .......................................................... 8
What is an IFSP meeting? .............................................. 9
Supports and Services Under IDEA, Part C ...................... 10
What will the IFSP look like? ......................................... 11
Connecticut Birth to Three System of payments policy for families .......................... 18
What are my responsibilities in Birth to Three? ................ 19
How do I get the most out of my visit? ......................... 20
How does Birth to Three measure child progress? ........... 21
Does Birth to Three gather information about family outcomes? .................. 21
How can I get more involved? ..................................... 22
When is it time to leave Birth to Three? ......................... 22
How does a transition to school happen? ....................... 23
Frequently asked questions ......................................... 25
Glossary .................................................................. 30

Combination Child Outcomes Summary Form/Decision Tree.. 34
What I wish I had known – advice from a Mom who has been there. .... 35
Connecticut Birth to Three Contact information ................ 37
Other sources of information .................................. 37
Ten things every parent should know about Birth to Three BEFORE Early Intervention Supports and services (EIS) begin:

1. **Birth to Three is different than outpatient rehabilitation services that treat your child in a clinic setting.** You are an integral part of your child’s **Birth to Three team.** While you may not be a trained specialist in the area of your child’s delay, the other members of your team will support you and your family to identify activities important to you and that your child enjoys as a place to learn new skills.

2. **The relationship that you develop with your Birth to Three team is an important relationship for both you and your child.** They will ask your ideas and opinions from the start! So speak up and let them know what is important to you, what works and what doesn’t work. Collaborate with your team AND **advocate** for your child.

3. **All staff that work in Birth to Three are qualified professionals who must meet state personnel standards.** They are all carefully screened before hiring and closely supervised by their program.

4. **You and your Birth to Three team create an Individual Family Service Plan (IFSP) that is tailored for your child.** Your plan will not resemble anyone else’s. It is completely individualized. It may also look different from Individual Family Service Plans (IFSPs) in other states.

5. **Although your doctor or specialist may prescribe a certain number of hours or types of therapy, Birth to Three uses a coaching model in working with you so your priorities are the focuse.** Private therapists providing services in a clinical setting may work best for your family if you are interested in clinic-based services.

6. **More services do not necessarily mean your child will reach developmental milestones faster.** What’s most important is the number of times a young child practices a new skill rather than the number of visits a family receives from their provider.
7. **Sometimes a family and their Birth to Three team just don’t click.** Birth to Three has at least two programs in most towns to offer parents a choice. You may ask to transfer to a different program. If it is difficult for you to share this with your service coordinator or program, contact the OEC at 866-888-4188, and we will help you make the change.

8. **Your Birth to Three team understands that this may be a very emotional and stressful time for you and your family.** We will work hard to make things go as smoothly as possible for everyone. Sometimes it may seem that things are not happening as quickly as you would like them to. Be patient with us as we work to connect you to all the resources you and your child need.

9. **Never forget that as a parent you and your child have certain rights under federal law.** Please go over the Parent Rights Brochure to know what your rights are.

Think honestly about what is **important** to you and what your child will need.
Introduction

Welcome to the Connecticut Birth to Three System!

Maybe you are relieved. Finally, the nagging feeling you had that your child was a little behind other children his age has been confirmed. Or maybe you have known since your child was born that he was going to face challenges and need extra help. Right now you might be worried about whether he will ever catch up. One of the most wonderful things about early intervention is how rich and fertile your child’s brain is right now. Your baby was born wired and ready to learn. Research has shown us that more learning and development occurs in a child’s first three years than at any other time in their lives.

Getting early intervention supports will help your baby make powerful connections in his brain that will improve his ability to learn and play.

This is the prime time for visual and auditory development, for language development and speech, for physical and motor development and for emotional and social development. Early help does make a difference!

This handbook will introduce you to the Connecticut Birth to Three System and be a guide and resource throughout your time with us.

Early Intervention Supports and Services (EIS)

- foster collaborative partnerships
- are family centered
- occur in natural settings
- recognize current best practices in early intervention
- are built upon mutual respect and choice

The mission of the Connecticut Birth to Three System is to strengthen the capacity of Connecticut’s families to meet the developmental and health-related needs of their infants and toddlers who have delays in development. The System will ensure that all families have equal access to a coordinated program of comprehensive services and supports.
The Connecticut Birth to Three System may look different from what you or your medical provider expect. It may also look very different from early intervention programs in other states. Birth to Three is not an outpatient rehabilitation service. Professionals will not work with your child while you watch or are in a nearby room. You are a very important part of your child’s team. The professionals working with your child will include you in every decision about ways to use your child's favorite activities to motivate them to learn new skills. Research shows that very young children learn best with this method.

Our goal is to work closely with you to offer the supports that best meet your family’s priorities and your child’s needs. We will be talking about these supports throughout your time with Birth to Three. As your child grows and changes the kinds of supports your family will need may change as well.

**What is the Birth to Three System?**

The Birth to Three System is an *entitlement* for Connecticut families whose children under three years of age have a significant developmental delay or disability and meet eligibility criteria. Early intervention services and supports for infants and toddlers are covered by a Federal law known as **Part C** of the **Individuals with Disabilities Education Act (IDEA)** under the U.S. Department of Education. The Connecticut Birth to Three System operates under State law 17a-248 and is part of the Family Support division at the Office of Early Childhood. Supports and services are provided by 20 approved Birth to Three programs that work with families and caregivers throughout Connecticut. Most towns have at least two programs to give parents a choice within their community.

Birth to Three supports can begin at birth, if needed, and may last until your child no longer needs services or turns three years old. Some children with summer birthdays can stay beyond three until school starts. The Birth to Three System works with you so you can help your child make developmental progress in ways that are important for your child and your family.

**Children learn best** within their families.
Why is my child **eligible**?

Your child was found to be eligible for the Birth to Three System in one of the following ways:

- A developmental delay was identified during a **multidisciplinary evaluation** of your child’s abilities and needs in the areas of thinking, moving, communicating, relating to others, seeing or hearing; or

- A specific medical diagnosis that has a high likelihood of affecting your child’s development (such as Down syndrome or a hearing impairment), was identified by a professional.

Why should I enroll in Birth to Three?

The first few years of your child’s life are extremely important for brain growth and learning new skills. If your child is not developing as expected, early intervention offers:

- a valuable way for you to learn how to best help your baby grow and develop
- visits in your home from trained experts at predictable times; no traveling, no waiting rooms
- a multidisciplinary team that works together to support you in making daily routines a time for your baby to learn new skills
- a source of information about other valuable resources in your community

Research has shown that not only do children and families benefit from effective early intervention, but also enrolling as soon as a need is identified leads to better **outcomes**. Children who receive early intervention are less likely to need **special education** in the future. Getting supports and services now will continue to help you and your child later.
How is my program doing?

You can learn all about each program in Birth to Three by visiting our website at Birth23.org and clicking on Our Programs. You will find out what towns a program serves, contact information and program size. If you would like to know how a particular program compares to other state programs, click on How are we Doing?, and then, click on Public Reporting of APR (Annual Performance Review) Data. If you don’t have access to the Internet you can contact the Birth to Three Lead Agency office at 860-500-4400.

What is a service coordinator and what can I expect?

A service coordinator is someone on your Birth to Three team who will help you to identify the resources you and your family need. He or she is responsible for bringing together the different people, information, and resources with which your child and family may work. The service coordinator is there to answer any questions you might have and to make what might seem confusing at first, more manageable.

Your service coordinator will guide you in setting priorities for your child and family

- help coordinate services and information from different sources
- talk to you about ways to teach your child new skills during your regular routines and activities
- help you find answers to questions you have about your child
- find opportunities for you to connect with other families
- help you talk with other specialists involved with your child and family, such as medical providers and childcare staff
- offer information on helpful state and community resources
- help with transition to preschool
Your service coordinator also has expertise in providing an early intervention service (such as physical therapy or speech and language services) and has completed additional training to learn to coordinate that service with other services you receive.

Your service coordinator is the person on your Birth to Three team who will work closest with you. You and the service coordinator are the team co-captains, while other members may include a teacher, physical therapist, or speech pathologist, and your child’s doctor. Your service coordinator will guide you through the early intervention system and prepare you to leave it once services are no longer needed or your child turns three.

How can I help my child?

You know your child best. Your Birth to Three team will enjoy learning from you about your child’s interests, what helps him or her learn, and what he or she would rather avoid. Together, you will develop ways to help your child. You will learn from – as well as teach – the Birth to Three team working with your child.

Parenting is not always easy, especially when you may need some unique skills to help meet your child’s special needs. You are your child’s first and best teacher and advocate, with the passion, the dreams, and the commitment to guide your family through a series of decisions and special services.

As a parent advocate, you will have to understand and tell professionals, relatives, and friends about your family’s priorities and concerns. Communicating with others about your child can sometimes be frustrating, especially when they have a different point of view or do not seem to understand you.

Ways to help people understand your point of view

- have a sense of your priorities and those of your family
- have a clear idea about what you want for your child
- know what your child likes and dislikes
- share what makes you proud of him or her
- be aware of and understand your own feelings and those of others
- be open to working with your Birth to Three team on creating a plan for your child and family
All children bring great joy to their families. A child with special needs can also bring unique challenges. You and your family, together with your Birth to Three team, will talk about ways to meet those challenges. You will choose outcomes that fit your child and family and make sense to you.

What is an IFSP?

Your Individual Family Service Plan (IFSP) is an agreement between you and the Birth to Three program providing early intervention services and supports to your child and family. Your plan is a legal document designed to help everyone on your team understand what is going to happen, who is going to be involved, when and where supports will take place and for how long. You and your team (at least two individuals from separate disciplines one of whom must be your service coordinator) will check the IFSP at least every six months or as needed to make sure it still fits your priorities and your child’s and your family’s needs.
What is an IFSP meeting?

You, as the parent(s) or caregiver, and your service coordinator must be present at all IFSP meetings. The first IFSP meeting will also include a person who helped to gather and complete the developmental evaluation and assessment information about your child. You may invite others to attend the meeting such as family members, your childcare provider, and any friend or provider that you feel should be involved. If they cannot attend, their information can still be shared and included in the plan. Another important person is your child’s primary health care provider (PHCP), who will be contacted for his or her input.

The more involved you and your family members are in the IFSP meeting, the more meaningful your plan will be. Think honestly about what is important to you and what your child will need. Read the evaluations and assessments describing your child before the meeting and ask any questions you have. Your service coordinator will ask you to share information about your child and family, so think about the questions before the IFSP meeting.

### Important Information About Your Child and Family

- What does your child like? Dislike?
- What frustrates your child?
- What does your child do during the day?
- Are there any significant changes in your life or your child’s life that may contribute to behavioral changes in your child?
- What things do you like to do as a family? With friends?
- Which people and agencies do you find helpful?
- What are your family’s strengths in meeting your child’s needs?
- What else do you want the team to know about your child or family?
- What is there about your answers to these questions that you want early intervention services to help you change?

Think honestly about what is important to you and what your child needs.
All team members, including you and your family will work together to develop the IFSP. This will be done by reviewing information, making choices, and developing IFSP outcomes. The outcomes are the changes that you and your family have decided you want to work towards achieving. During these discussions, you can suggest the activities you will use to reach those outcomes. You will also decide on activities and early intervention services that will support your outcomes for your child and family.

Supports and Services under IDEA, Part C

You have a number of members of your team who can help with these

- **assistive technology**
- cued language
- family training, counseling, and home visits
- health
- nursing
- nutrition
- **occupational therapy (OT)**
- physical therapy (PT)
- psychological support
- **service coordination**
- sign language
- social work
- specialized instruction
- speech and language
- transportation or mileage reimbursement when necessary to receive other IFSP
- vision and mobility
What will the IFSP look like?

Cover Page, Section 1: Child and Family Information
This page of the form contains contact information about your child, family, health care provider, service coordinator, and program director. Your service coordinator and the director of your program are the first people to contact if you have any questions or concerns about your IFSP. There is a place to list the evaluations and assessments that have been completed most recently on your child. It also has a section to comment on your child’s general health and development. Some of this information may have been gathered earlier, however, new information you might add is valuable.
Sections 2 and 3: Family Resources and Priorities

An eco-map is a simple tool that allows you and your service coordinator an opportunity to identify the important people and supports your family uses during the week. This helps us understand your family's key supports so that you and your IFSP team can tailor your IFSP to your family. If you feel uncomfortable talking about your family and supports, you can still receive early intervention services. Or if you are not quite sure who to put on your eco-map, it can be completed at another time or updated as your life circumstances change.

<table>
<thead>
<tr>
<th>Family Map (ECO Map): Who provides support to your family? This can include grandparents, aunts, uncles, friends, groups/organizations (childcare, WIC, parent groups, religious groups), babysitters, doctor, nurse, etc. This helps us understand who's important in your family life and who might be a resource to you in achieving your outcomes. Start with the child and family members in the middle.</th>
</tr>
</thead>
</table>

Any comments?

Additional information about resources and concerns is gathered using a family assessment tool. (Let me coach)

Birth to Three supports the adults that regularly interact with your child. How do the adults in your child’s life learn best (reading, doing, hearing, watching)?

<table>
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<tr>
<th>Section 3: Family Priorities</th>
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</thead>
</table>

One goal of the Connecticut Birth to Three System is that parents are able to describe their child's abilities and challenges more effectively as a result of their participation in the program.

Overall, what are your child's abilities/strengths: (in parent's words):

Child's interests: What makes him/her laugh or smile? What’s exciting? What are you proud of?

Your child's challenges:

What are your priorities for your child:

CTBirth23 Form 3-1 (Revised 12/20/17)
Section 4: Everyday Activities

Babies, toddlers, and preschoolers learn best through everyday experiences and activities like play, mealtime, bath time, and outings. By talking about activities in your life you and your team will be able to identify the areas that may be hard for your child as well as what is going well. You will also be able to choose what areas are most important to focus on. This will help with planning and developing outcomes.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Going well</th>
<th>Some concern</th>
<th>A lot of concern</th>
<th>Activity to focus on related to priorities. Further explore in Section 3</th>
<th>Comment (as needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wake up/Bedtime/Naps</td>
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<tr>
<td>Dressing/Diapering</td>
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<tr>
<td>Mealtime</td>
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<tr>
<td>Bath time</td>
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<tr>
<td>Play</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Going Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time with Friends/Family</td>
<td></td>
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<tr>
<td>Time at Childcare</td>
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<tr>
<td>Any other activities your child/family enjoys? (including things at home, in the community, with others...)</td>
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<tr>
<td>Other</td>
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<td>Other</td>
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<td>Other</td>
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We know from research that babies and toddlers learn best through everyday experiences and activities with familiar people, when they are interested and participating in the activity.

What everyday activities might allow you to work on your priorities with your child?

Activities include anything that is part of your family and child’s life. They can be things you do together, with other family members or friends, or things your child does in childcare or at other community functions. Some activities might include going to playgrounds, grocery shopping, walking the dog, fishing with grandpa, going to the doctor or to sibling’s activities, going to religious activities, getting ready to go out…
Section 5A: What We Will Work On / Child Outcomes

Outcomes are the changes you want to work toward for your child and family and are written in your own words.

Strategies are specific behaviors and activities that you and your child will participate in throughout your day. These strategies will be demonstrated to you by your Birth to Three team and may change over time.

Criteria (how will we know when we are making progress) are small, measurable steps that are stated in clear language and answer the question “Did it happen or not?”

<table>
<thead>
<tr>
<th>Section 5A: What We Will Work On / Child Outcome</th>
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<tbody>
<tr>
<td>This information will help you support your child’s participation in your everyday activities based on your priorities for higher learning and development. The activities you focus on as outcomes serve as a measure of your child’s progress but will not be the only activities worked on with your team. You will identify other activities that support your child’s learning.</td>
</tr>
</tbody>
</table>

**What activity will we explore?**

**What does your child do well or find interesting during the activity?**

**Where does he/she need support?**

**What have you and others tried (strategies) to support your child in this activity?**

**What do you want your child to learn during this activity?** (Priorities AND other areas of development that might be addressed as part of the outcome)

**OUTCOME:** What would you like this activity to look like?  

**CRITERIA:** How will you know when you are done working on this?

**Birth to Three in only one of many supports you may have to help you with this activity.**  
**What other resources or supports do you have or need that can help you?** (In addition to Birth to Three)  

**Who will pay?**

Other resources and supports refer specifically to the outcome on this page but are not part of the required services under Part C. For example, your child may be participating in a neighborhood play group or going to storytime at the Library.
Section 5C: Family Outcomes and Transition Planning

This section gives you and your team an opportunity to talk about what changes are coming up in your life in the next few months and what you may need to do to prepare for them. For example, your child may be moving out of the infant room into the toddler room at childcare.

Plan for Transition from the Birth to Three System

This section helps to remind you that eventually Birth to Three services will end for you and your child. Leaving Birth to Three and moving on to other services or resources is called transition. In this section you and your Birth to Three team will talk about ways to prepare for a smooth transition to life after Birth to Three.
Section 6: Early Intervention Supports and Services

This section names the early intervention supports and services that will be support your outcomes. Each is listed and you will discuss and agree on who will provide do what, where, how often and for how long.

Informed Consent by Parents

Under Federal law, you must indicate that you understand your rights and give permission before services can begin. Your signature on the IFSP will indicate that you agree with the entire IFSP. You can give permission to begin one or more early intervention services as written while disagreeing about or declining others. If you do not fully accept a new IFSP you and your team must try to resolve the issue.

The agreed upon supports must begin by the projected start date.

If you would like more information about your rights, please refer to the Parent Rights Under IDEA, Part C brochure given to you by your service coordinator.

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Informed Consent by Parents:

(initial A OR B)

A. ________ (initial) I give permission to carry out this IFSP as written.

B. ________ (initial) I disagree with this IFSP as written. I do give permission for the supports listed below to start. The supports that may start are as follows:

If I have initiated B above and if our team cannot come to an agreement within one month, I will request mediation, file a written complaint, and/or request a hearing.

Parental Rights/Signature: (initial and sign below) (handwritten)

I have received a written copy of Parent Rights under IDEA Part C. I understand this serves as my written notice prior to starting the supports listed above and I agree that the start date(s) are a reasonable amount of time from this meeting so I may consider the plan. If I wish to have another IFSP meeting, I can request it at any time.

Parent Name:

Signature: ____________________________ Date: ____________________________

Parent Name:

Signature: ____________________________ Date: ____________________________

---

I reviewed this IFSP as a licensed practitioner and recommend the plan as written. *ICD10__________________________

Signature: ____________________________ Name: ____________________________ Date: ____________________________

Optional Signature: ____________________________ Name: ____________________________ Date: ____________________________

*Denotes part of the electronic record
Section 7: Who is Part of Our Team

This section serves as a record of each person who participated in the development of the IFSP. This includes people who were at the meeting as well as those who provided information, but did not attend as well as those people on your team to support the "primary provider".

The meeting notes section is used to record notes about what occurred at the IFSP meeting. For example, this may include decisions you make about having some services at childcare and other services at your aunt's house.

At the bottom of this page is a brief statement about missed visits. This is here to encourage a discussion with your service coordinator about program schedules, vacations, holidays, weather cancellations, etc.
Connecticut Birth to Three System of payments policy for families

Part C of the Individuals with Disabilities Education Act (IDEA) requires states to identify how their early intervention services are funded, including the use of state and private resources and federal funds (which must be considered the payer of last resort). In Connecticut State and Federal funds cover approximately 80% of the cost of Birth to Three services. The remaining 20% is covered by billing family’s private medical insurance.

Please refer to the brochure System of Payment brochure for more information about how Birth to Three bills your insurance.
What are my responsibilities in Birth to Three?

As the most important member of your child’s Birth to Three team, it is your responsibility to be an active participant in every visit. Your Birth to Three team members will involve you by asking lots of open ended questions, coaching and demonstrating and asking you to try. They will make sure you understand everything they are doing and that you feel comfortable using these new skills with your child between visits.

The following are some ways you can actively participate during a visit

- Talk about how things went since the last visit.
- If the television is on, turn it off so you can focus on learning how to teach your child new skills.
- Try not to plan to take care of chores, return phone calls, or be in another room during the visit. They are there to work with you!
- Practice during the visit and ask questions if you are not sure.
- Share any relevant information that happened since the last Birth to Three visit that might impact your child. This may include medical or outside evaluations.

Early intervention visits are like coaching sessions where you and the Birth to Three staff explore new ways of encouraging your child to try something new. You can then work that to make learning fun for your child!

If you cannot be available for a visit, call at least 24 hours ahead to cancel. Then you can reschedule at a time that is convenient for both you and the provider.

It is also important to remember that services and supports are flexible and adjustable. If your child is not making the progress that you would have expected and planned for, discuss this with your service coordinator.

It is your job to talk about new things you see your child doing or about things you expected to see that he is not yet doing, so that you can make your joint plan together.
How do I get the most out of my visit?

BEFORE Your Visit

- **Be prepared.** Make sure you schedule your visit when you can be there and not have a lot of distractions. Decide how brothers and sisters will be involved or plan an activity for them.

- **Turn off your phone, television, radio and anything else that might distract you from your visit.** Let family and friends know that during your child’s visit, you won’t be available.

- **Make sure to choose a time where your child is alert and well rested.**

- **Plan the agenda.** Let the Birth to Three staff know what you want to discuss at your visit. Remember or write down any questions that you may have since your last visit.

- **Be ready to share what has happened since your last visit.** Think about or make a list of anything you think is important to share such as a trip to the doctor or changes in routine. Think about what suggestions have worked well and those that have not worked so well.

DURING Your Visit

- **Ask questions.** Make sure you understand what is being said. If you are not sure why something is being done, just ask. If it helps, ask for information to be put in writing.

- **Ask for another demonstration.** Ask to be shown again, anything you don’t understand. Practice strategies together during the visit. Hands-on instruction is the best way to learn.

- **Discuss ideas for carrying over strategies between visits.** Practice time between visits is just as important as the visit itself. Be sure to talk about ways to use the strategies and activities during everyday family activities.

AFTER Your Visit

- **Try things out.** Try out the suggested activities. What is working? What isn’t?

- **Make a note of it.** Remember to make a mental note or keep a notebook for questions that may come up between visits.

- **Have fun.** The best teaching and learning occurs when you and your child are having fun.

Celebrate Successes! Even the tiny ones!!
How does Birth to Three measure child progress?

During each IFSP review your team will discuss progress unique to your child and family. They will also complete a written assessment of how your child is doing in all areas of development at least once every 12 months. On a larger scale, at the beginning and end of your child’s enrollment, Birth to Three collects outcome data about three broad areas of your child’s development:

- positive social-emotional skills
- learning and using new skills
- using appropriate behaviors to meet their needs

Your home visitor will go over the three outcomes with you in greater detail after your first IFSP meeting and again right before your family leaves Birth to Three. The ratings are only collected for children who have been enrolled in Birth to Three for at least six months. To view the form your home visitor will use to collect outcome data, turn to page 48 in the Appendix.

Does Birth to Three gather information about family outcomes?

Yes, each spring families that have been enrolled in Birth to Three for a least six months will be given a family survey asking not only what you learned from Birth to Three but also whether it was helpful. Your responses are kept confidential. The results are analyzed and reported in the State’s Annual Performance Report (APR). They are also posted on Birth23.org by program. For more information visit Birth23.org and read the State Performance Plan under How are we Doing?
How can I get more involved?

There are many ways that you and your family can get involved with the Birth to Three System beyond the service and support activities specifically designed for you. The Birth to Three System depends on your ideas and information to keep supports and services family-centered. Think about what is important to you, when you are available, and the kinds of activities you are interested in. Here are some examples:

- serving on committees or task forces created to address a specific topic
- reviewing written materials
- responding to surveys or phone interviews about Birth to Three
- participating with your State or Local Interagency Coordinating Council

To find out more about these and other possibilities, contact the family liaison at 1-866-888-4188.

When is it time to leave Birth to Three?

It is good to think about and plan for the future at every stage of your family’s Birth to Three experience. Just as supports and services are adjusted when your child makes developmental gains, these early intervention activities will be replaced by other community activities at some point. You may notify your service coordinator that you wish to transition out of Birth to Three at any point, or your service coordinator may discuss ending Birth to Three visits if your child no longer needs early intervention. By law, Birth to Three services and supports will end when your child turns three years old. New partners will enter your life as you plan to say good-bye to Birth to Three.

If your child leaves before age three or if your child will not be receiving early childhood special education, your service coordinator will work with you to identify other available activities in your community.

**Community Activities**

- library story hours
- Head Start
- community nursery schools
- local play groups
- recreational programs
- childcare centers
There are many community options to choose from that you and your child may enjoy. If you would like, your service coordinator can help you collect information about how to enroll in a program and possible funding or scholarship information. You will receive prior written notice that Birth to Three services are ending and a transition conference will be held to develop your transition plan.

If your child needs special education services beyond age three, your service coordinator will help you to work with your local public school system to determine your child’s eligibility for early childhood special education and related services. Planning for this transition may begin anytime, but usually increases during the nine months before your child turns three.

How does a transition to school happen?

All families go through similar steps when their child is ready for transition to preschool:

**STEP 1: Notification**

If your child is 2½ or older and enrolled in Birth to Three, there is a presumption that he or she is potentially eligible for early childhood special education at age three. Your school district and the State Department of Education will electronically receive your child’s name and date of birth, along with your contact information. The district may contact you to ask if you would like an evaluation to determine if your child is eligible for early childhood special education if you have not already decided to invite them to a transition conference.

**STEP 2: Invite the School District to Attend a Transition Conference**

Even though your school district has already been notified that your child is enrolled in Birth to Three, a formal referral (which serves as your consent to invite the school district to a transition conference) must be made if you are interested in having your child receive early childhood special education services at age three. The Birth to Three System encourages families to make this decision about six month prior to age three, however, if everyone agrees, a transition conference could be held as early as nine months before the age of three. Families who make the decision at about 2½ report that the process is completed more easily.
STEP 3: Transition Conference

At least three months (90 days) before your child turns three or as early as 9 months prior to age 3, you will meet with your Birth to Three team to develop your child’s transition plan. The plan outlines the steps that you and your family, the Birth to Three team, and your district will follow in the next few months. It will include a plan to determine your child’s eligibility for special education services through your district if you request them.

STEP 4: Determining Eligibility for Early Childhood Special Education

The school district determines eligibility for early childhood special education. Using information available from Birth to Three or after conducting their own evaluation, the school district convenes a Planning and Placement Team (PPT) meeting to decide whether your child is eligible for early childhood special education services. For a variety of reasons, not all children who were eligible for Birth to Three will be eligible for early childhood special education, but about 70% of the children who leave at age three are eligible.

STEP 5: Developing an IEP

If your child will be enrolling in a special education program, you and your child’s Planning and Placement Team (PPT) will develop an Individualized Education Program (IEP). The IEP is a written plan for providing special education to your child during the school year including annual goals and objectives, and the methods and people who will help your child achieve them in the Least Restrictive Environment (LRE). A school district is required to provide special education services to eligible children by the first school day that is on or after their third birthday. If your child is not eligible for early childhood special education, your service coordinator will work with you to identify other appropriate services in the community.

If you child's birthday falls between May 1st and the start of school in your town and your child is enrolled in Birth to Three, talk with your Service Coordinator about Early Interventions Services Over Age 3 (EIS Over 3)

It's a bridge from an IFSP to and IEP over the summer.
Frequently asked questions

Q How do we decide how often our visits will occur?

A How often your early intervention team coaches you and your child depends on a number of things:

- How much time do you need to understand what to do with your child?
- How long can you practice new skills with your child before he or she gets tired?
- How quickly can your child learn new things, since some children need more practice than others before fully mastering a new skill?

The visit schedule may change over time. You and your Birth to Three team will measure your child’s progress and make changes to your IFSP when needed.

Q My doctor and the team of specialists, who have worked with my daughter in New York, have prescribed specific amounts of times they feel my child should receive OT, PT, and speech. Shouldn’t my Birth to Three team honor these prescribed amounts?

A When you and your Birth to Three team sit down to an IFSP meeting, doctors’ suggestions are certainly considered. You and your team will discuss your child’s individual needs and abilities and develop an IFSP based on these needs during daily routines. The team may decide on a different amount of services based on your child’s unique situation. Your doctor may not be aware that Birth to Three services are carried out during daily routines. When your doctor and Birth to Three provider have different recommendations, it is helpful for them to talk with each other.

Q Why is my child’s teacher talking with me about his speech needs? Don’t I need someone who is an expert in speech and language?

A Your Birth to Three team works with you and each other to reduce the number of people with whom you need to coordinate services and recommendations. Your service coordinator’s job is to make sure that information gets shared among all members of your team. It is important that all the providers listed on your IFSP are working on the same outcomes and strategies and that everyone on your team is periodically spending time with you and your child. Transdisciplinary teaming across professional specialties cuts down on the number of phone calls you need to make and receive and reduces the numbers of different people you and your child need to get used to and fit into your schedule. Your child and family still get the special knowledge of all the different professionals on your team with fewer demands on your time.
Q. Would my child improve faster if he got services five times a week instead of once a week?

A. Imagine that you are learning to play a musical instrument. You would quickly learn the importance of practicing between your lessons. Taking three or even five lessons each week would not speed up your learning process without practice. Children also develop by using new skills over and over during their daily lives. Time between visits is the most important time for learning. During visits, you and your Birth to Three staff choose the skills you will work on and figure out how you can practice them during mealtimes, bath times, and other daily activities. This helps your child work on new skills many times each day. It is this practice that counts!

Q. Who Me? How can I be expected to practice physical therapy (for example) if I am not trained as a physical therapist?

A. Everyone who works in Birth to Three, including physical therapists, has expertise in their specialty, but you are the expert on your child and his life. The therapist’s role is to teach you ways to help your child grow and develop. The practicing you do with your child during your daily time together is more important for helping your child learn new skills than the brief time the therapist spends with you.

Q. If my child doesn’t seem to be making progress, does that mean that he needs more services?

A. Sometimes children seem to pause in their development in one area while they focus on growth in another. When your child’s progress appears to have slowed it is time for your team to talk about what is happening, and

- look at the strategies that are being used.
- consider what is working and what is not.
- talk with your team about how progress toward achieving the outcomes is being measured.

This is often more effective than increasing the frequency of services that don’t seem to be helping.
Q  Do we need to get therapy in a clinic where there are fewer distractions and more specialized equipment?

A  A clinic setting is only used in Birth to Three when specific equipment that is not transportable is necessary to achieve an outcome, for example ongoing audiological services. Children learn best when they are comfortable and happy. When very young children learn skills in a clinic, they may not be able to use those skills outside of the clinic. It is important for young children to learn new skills in many places and with different people. Intervention that “fits” your own home and routine is easier to practice during everyday life.

Q  I work all day. Can my program’s staff work with my babysitter or childcare center teacher?

A  It is important that everyone who takes care of your child knows how to meet his or her special needs and to teach new skills, including those who care for your child while you are at work. Your involvement as a parent is most important, so building in a method for you to receive the information shared with other caregivers is critical for your child’s success. Birth to Three staff will work with all of you to help your child to learn – at home, at the babysitter’s, and in the community.

Q  My son has been using a stander (a piece of assistive technology equipment) while in Birth to Three program, but we’re getting ready to transition in a few months when he turns three. Do I get to keep his equipment?

A  All assistive technology devices should be listed on your IFSP, including who paid for it. If you or your insurance company paid 51% or more of the cost for the item, it belongs to your family and you keep it. If Birth to Three paid 51% or more, it belongs to the Birth to Three System. You may continue to use the item, even after your child turns three, but when it is no longer needed or is outgrown, please return it to Birth to Three by calling the New England Market Place (NEAT) at 860-526-4492 and someone will arrange to pick it up. You may also choose to donate devices that you own after your child is no longer using them.
Q My friend gets twice as many early intervention visits per month as I do; yet our income and family size are the same so we pay the same monthly fee. Why doesn’t she need to pay more?

The frequency of early intervention visits is based on the child and family’s needs, while the monthly fee is based on the family’s ability to pay which is determined by income and family size. Your friend’s child or family may have more significant needs requiring more frequent service visits.

Q Since my insurance is paying for early intervention, can I ask for more early intervention visits?

A The decision about whether more visits are recommended is not related to payments in any way. You can talk with your service coordinator at any time about reviewing your IFSP due to changes in your child’s or family’s needs.

Q If I have a flexible spending account through my employer do I need to change any options since Birth to Three will be billing my health insurance?

A If your employer has an automatic withdrawal option, it is recommended that it not be activated while your child is enrolled in Birth to Three, since Birth to Three covers all co-pays and deductibles and they are not the parent’s responsibility.

Q How are HSAs (Health Savings Accounts) different from regular insurance plans?

A HSAs are high-deductible insurance policies that qualify the insured to open a Health Spending Account. Since the deductibles are different for these types of policies, please notify your service coordinator that you have an HAS.
Q: I don’t like the person who is coaching my child and me. Can I get a different provider?

A: You should talk with your service coordinator or program director about your concerns. The program director may be able to assign a different team member to work with you and your child. Keep in mind that your team is made up of people with specific kinds of training and expertise to match your objectives for your child and family. Your Birth to Three program may or may not have a second qualified staff person to accommodate your request.

Q: My family is planning to move next month. How will this affect our early intervention sessions?

A: Tell your service coordinator if you are moving so they can help you prepare for this change in your family life. If moving out-of-state, your service coordinator can help put you in contact with that state’s early intervention system. If you are moving to a new town in Connecticut that is served by your current program, you may not need to change anything on your IFSP. If your current program does not serve your new hometown, your service coordinator will contact the Child Development Infoline to see which programs have openings to work with families in that town. After you choose a new program and give written permission, your current service coordinator will transfer your early intervention records to the new program. The service coordinator of the new program will contact you to schedule an IFSP review so that you can make decisions with your new team members about your outcomes for your child and family and how best to meet them. Your IFSP outcomes and strategies probably won’t change very much, but the exact service schedule and personnel probably will change. Telling your service coordinator about a family move as soon as it is decided can help prevent a long delay between your last session with your current provider and the first session with your new provider.
Glossary

**accrediting agencies**: national organizations that give an “approved” status to those programs that meet their standards for excellence

**advocate**: a person who speaks for the best interests of another person

**assistive technology**: devices or services that allow or improve your child’s independence in daily activities (for example, a curved handle on a spoon for easier self-feeding; a wheelchair; a communication device)

**Birth to Three program**: an agency approved by the Birth to Three System to provide any of the possible services and supports listed that your child and family may use to reach your IFSP outcomes

**Birth to Three team**: people who have specialized knowledge about what works to reach developmental outcomes; the team always includes your family and may include one or more therapists, a teacher, and other professionals to match your outcomes and needs

**confidential**: private; cannot be shared without your permission

**consent**: the approval that you give for someone to do something; consent in Birth to Three is always voluntary and may be cancelled at any time

**co-payment**: the part of the total cost of a medical bill that you are responsible for paying

**deductible**: the amount of money that you must pay each year before your health insurance will begin to pay for services

**development**: the process of learning and mastering new skills over time. This includes the ability to move, communicate, think, see, hear, and play with toys or other people.

**disabilities**: conditions that limit or slow down one or more kinds of development

**due process hearing**: the most formal way to resolve a disagreement between an enrolled family and the Birth to Three System. It is used generally after verbal discussion, written complaint, and/or mediation have not successfully resolved the complaint.

**early intervention**: supports and services offered to an eligible child and family, early in the child’s life, in order to improve the child’s ability to live, learn, and play in their community
eligible: meeting the requirements to participate

entitlement: Regardless of any other factor (such as family income, birth country, etc.), all eligible children will receive services.

Individualized Education Program (IEP): a written education program for each student in special education developed by a team of professionals (teachers, therapists, etc.) and the child’s parents

Individualized Family Service Plan (IFSP): a written plan describing the outcomes you want for your child and family, the Birth to Three services and supports used to reach those outcomes, as well as where and when they take place and who will work with you

Individuals with Disabilities Education Act (IDEA): a federal law that guarantees certain educational rights for all people, including those with disabilities. Part C covers birth up to three; Part B covers ages three to twenty-one.

Least Restrictive Environment (LRE): a legal term meaning that each child with a disability has a right to be educated with their peers who are not disabled and should remain in a regular education setting unless it is not appropriate to do so

mediation: a way to settle a conflict so both sides win. Parents and professionals discuss their differences and, with the help of a trained mediator, reach a settlement that both sides accept.

multidisciplinary evaluation: Professionals with different kinds of training (e.g., a speech pathologist and a physical therapist) use tests to identify your child’s abilities and needs.
occupational therapy (OT): activities designed to improve fine motor skills (finger, hand, or arm movements) and oral-motor (eating, swallowing) abilities

outcomes: the changes that a family wants to work toward achieving

Part C: Part of the Individuals with Disabilities Education Act providing funds to state-lead agencies to assist in the provision of early intervention services to infants and toddlers with disabilities, ages birth through two.

physical therapy (PT): activities designed to improve gross motor skills (leg, back, or whole body movements)

Planning and Placement Team (PPT): a group of professionals from your LEA who will determine your child’s eligibility for early childhood special education after age three and who will help to develop your child’s IEP

service coordination: a way to bring together the different people, information, and resources that your child and family may work with as a team. Your service coordinator is the person who will help the most to make these connections and identify resources.

special education: programs, services or specially designed instruction, which meet the unique needs of children over three years of age with special needs and who are found to be eligible; these include special learning methods or materials in the regular classroom and special classes and programs if the child requires them

speech and language services: activities or materials designed to improve your child’s ability to understand and express ideas and information

transition: the process or period in which a family and Birth to Three team discuss possible future supports and services a child will need as he leaves Birth to Three services
**transition conference**: a meeting with the family, service coordinators and program staff, who work with the family to discuss community services and supports that are available for young children and their families. When a child is referred to early childhood special education, the meeting will include your family, Birth to Three staff, and early childhood special education staff. By federal law this meeting can take place up to 9 months before, but no later than 90 days before your child’s third birthday.

**transition plan**: the outline of the steps that your family, your Birth to Three program staff, and school district staff will take to address the end of Birth to Three services and the transition to new programs, services, and people.
## Combination Child Outcomes Summary Form/Decision Tree

### Outcome A: Positive social-emotional skills: including relationships with adults and children (and following ideas if over 8 months old)

<table>
<thead>
<tr>
<th>Does</th>
<th>Question</th>
<th>Yes/No</th>
<th>Example</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Do we see these skills in all or almost all settings and situations?</td>
<td>Yes, Examples</td>
<td>Does anyone have concerns about this outcome area?</td>
<td>No, Examples</td>
</tr>
<tr>
<td>No</td>
<td>Not yet</td>
<td>Yes, Examples</td>
<td>Do we see these skills in different settings and situations?</td>
<td>Sometimes, Examples</td>
</tr>
<tr>
<td></td>
<td>Not yet</td>
<td>Yes, Examples</td>
<td>Do we see these skills in different settings and situations?</td>
<td>Rarely, Examples</td>
</tr>
<tr>
<td></td>
<td>Not yet</td>
<td>Yes, Examples</td>
<td>Do we see these skills in different settings and situations?</td>
<td>Occasionally, Examples</td>
</tr>
</tbody>
</table>

Exit only: Have any new skills been acquired since entry? Yes/No/Not yet

### Outcome B: Acquiring and using knowledge and skills - thinking, reasoning, remembering, problem solving, language / communication

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<th>Observation</th>
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</tr>
</tbody>
</table>

Exit only: Have any new skills been acquired since entry? Yes/No/Not yet

### Outcome C: Taking appropriate action to meet needs - basic needs (e.g., showing hunger), getting around, using "tools" (i.e., a spoon)

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Exit only: Have any new skills been acquired since entry? Yes/No/Not yet
What I wish I had known –
advice from a Mom who has been there

1. There is no crystal ball, and that is a good thing. You may wish you could know now what things will be like in a month, a year, 10 years. Your child will grow and develop in ways that will amaze you. Enjoy today and do not worry about tomorrow.

2. Trust the coaching model. I worried about my ability to follow through successfully with all that I was trying to learn from my Birth to Three team. Looking back, everything my husband and I did within our daily routine was valuable and helped our son’s development.

3. My service coordinator was as much a resource to me as she was for my son. My service coordinator became a trusted advisor, active listener and loyal supporter. She helped connect us to all the resources we needed outside our home and understood that all members of our family counted.
4. Transition to early childhood special education is not as scary as it seems. The school system has well-trained partners who will guide you. There are people to help at each step of the way by answering questions and developing a plan for the years ahead. Communicate with them and be an active member of the team.

5. It is important to involve the whole family in the Birth to Three process. Siblings, grandparents, and anyone who is part of the family is impacted by the Birth to Three process and the needs of the child receiving services. For some, these will be lifelong needs. All members of the family have a role to play.

6. There are times when we just needed to “be.” I was taught to use opportunities throughout the day, such as diaper changes, bath time, playtime, and mealtime to apply strategies to help my son’s development. There were times when I needed a break from that, too. I learned that it was ok, once in a while, to enjoy the bath, the game, or even the diaper change for what it was and to give us both a break.

7. There are other parents out there who know what this experience is like. There are people in your community, your neighborhood, and your faith-based organization with whom you can connect. Talk to your service coordinator or Connecticut Parent Advocacy Center at 1-800-445-2722 to find out about ways to connect with other families.

8. You have a voice! You are the expert on your child. Be an active participant in the Birth to Three process and communicate with your team. Share your thoughts, concerns, progress you see, and your ideas. Your input helps ensure your child has the most appropriate and valuable supports and services. It is important now, will be important for the school years and always!

9. Celebrate your child’s strengths and interests. Your child has strengths and interests that are important. Although he or she may be receiving services and supports because of a disability or developmental delay, it will always be important to highlight the positives – celebrate the strengths and the successes!

10. You will have your days . . . It is important to keep in mind that as a primary caretaker of your child, you can only do that successfully by taking care of yourself. Your time, your ability to nurture yourself, your marriage, your friendships, and other relationships will be fueled when you take care of your needs, too. You will be more valuable to your child and your family.
Connecticut Birth to Three
Contact information

Phone: 1-866-888-4188
Phone: 1-860-500-4400

450 Columbus Blvd, Suite #205
Hartford, CT 06103

Other sources of information

The Birth to Three website is a great source of information and it is updated often. You will be able to discover the skills that other children your child’s age are learning, connect with other families, and more.

Also check out CPACInc.org They are parents available to help!

It is always up to you to decide whether you want to talk to another parent. Often families report their greatest source of support comes from other parents whose children have similar disabilities. If you are interested in being contacted by another parent, your provider will have you sign a release to share your name and contact information with another parent or parent organization. If you are not initially sure you want this, you will be asked again periodically while you are involved with Birth to Three.

We hope that the Birth to Three experience gives you new ways of shaping your child’s life, and that this family handbook makes it easier.

Best Wishes as we start our work together, and as you move on to future partnerships!
Ask your service coordinator for a copy of the transition handbook.