

# Acknowledgements

A special thank you goes to all who provided us with ideas, examples and inspiration in this collaborative effort.

## **Department of Public Instruction (DPI)**

Jill Haglund

Consultant, Early Childhood Special Education Program

## **Department of Health & Family Services**

Donna Miller

Birth to 3 Program Office

## **CESA 5 QIC-D Project**

Nola Larson

Quality Improvement Center for Disabilities (QIC-D) Coordinator

Julia Herwig

Federal Project Director

## **Collaboration Advisory Committee:**

Sue Albert

Early Childhood Special Education, Program Support, Madison Metropolitan School District

Jenny Brunt

Early Childhood Special Education, Program Support, CESA 5

Jill Haglund

Consultant, Early Childhood Special Education Programs

Lydia Krueger

Early Childhood, Special Education Program Support, Sun Prairie

Nola Larson

QIC-D Coordinator, CESA 5

Kim Ford

Disability Services Coordinator, Stevens Point

Sue Staniszewski

Elementary Principal, Kiel

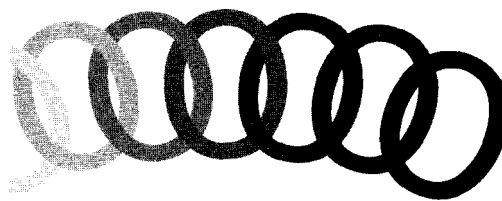
## **Graphics/Design**

Fernando Hernandez

Graphic Artist

Nancy Hibbard

Program Support



# Collaboration: A WISCONSIN RESOURCE MANUAL

## Table of Contents

<b>Acknowledgements</b> .....	i
<b>Introduction</b> .....	1
<b>Why Work Together</b> .....	3
Because It Is Good For Children	
Because It Is Good For Families	
Because It Helps Programs	
Because It Supports Your Community	
Because Laws Support It	
Summary	
<b>Getting Started On Collaboration</b> .....	7
Where to Begin	
Steps In The Process	
Overcoming the Challenges	
Developing Your Interagency Agreement	
Other Interagency Agreements	
<b>Commonly Asked Questions Related to the Head Start and Special Education Collaboratives</b> .....	11
Financial Responsibility	
Evaluation	
Developing IEPs	
Timelines	
Procedural Safeguards	
Children Who Transfer	
Head Start's Ability to Enroll Three Year Olds	
Head Start Over Income Limitation	
Enrolling Children with Severe Disabilities in Head Start	
Head Start Staff Qualifications	

**Opportunities for Cooperation/Collaboration .....17**

- Child Find
- Referral, Evaluation and Individualized Planning  
of Goals and Objectives
- Service Delivery
- Transition
- Family Partnerships
- Staff Training/In Services
- Shared Facilities
- Other Cooperative Arrangements
- Counting and Reporting

**Practical Applications: Examples of Community Collaborations ..... 21**

- Early Learning Centers
- Inclusive Programs
- Itinerant Services
- Co-located Programs

**Resolving Issues . . . . . 27**

- Conflicting Philosophy
- Conflicting Licensing Standards
- Resources, Meals and Transportation
- Lack of Planning Time for Staff
- How to Collaboratively Meet the Child's Goals
- Professional Development Opportunities
- Providing Home Visits
- Calendars and Hours

**Collaboration Tool Kit**

- Introduction
- Framing the Partnership
  - . What Happens When X is Missing?
  - . What's in a Name?
  - . What Is - and Isn't - Collaboration?
  - . and Challenges of Collaboration
  - . Getting Acquainted Icebreakers
- Organizing Great Meetings
  - . Meeting Checklist
  - . Meeting Ground Rules
  - . Sample Agendas
  - . Tips for Developing a Meeting Summary
  - . Participant List and Sign-in Sheet
- Building A Team
  - . Characteristics of Effective Teams
  - . Team Building Icebreakers
  - . Resolving Issues
  - . Building Consensus
  - . Creating an Information-Sharing Plan
  - . How is Our Team Doing?
- Developing Interagency Agreements
  - . Overview of Developing a Written Agreement
  - . Create a Shared Vision
  - . Develop Goals and Identify Potential Strategies
  - . Build Support for Change

- . Identify Tasks, Responsibilities and Timelines
- . Draft a Written Agreement

## **Appendices**

Joint Agreement Between DPI and Wisconsin Head Start

Head Start as an Appropriate Placement

Sample Memorandums of Understanding

Eligibility Requirements - Head Start and Wisconsin Special  
Education Criteria Comparison Chart

Chapter 115

The IEP Team Process

A Comparison of Select Provisions

Information Update-Bulletin no. 98.09

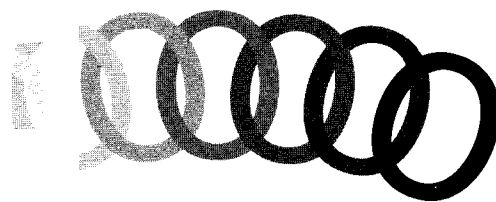
Information Update-Bulletin no. 98.10

Collaboration Resources

Agency Address List

Glossary

Head Start Collaboration Project Acronyms



# Introduction

*“There can be hope only for a society which acts as one big family, and not as many separate ones.”*

Since its publication and distribution in 1994, the *Collaboration Because It Is Good for Children and Families* manual has been widely used by Head Start programs and local education agencies (LEAs) in Wisconsin. The manual addressed the need for these programs to work together when serving young children with disabilities and their families as they navigated the waters of multiple services. It also addressed the mandates that were propelling Head Start and LEAs into cooperative adventures. The focus of the manual was to educate Head Start and LEAs about each other and serve as a starting point for the collaborative process through writing interagency agreements. The manual, frequently referred to as the “teal” book, was referenced by Head Start programs and LEAs when “getting started” in collaboration.

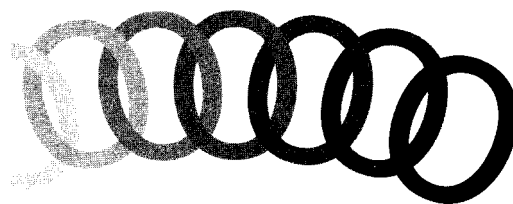
In Wisconsin today, collaboration has taken on new dimensions. Many communities are beyond “getting started” in the collaboration business. Programs have seen the benefits from current and on-going partnerships and have found that their collaborative approaches benefit not only children with disabilities but all children. This shift in attitude about working together has helped to create a variety of unique models in many of our communities.

Since the original 1994 manual, federal and state legislation and policies have continued to change and shape how Head Start and schools must work with one another. National and state special education laws have recently changed. These changes mandate a greater involvement of parents in the development of their child’s individualized education program. They also reinforce a range of service delivery options in least restrictive environments for preschool children. Revised mandates for Head Start and Early Head Start programs have created a need to look for additional ways to work together to create a seamless approach for full day and full year programs.

Legislation and policy development for other early childhood programs have also brought those programs into the collaboration arena. Changes in the welfare system have created a greater need for full day and full year services. Child care then becomes a crucial partner in meeting those needs. Expansion of Early Head Start programs provides opportunities for serving infants and toddlers with disabilities in natural environments. Early intervention programs for infants and toddlers with disabilities (called Birth to 3 Programs in Wisconsin) are becoming new partners in collaborative efforts.

This revised publication provides additional support for communities attempting to find new ways of serving children and families and attempts to answer some of the questions that have been raised about collaboration between early childhood programs. While the focus of the manual is on collaboration between Head Start and LEAs serving young children with disabilities, a number of issues and examples related to collaboration between child care and Birth to 3 Programs are also included. Parts of the original manual have been retained such as “Why Work Together,” “Getting Started” and “Commonly Asked Questions.” The “Opportunities” section has been updated to reflect the revisions in the interagency agreement and serves as a template for developing local interagency agreements. The “Applications” section highlights information about existing collaborative models in Wisconsin in an attempt to provide examples and linkages for other communities. There are two new sections, “Resolving Issues” which addresses identified issues in collaboration and the lessons learned and a “Tool Kit” that contains activities designed to facilitate collaboration and resources for running effective meetings. The appendices contain additional resources.

The steering committee members and writers hope this edition of the Collaboration Manual proves to be useful as we all work together for the benefit of all children and their families.



## Why Work Together?

### **Because It Is Good For Children**

The positive effects of inclusion for children with and without disabilities is a strong rationale for Head Start, LEAs, Birth to 3 and child care providers to work together to serve children with disabilities. Children naturally learn from each other while they play. Research shows that developmentally appropriate play activities in inclusive environments provide the day by day experiences that support friendships, enhance functional skills, and promote learning for children with diverse developmental levels. Children with most types of disabilities increase skills in areas such as cognition, communication, and functional development when they are in environments that encourage interaction with children without disabilities. Social and emotional development is enhanced as children with disabilities in least restrictive settings experience a feeling of belonging and acceptance. Children without disabilities learn acceptance of individual differences and increased social competency as they interact with children with disabilities. When LEAs utilize the full continuum of alternative placements, including community based settings, such as Head Start and child care, children receive the benefits of being with typically developing peers.

*Tommy is a 5-year-old child who experienced a brain hemorrhage at 3 months of age. Significant delays in speech/language, cognition, and motor development seriously affected his ability to communicate and interact socially with peers as he was unable to initiate or sustain meaningful play situations with other children.*

*As Tommy approached age three, his parents began working with their Birth to 3 Program Service Coordinator to plan for the next services that he would need. Tommy's parents were concerned with helping him to improve all of his skills. They knew that he would need some very special assistance to develop his potential, Their*

*dreams for Tommy focused on the importance of his social skills, in that they wanted him to be able to play and have fun with neighborhood friends.*

*There were several options for serving Tommy when he turned three. Since Tommy's family lived in a low-income housing project, Tommy could attend the Head Start program located in the community center. The school district could transport Tommy to their nearest early childhood special education classroom. At the transition-planning meeting, representatives from each program discussed Tommy's needs and his parents' priorities. They decided to work together to provide Head Start and school's special education services. Tommy was enrolled in both Head Start and the districts' EC special education program. He attended the Head Start classroom and received itinerant services from the school district in the Head Start classroom.*

*Over the last 2½ years, Tommy and his parents have seen their dream come true. Tommy's overall development has improved dramatically. The school speech therapist, working in conjunction with the Head Start staff provided the stimulation and therapy needed to increase his ability to communicate and interact. The school physical therapist worked with Tommy in one on one sessions and during the Head Start motor activities. Tommy can now move around better to play with his classmates. The social focus of the Head Start classroom helped Tommy develop feelings of acceptance and support. These developmental changes supported Tommy in building many friendships with the children in the class. He will attend kindergarten with the other children in his neighborhood and sustain those friendships that developed as his social skills were built upon with his Head Start peers. A Head Start integrated classroom setting has been a positive experience for Tommy.*

## Because It Is Good For Families

Families experience an increased sense of community as Head Start, LEAs Birth to 3 and child care providers work together to provide support. Providing a seamless delivery of special education, Head Start and/or child care services creates a less stressful situation for children and families. Transitions for children are reduced and their safety and well being are enhanced. Shared activities provide opportunities to build friendships and make informal connections that support the parenting role. As we see more and more children placed in multiple settings it is important we begin to streamline services in the interest of families.

*Mary is a single parent with two preschool children. Bobby, age four, was identified as having a special educational need in the area of emotional disturbance. The IEP Team report and subsequent individualized education program (IEP) resulted in placing him in an EC special education classroom with seven other pre-school children. A decision was made during the IEP process that a larger integrated classroom was not conducive to meeting Bobby's needs at the time.*

*Since Mary currently met Head Start income criteria, the school asked the Head Start program to participate in the evaluation and IEP Team process. The Head Start staff's participation helped Mary identify the need for assistance in managing Bobby's behavior, parenting skills, and child development information. It became clear that Mary would benefit from weekly contacts by a Head Start home visitor and all the additional family support and health services provided by Head Start. The Head Start and local school district's interagency agreement set the stage for this collaborative effort and a dual placement was arranged between the LEA and Head Start program.*

*Through this cooperative arrangement, Bobby was enrolled in the local school district's Early Childhood Special Education program and the Head Start Home Based program. Bobby received services appropriate to his needs in the special education classroom where they focused on skill development and social interactions. Head Start programming supported those services and also supported Mary with her family needs. A Head Start home visitor went into the home each week for 1 1/2 hour visits with Mary that focused on*

*behavior management and parenting skills. Once a month, the school district's special education teacher participated in a home visit. Mary was pleased that Bobby could receive the assistance from both programs and that both agencies were working jointly in assisting her with her own parenting goals as well as Bobby's educational goals.*

## Because It Helps Programs

When community programs work collaboratively the end result can be a seamless system of services benefiting children and families in the community. The pooling of resources and expertise from various programs in the community can also be a cost effective and efficient means of providing services during a period when many programs are facing budget, funding, space and staffing restraints. It is becoming increasingly more important for programs to deter from working in isolation. The new directions and initiative in quality programming is calling for collaboration among community programs to best fit together their services and resources to meet the challenging needs of children and families.

*Head Start programs and local school districts are often faced with the obstacle of finding adequate facilities to house their programs. In one such instance, a Head Start grantee utilized multiple funding sources to build a new early childhood development facility. In cooperation with the local Birth to 3 Program, who at the time was also searching for a new facility, developed the idea of bringing comprehensive services to young children and their families under one roof. Later, the local school district relocated one of its Early Childhood Special Education classes into one of the existing Head Start classrooms. This created an inclusive Head Start and special education classroom that was taught by a team of special education and Head Start teachers and assistants. The combination of general and specialized teaching skills provided an excellent learning environment for both the children with disabilities as well as the children without disabilities. As children that previously received services from the Birth to 3 Program turned three, the transition into the integrated classroom for continued services went very smoothly because the children and families were already accustomed to the facilities, staff and environment.*

For families in need of full-day services the future looks promising as future collaborations with child care providers and full-day Head Start services are increasing. Sharing resources and expertise is a strong benefit in building integrated community based early childhood programs. The ability for children to receive as many as possible of their needed services without unnecessary transitions helps provide a smoother and more comfortable day for them. Collaboration is the foundation for building a seamless delivery of services to children and families and promotes a true effort in meeting their needs.

## **Because It Supports Your Community**

Communities can easily become lost in a sea of fragmented and uncoordinated programs that serve young children and their families. Duplication of services stretches already tight resources and gaps in services inhibit the benefits to the community's children and families. As more programs serving young children and families work together, communities move closer to the establishment of truly coordinated and comprehensive community based services.

*In one community, the agencies serving young children previously acted independently in trying to locate and screen children and families for their programs. The local school district focused on evaluations of young children referred for special education and screened children prior to kindergarten Head Start conducted separate recruitment and enrollment efforts for low-income families and special needs children. Through some collaborative meetings to determine how the two agencies could better work together, a decision was made to jointly participate in a community "Child Development Days" model.*

*This model provided an opportunity for parents in the community to obtain information regarding services available for young children and families in the community. In addition to Head Start's and the local school district's involvement, the county Birth to 3 Program and Public Health Department participated in the Child Development Days. Developmental observations occurred as the children played, parents gave input about their child's development, hearing and vision screenings were conducted, and various early childhood education and health specialists were*

*available to answer parent's questions. In addition an array of community agencies, including child care providers, displayed information about their programs. This combined effort benefited the community by increasing public awareness of early childhood services and by bringing early childhood providers together to provide quality accessible services to children and families.*

## **Because Laws Support It**

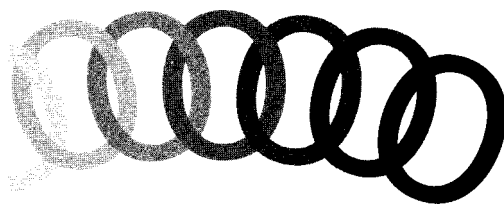
Both federal and state laws have requirements that can be addressed through coordination and collaboration with Head Start, LEA, Birth to 3 or child care. These federal laws are included in Part B and C of the Individuals with Disabilities Education Act (IDEA) 34 CFR Part 300.4303. Wisconsin's special education law and implementing rules are specified for Part B in Subchapter V, Chapter 115 of the Wisconsin Statutes and Chapter PI 11, Wisconsin Administrative Code and for Part C in Chapter 5 1.44 (5) and HFS 90 Wisconsin Administrative Code. These laws and rules include requirements for child find, the provision of least restrictive environment and the continuum of alternative placements. Selected citations are found in the appendices.

Head Start has operated under a congressional mandate since 1972 to make available, at a minimum, ten percent of its enrollment opportunities to children with disabilities. The passage of Final Rule on Head Start Services for Children with Disabilities, CFR 45 Part 1308, describes the requirements for Head Start programs. In addition, the Head Start Performance Standards CFR 45 Part 1304, 1305, and 1306 includes language that addresses children with disabilities, children in Early Head Start programs and children in Native American programs. Selected citations are included in the appendices.

## **Summary**

The above scenarios illustrate that collaboration is good for children, families, the programs involved in the partnership and the community. The desire to collaborate for the benefit of children with disabilities with partner agencies in Wisconsin communities is strong. The design and transformation from the current separate early education systems to a quality, comprehensive

early childhood system are a shared responsibility among families, providers, the public sector, and the private sector. A quality early childhood system offers community support to all families in their roles as parents, supports the economic opportunities and self-sufficiency of families, and offers quality services to children. This comprehensive system offers families hope for the future as it encompasses all of the services and institutions families rely on when raising their children. There are hundreds of stories similar to these. You may have a success story of your own.



## Getting Started on Collaboration

Communities are seeking guidance in developing local interagency agreements. A discussion of collaboration terminology is a good place to start so that we have clearer understanding and that we are all on the same page in the beginning.

The word “collaboration” is a frequently used buzz word, but is not always well defined. In fact, there is a whole range of interagency relationships of varying degrees of involvement. Terms such as coordination and cooperation are used interchangeably with collaboration while in fact each has a distinct meaning. Consider the following continuum of relationships between your agency and other community agencies.

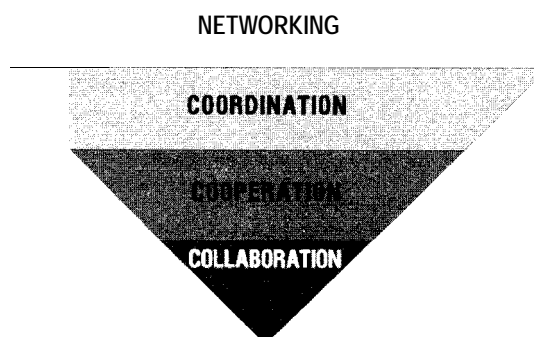
At the beginning of each of these relationships **networking** occurs. Networking refers to loose community linkages where exchange of information and rapport building takes place. Example: The first time personnel from community agencies come together to talk about programs or services.

**Coordination** occurs when two or more agencies operate autonomously. However, they work together to avoid duplication of effort or to fill gaps in needed services. Example: Coordinating agencies such as resource and referral agencies or Head Start programs that refer parents to other agencies.

**Cooperation** includes some service integration between two or more agencies. Agencies do not wish to lose autonomy but decide to give up some for certain benefits. Examples: Asking clinics to come to your agency to do health screening or working with a University to provide student or intern services.

**Collaboration** involves agencies joining together to work toward a common goal which could not be achieved by a single agency acting alone. The result is a highly shared endeavor where members are committed as much to the common goals as to the interests of the participating agencies. Resources, power, information, and authority are shared. Example: Combining children in Head Start and Early Childhood Special Education into one class with teachers team teaching or when Birth to 3 service providers consult with a child’s child care provider to increase the child’s success during play activities.

As one moves from networking to coordination to cooperation to collaboration, communities begin acting of one mind. The linkages become stronger and more intense. More structured relationships and arrangements develop and systems are changed to support the common goals of supporting young children and their parents. Each of you can identify where you fit along this continuum. Where are you in the continuum of relationships with community agencies?



## Where to Begin

Where do agencies begin the interagency collaboration process? First some general suggestions to consider in working with another agency:

- be willing to listen to and understand the needs, goals, and procedures of others
- respect the operating procedures of other individuals and organizations
- keep in mind the vision of quality services for children and families
- be flexible enough to accept numerous paths to the goal
- be willing to let go of some decision-making power
- be the first to offer to share a resource, assist in an activity, or try a different way
- let someone else take the lead in carrying out an activity
- give others the credit for having accomplished an objective or achieved a success
- reach out to a counterpart in another agency. Invite him/her to participate in an upcoming activity or planning effort.

These steps are from *Partnerships in Early Intervention: A training guide on family centered care, team building and service coordination*. Waisman Center Early Intervention Program, Madison, WI.

## Steps in the Process

Collaboration is an ongoing process. There are general stages in the collaborative process, framing the collaboration, implementation, evaluation and ongoing planning. As you begin networking and building rapport or continue a present effort, there are a number of points to consider. Activities for your use that will facilitate the development of cooperative and collaborative relationships are found in the Tool Kit section.

### 1. Initial Planning

- Look at what you're already doing. What is your agency's vision for children and families in this community? What is your relationship with the other agency? Are there efforts/activities you want to improve or develop?
- Decide who should be involved. Identify key players and be the first to reach out. Involve the person(s) from the other agency that you have had the most contact and the person(s) with decision making power. Contact the Department of Public Instruction (608)

266- 178 1, the Wisconsin Head Start Directors' Association 608-265-9422 or the Quality Improvement Center for Disabilities (QIC-D) (608) 742-8814 for directories which list Head Start Directors and Special Education Directors/ designees. Contact the Wisconsin Child Care Resource & Referral Network (888) 713-5437 or your local Child Care Resource and Referral agency to find local child care providers. For Early Intervention, contact your local Birth to 3 agency or the Department of Health and Family Services (608)266-8276.

- Decide what you would like to bring to the table for discussion. You may want to begin with a very specific issue such as transition, or you may want to begin with a brainstorming session to explore areas for collaboration.
- Make the call(s). Introduce yourself and lay some groundwork.
- Set up an initial meeting. A neutral meeting place is often the best way to start. Allow enough time to discuss the issues.

### 2. Frame the Collaboration

- Be realistic. Cooperation may be the first step to developing a trusting relationship.
- Distribute or have available necessary supporting documents such as laws, interagency agreements, needs assessments and/or other resource information. A copy of the state inter-agency agreement is found in the appendices.
- Clarify each agency's acronyms and terminology to ensure understanding.\*
- Explore what you're presently doing together to establish a common ground. This discussion brings newer team members up to date.\* For example, a Head Start program and an LEA have a written interagency agreement that presently addresses Child Find, Screening and IEP development. Reviewing the agreement, they see it has very little on program delivery and agree they would like to improve upon their collaboration and will explore additional ways they can enhance service delivery in the Head Start classroom.

\*Activity found in the Collaboration Tool Kit

- Facilitate discussion of each player's expectations and goals for ongoing collaborative efforts in this meeting. Ask objective questions (fact gathering); discuss feelings about these facts; and determine their implications.\*
- Explore participating agency's philosophy on inclusion of children in integrated settings.\*
- Develop a mission statement that reflects all participating members' philosophies.\*
- Establish agreed upon goal(s) for the group. Start with short-term goals that will ensure early success. Don't take on a task too big for the group to accomplish. Here again, these goals will be individualized based on prior experiences or efforts between agencies and the needs that have been identified. Examples of goals might include, developing a written agreement to document current efforts, developing a transition process, redeveloping the referral for a multidisciplinary team evaluation based on new Head Start rules, or developing an ongoing interagency coordinating council. If the group has difficulty identifying goals or common areas, use the state interagency agreement or this manual to guide discussion of what agencies could include in their local interagency agreement.
- Review goals to determine if all the key players are involved in the action steps. Discuss if anyone else is needed to work toward your goals. If all players are not involved, identify them, and determine how they should be invited.\*
- Determine what steps need to be taken to achieve the group's goal.
- Establish systems to ensure ongoing communication with all key players. Some players may need to meet regularly others may need only to be informed on an as needed basis.
- Do not spend too much time trying to identify and solve all of the potential problems. Many problems will never happen, and some things will occur that you never even thought about.

### 3. Implementation

- Assign responsibilities and establish timeframes.
- Share the work. Divide tasks among key players being considerate of their interest, ability, and time commitments.
- This is where the real "what ifs" will present themselves. Develop a Communication

system that allows the group to ask questions and receive answers.

- Document the goals, implementation efforts, and responsibilities. If written interagency agreements were not yet identified as a goal, documentation will be especially helpful when you get to the written agreement stage.\*
- Meet as many times as necessary to work toward your goals and finalize the agreement.
- Celebrate the completion of your goal(s); bring treats to the next meeting, have a lunch celebration, or give out awards/certificates of appreciation. Celebrate the completion of written agreements with an official presentation at a community or board meeting with all parties signing the agreement.
- Spread the word about your joint efforts, do a press release, address agency boards and distribute copies of the agreement.

### 4. Evaluation and Secondary Planning

- Evaluate your efforts. Get input from each key player on the success of your efforts and the areas that should be handled differently. Come to agreement on what will change for the next effort.
- Congratulate yourselves again, you've made it this far. It's not likely that you will go back.
- Look at expanding your collaborative efforts. Now is the time to take on new collaborative efforts, establish a group vision for community services to young children, develop written agreements, etc.
- Begin implementation of your new goals.

\*Activity found in the Collaboration Tool Kit

## Overcoming The Challenges\*

Establishing interagency relationships involves overcoming challenges inherent in the process. Three steps forward, two steps back often describes the process. Advances are made, only to have new challenges arise. Throughout Wisconsin and elsewhere, agencies have been building and expanding their collaborations. Over the years, many lessons have been learned whereby others can benefit.

## Developing Your Interagency Agreement

The first joint state agreement between Head Start and the Wisconsin Department of Public Instruction/Division for Handicapped Children and Pupil Services was developed in 1981. In 1992, this agreement was revised and updated (see Appendices) to reaffirm and build upon past efforts and offer specific collaborative strategies. This agreement served as a template for the development of local interagency agreements. Another revised state interagency agreement will be signed in 1999 and will replace the 1992 version. The 1999 state interagency agreement includes the Birth to 3 Programs under the Department of Health and Family Services as another partner in the agreement. It was also developed with input from the Migrant and Native American Head Start programs in Wisconsin.

The Head Start disability regulations indicate that Head Start must make attempts to develop written agreements with the LEAs. Head Start programs will be seeking to review and improve their present collaborative efforts or create new collaborative efforts within the framework of the disability regulations. This will include efforts to revise or develop formal local interagency agreements that specify cooperation and collaboration between the programs. The 1998 Head Start Reauthorization requires even stronger coordination between LEAs and Head Start agencies. The starting and ending points for written agreements will be as individual as are Head Start programs and LEAs. The state

interagency agreement offers a policy framework to local school districts, Head Start programs and Birth to 3 Programs for developing local interagency agreements. Head Start regulations, 45 CFR Part 1308.4 (1) states that interagency agreements must address: Head Start participation in the LEA Child Find plans, joint training of staff and parents, referral procedures for evaluations, IEP meetings and placement decisions, transition from Birth to 3 Programs and transition into the next environment, and resources sharing.

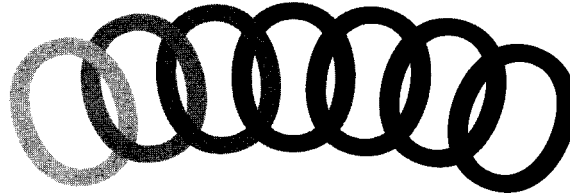
At their best, when local interagency agreements are complete, they will:

- define who will do what;
- generate new collaborative ideas;
- avoid duplication of effort;
- eliminate the “my children/your children syndrome” and replace it with “our children;”
- provide increased continuity and fewer transitions for children.

## Other Interagency Agreements

Although child care centers and family child care providers are not mandated to work with Head Start programs or local school districts, they provide natural environments in which Head Start, Birth to 3, and school district children can be served. Many low income Head Start families who now must work need full day and full year care. Head Start's 1998 reauthorization stipulates that the Head Start Association and local Head Start agencies be involved in unified planning regarding early care and education services at both the state and local levels. This planning includes collaborative efforts for the provision of full work day and full calendar year early care and education services for children. Collaborative agreements between multiple agencies will be expected, welcomed and commonplace. The Quality Improvement Center for Disabilities (QIC-D) or DPI may be contacted to obtain examples of local interagency agreements. Several sample agreements are presented in the appendices.

\*\*In the Resolving Issues section, you will find issues identified by collaborators and solutions they have tried.



# Commonly Asked Questions Related to the Head Start and Special Education Collaboratives

The following questions were generated by Head Start and school district personnel. The answers provided here are supported by current guidance from the National Head Start Bureau, and the Department of Public Instruction's interpretation of current implications for school districts. In addition, there is an update from DPI included in the Appendices.

## **Financial Responsibility**

*Q. Who is responsible for paying for the special education and related services needed by Head Start children identified as having a disability?*

A. Under the Individuals with Disabilities Education Act (IDEA), the LEA is responsible for assuring the identification, evaluation and provision of a free appropriate public education for all children. This also includes those enrolled in Head Start, found to have a disability, and thus in need of special education and related services which are mandated in the State. The LEA must assure that special education and related services are provided, but is not necessarily responsible for providing them all. IDEA stresses the role of multiple agencies and requires their maintenance of effort.

The Head Start program's responsibility is to make available directly, or in cooperation with other agencies, services in accordance with an individualized education program (IEP) for at least ten percent of enrolled children who meet the disabilities eligibility criteria. Head Start is committed to fiscal support to assure that the services needed by children with disabilities will be provided in full, either directly or by a combination of Head Start funds and other resources. The Disabilities Services Performance Standards 45 CFR 1308.4(o) describe allowable expenditures to serve children with disabilities, but

do not require that Head Start programs pay for all of these services for children with disabilities.

The Head Start program is one of a number of alternative placements for special education and related services for young children with disabilities. The Head Start program's disability service plan, along with its interagency agreement with LEAs and other community resources, should contain plans for resource and cost sharing and specify responsibilities wherever possible.

To assist in the development of local interagency agreements, the statewide interagency agreement between Head Start and the Department of Public Instruction, and sample local interagency agreements are available from the Department of Public Instruction (DPI) and the Quality Improvement Center for Disabilities (QIC-D). See the Appendices for a Memorandum of Understanding format.

DPI or QIC-D may be contacted if conflicts or disputes arise as local programs work toward the development of their agreements. Head Start disability regulations require that Head Start must document its efforts and inform the Administration of Children and Families (ACF) Regional Office (45 CFR 1308. (i)) when interagency agreements cannot be reached.

## **Evaluation**

*Q. When should Head Start refer a child to the LEA?*

A. The Head Start disabilities coordinator must refer a child to the LEA for evaluation when they suspect the child may have a disability and need for special education and related services. For the majority of children with disabilities served in Head Start it is anticipated that the LEA will be

responsible for conducting the evaluation and developing the IEP.

**Q.If the LEA is evaluating a child referred from Head Start, does the LEA's Individualized Education Program (IEP) Team determine a disability using criteria contained in Chapter PI 1 I, Wis Admin code or Head Start criteria?**

**A.**The LEA is legally required to adhere to Subchapter V of Chapter 115, Wis. Stats. and PI 11 Wis. Admin. Code when conducting an evaluation of a child with suspected disabilities and need for special education. See the Appendices for side by side comparison of eligibility criteria.

**Q. When the LEA is establishing the IEP team for a child enrolled in Head Start, may Head Start representative(s) be involved and Head Start reports be utilized in the IEP Team process?**

**A.Yes,** When the child is enrolled in Head Start, it is important for Head Start staff to participate in the IEP Team process and to share information regarding the child's development, previous interventions and perceived needs. Chapter 115.78 specifies the legal composition of the IEP Team. The law indicates that the LEA or parent has the discretion of including on the team individuals who have knowledge or special expertise about the child.

The first step of the IEP Team process is to review existing evaluation data on the child including evaluations and information provided by the child's parents, previous interventions and the effects of those interventions, current classroom-based assessments and observations, and observations by teachers and related service providers (Chapter 115.782(2)(b)l). Head Start screening and assessment reports, educational records, health data, and other information Head Start has about the child's performance can be used for this review of existing data. Based on the review and the information provide by the parent, the IEP Team will then identify if additional data or testing is needed to continue the IEP process.

**Q.If the LEA IEP Team determines that a child does not meet Wisconsin PI 11 eligibility criteria for special education, can the IEP Team determine that the child meets Head Start disability criteria?**

**A.** When a child does not meet PI 11 eligibility criteria, the Head Start program and the LEA may enter into an interagency agreement that would specify the LEA IEP Team, in collaboration with participating Head Start employees, could determine if a child meets the Head Start disability criteria. If there is not an interagency agreement

addressing collaborative determination using the Head Start disability criteria, then the Head Start program must conduct its own evaluation and make a determination of eligibility.

**Q.If formal evaluation of a child by a LEA IEP Team finds that the child does not meet PI 11 eligibility criteria, but is determined by an appropriate diagnostician to meet the Head Start disability criteria, would the child be served by Head Start as a child with a disability and is Head Start responsible for implementing a Head Start IEP to provide special education and related services?**

**A.Yes. The** Head Start eligibility criteria were developed to be compatible with the eligibility criteria in IDEA. Because of this basic compatibility, it is expected that the vast majority of children with disabilities served by Head Start will also be considered as having a disability when the PI 11 eligibility criteria are employed. However, if the child does not meet the PI 11 eligibility criteria, but meets the Head Start disability criteria, then a Head Start managed IEP team must propose an individualized education program for this child.

In such a case, this child would not be regarded by the LEA as entitled to FAPE and Head Start would assume principal responsibility for securing all needed service. In such cases Head Start must develop an IEP, meeting the requirements in 45 CFR Part 1308.19. Since the Head Start program will be implementing the IEP, the program must ensure that these services are, by the 1994-95 program year, provided by or under the supervision of personnel meeting state qualifications 45 CFR Part 1308.4 (k).

In effect, any child meeting state educational agency (SEA) eligibility criteria under IDEA should also be eligible under the Head Start eligibility criteria 45 CFR 1308.7- 1308.17. No further evaluation would be necessary to establish whether a disability exists under Head Start diagnostic criteria. In such cases, the team indicates which of the Head Start eligibility criteria apply. This will assist Head Start in its completion of the Program Information Report (PIR).

## **Developing IEPs**

**Q. When the LEA is developing an IEP for a child with a disability enrolled in Head Start, may a Head Start representative attend the meeting?**

**A.Yes.** Recent revisions to Chapter 115 support the continued involvement of Head Start on the

IEP team. The IEP Team appointment allows Head Start staff to be team members based on their knowledge and special expertise about the child. The new process defined in Chapter 115 places with this team the responsibility to conduct evaluations, develop IEP goals and objectives, and determine special education placement. Head Start rules indicate that the Head Start representative should play a prominent role in the IEP process and in delivering services for these children. Therefore, it is important that Head Start representative(s) participate in the IEP meeting to provide information regarding the child and the Head Start program's ability to implement the IEP.

*Q. When an IEP is being developed for a child enrolled in Head Start, can both the LEA and Head Start be assigned responsibilities for implementing goals?*

A.Yes. If both the LEA and Head Start are involved in the school's IEP meeting and both agree to assume responsibilities, a joint IEP can be developed. It should be noted the LEA develops an IEP strictly for special education services related to the development of the child. Head Start must address goals for the child and for the family. Some family goals may relate to the child's development and will be included in the IEP. However, in many cases Head Start may need to separately address their requirement for meeting family goals as determined in the family partnership agreement. The IEP must clearly specify those services needed to fulfill the schools responsibility to provide a free and appropriate public education and those services the Head Start will provide.

## **Timelines**

*Q. What are the timelines for implementing screening, evaluation, and IEP processes?*

A.There are two different sets of timelines that must be taken into consideration for the LEA evaluation of Head Start children with suspected disabilities. Head Start has timelines related to screening and evaluation; the LEA has timelines for the steps related to referral, evaluation and placement.

Head Start programs have the following timelines:

- “health and developmental screening of all Head Start children by 45 calendar days after the start of program services in the fall, or for children who enroll after programs services have begun by 45 calendar days after the child enters the program”, 45 CFR Part 1308.6(b)(1),

- “referral of a child starting as early as the child's third birthday enrolled in Head Start to the LEA for evaluation as soon as the need is evident”, 45 CFR Part 1308.6(e)(1),
- “a meeting must be held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services”, “services must begin as soon as possible after the development of the IEP”, 45 CFR Part 1308.19(i),
- “if a child enters Head Start with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance”, 45 CFR Part 1308.19(k).

According to Chapter 115.78(3)(b), LEAs must provide the child's placement offer to the parent within 90 days of the date the LEA received a referral for an evaluation. IDEA adds the requirement that the IEP meeting shall be held within 30 days after an IEP Team report is approved. See the appendices for Department of Public Instruction timelines.

*Q. What does a Head Start do about programming if the LEA does not follow the required times or extensions are made?*

A.In order to provide necessary services for a child with a suspected disability, Head Start may start the evaluation process that leads to the development of an IEP, if the LEA does not meet the required timelines. It is important to note that the LEA evaluation process requires that once the determination of an eligibility for special education has been made, the LEA must make a placement offer no later than 90 days following the date of receipt of referral unless an extension is granted by the parent or DPI. Failure of the LEA to meet required timelines can result in the filing of a formal complaint with the DPI, and a finding of non-compliance.

To support Head Start and LEA partnerships which meet the timeline requirements for serving children with disabilities, the interagency agreement between Head Start and an LEA should specify any timelines for steps in the referral/evaluation/IEP process. If timeline issues cannot be resolved locally, the Department of Public Instruction and QIC-D may be of assistance in defining requirements for timelines.

## Procedural Safeguards

*Q. Who is responsible for implementing procedural safeguards to ensure that the rights of children with disabilities and their parents are protected?*

A. Under IDEA and Subchapter V of Chapter 115, the LEA must assure that every resident child with a disability between 3-21 years of age receives a free appropriate public education (FAPE) consistent with Part B of IDEA. The LEA is responsible for ensuring that these services are provided, but not for providing them all. The LEA is responsible to make available services in the least restrictive environment in accordance with an IEP. Therefore, when a child meets the state special education criteria and is receiving special education and related services in accordance with an IEP, procedural safeguard and parent rights issues would be handled by the LEA utilizing Part B procedural safeguards. Head Start is mandated in 45 CFR Part 1308.21(6) to inform parents of their rights under IDEA.

*Q. When is Head Start responsible for developing an IEP?*

A. If an LEA IEP Team determines that a Head Start enrolled child does not meet the state educational agencies criteria, but the child is subsequently found to meet one or more of the Head Start eligibility criteria, and needs special education and related services, then Head Start can proceed with development of its own IEP. Requirements for developing a Head Start IEP are found in 45 CFR Part 1308.

*Q. What if the parent believes that their child was denied services because of an inappropriate decision made by the LEA IEP Team?*

A. Prior to and throughout the IEP process, Head Start and the LEA should work together to ensure that the parent understands the respective program's criteria for determining a disability and procedural safeguards.

If the parent, at the end of the IEP Team process believes that their child was denied services because of an inappropriate decision, then they should first discuss their concern with the LEA director of special education/designee. The parent may consider their right to an independent evaluation at public expense. If the issue remains unresolved at this point, the parent may exercise their right for mediation or file for a due process hearing. The Head Start program or the parent may, at any time, contact the LEA and/or the Department for Public Instruction for information about parent rights and/or procedural safeguards.

## Children Who Transfer

*Q. When a child who is jointly enrolled in Head Start and an LEA is transferring from one LEA to another, must the receiving LEA accept the IEP of the sending LEA?*

A. The LEA must accept the IEP in the same manner as an IEP of a transferring child with a disability not enrolled in Head Start or conduct a new IEP meeting. If the child is transferring from another state, then the LEA would conduct an evaluation in accordance with Chapter 115.

## Head Start's Ability To Enroll Three Year Olds

*Q. If a Head Start eligible child with disabilities is three years of age, and is also eligible for special education and related services under IDEA, may the Head Start program enroll that child by his/her third birthday does not occur by the cutoff date which the school uses to determine eligibility for its regular public school program?*

A. For regular education programs, LEAs establish a cutoff date the child must attain to be age-eligible for enrollment. However, the Individuals with Disabilities Education Act (IDEA) requires that children with disabilities requiring special education receive a free appropriate public education beginning with a child's third birthday. Since the LEA is obligated to assure special education for these children as of their third birthday, their eligibility for public education begins on that date. These children should be considered age-eligible for Head Start as of their third birthday. This is consistent with 45 CFR 1305.4(a) which states, "To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located." To enroll children in this situation, the Head Start program should acquire the evaluation team's findings which indicate that this child has a disability for which special education/related services are needed. The following is an example:

*Marcus turns three years of age on September 20. Wisconsin has established September 1 as the date by which children must be 5 years of age to be eligible for kindergarten. Wisconsin has also determined that young children with disabilities are eligible for services on their third birthday. The local Head Start has customarily accepted three year olds into its program only if they were three by September 1. Marcus does not meet this requirement. However, since the LEA has determined that Marcus does have a disability*

*requiring special education, and he is three years of age, Marcus is eligible for, public education under IDEA. Since the LEA must regard Marcus as eligible for public education, Marcus should be regarded as age-eligible for Head Start. His selection and enrollment in the Head Start program would of course be contingent upon determination of his family's income eligibility the application of the program's selection process consistent with 4.5 CFR Part 130.5.6, and the completion of an IEP which indicates that Head Start would be an appropriate placement for him.*

The disabilities services plan must address strategies for the transition of children from programs serving infants and toddlers into Head Start. Amendments to IDEA and state laws require Birth to 3 Programs to convene a transition planning conference at least 90 days before the child's third birthday to plan for the transition to a Early Childhood Special Education. Head Start programs should attempt to participate in these meetings for Head Start eligible children, and take an active role in helping families and other programs consider Head Start placement for children with disabilities entering preschool.

## **Head Start Over Income Limitation**

*Q. Is there any inter-relationship between the 10% over-income limitation and the mandate to have at least 10% of enrollment opportunities available for children with disabilities?*

A. No. These are two separate requirements which do not affect each other. The Head Start Rule on Recruitment, Selection and Enrollment (Section 1305) requires a program to have a formal process for selection which must include adherence to the requirement that 10 percent of the enrollment opportunities be made available to children with disabilities. At least 90 percent of children in a Head Start program must meet Head Start income eligibility guidelines. Children with disabilities whose families are over-income are counted against the 10 percent limitation on over-income children.

If a program has 10 percent of its enrollment slots already occupied by children from over-income families, then an over-income child with disabilities could not be enrolled in the program, since to do so the grantee would exceed the 10 percent limitation on services to over-income children.

However, it should be noted that the above circumstance should be unusual when grantees

have a recruitment plan in place which actively recruits income-eligible children with previously diagnosed disabilities. This recruitment plan should include deliberate efforts to recruit children from income-eligible families transitioning from Part C programs serving infants and toddlers (ages birth to 3) with disabilities.

Grantees can get an exemption from the requirement to set aside 10 percent of their enrollment opportunities for children with disabilities only if their ACF Regional Office project officer "determines, based on such supporting evidence as he or she may require, that the grantee made a reasonable effort to comply with this requirement but was unable to do so because there was an insufficient number of children with disabilities in the recruitment area who wished to attend the program and for whom the program was an appropriate placement based on their Individualized Education Programs (IEP)".

## **Enrolling Children With Severe Disabilities In Head Start**

*Q. Are Head Start programs required to enroll any eligible Head Start child without regard to the severity of their disability?*

A. The Head Start Performance Standards 45 CFR 1308S(c) state: "A grantee must not deny placement on the basis of a disability or its severity to any child when: (1) the parents wish to enroll the child, (2) the child meets the Head Start age and income eligibility criteria, (3) Head Start is an appropriate placement according to the child's IEP, and (4) the program has space to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with disabilities."

The appropriateness of the Head Start program as a placement for a child with a disability is determined individually, based upon a child's needs as indicated in the IEP. Head Start programs cannot establish any program policy which would exclude children with a certain type or level of disability from participating in Head Start. For children with more significant disabilities, an appropriate placement in Head Start will often require collaboration with other service providers.

If the Head Start program does not believe that the provisions of a proposed IEP, including resources to be provided by the LEA and other community resources, will enable their program to serve as an appropriate placement for the child, the IEP Team

cannot compel the program to accept the placement. In such an event the Head Start representative(s) at the IEP Team meeting should clearly state the reasons for Head Start's decision, and what resources, personnel, and training would be needed to enable Head Start to provide the placement. Care must be taken that such a decision is not contrary to 45 CFR 1308S(c). The Head Start program must demonstrate efforts to remove possible barriers to enrollment including the following as listed in 45 CFR 1308.5(d).

- 1) Staff attitudes and/or apprehensions;
- 2) Inaccessibility of facilities;
- 3) Need to access additional resources to serve a specific child;
- 4) Unfamiliarity with a disabling condition or special equipment, such as a prosthesis; and
- 5) Need for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toilet training.

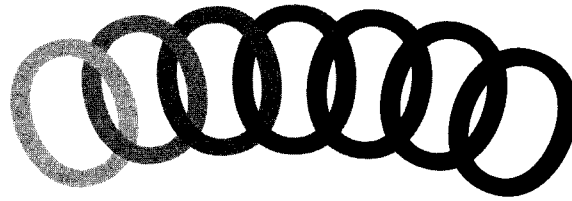
developing the disabilities service plan and projecting a budget. A Head Start program will need to consider the resources available in its community, program commitments in interagency agreements with the LEAs and its experience in serving children with disabilities when providing staff which will enable the program to have the core capacity needed to serve children with disabilities in accordance with 45 CFR 1308.

## **Head Start Staff Qualifications**

***Q. Do the Head Start Disabilities Services Performance Standards require that Head Start programs employ staff who meet state educational agency standards by the 1994-95 program year in order to serve children with disabilities?***

**A.** 45 CFR 1308.4(K) states that the Head Start "grantee must ensure that the disabilities service plan ' addresses grantee efforts to meet State standards for personnel serving children with disabilities by the 1994-95 program year. Special education and related services must be provided by or under the supervision of personnel meeting State qualifications by the 1994-95 program year." For children in Head Start who are being served under an IEP developed by an LEA, the LEA has the responsibility under IDEA to assure that the special education and related services are delivered by personnel who meet the standards required by the State. The LEA should work with the Head Start program to provide arrangements whereby such service can be provided for children receiving their special education and related services in a Head Start placement.

In the rare case when a child is not found to have a disability and need for special education under LEA criteria but does meet Head Start's disability criteria, the Head Start program must either employ or contract certified staff. Head Start's employment of staff (full-time, part-time, or consultants) who meet the state educational agencies requirements for providing and supervising special education and related services is an allowable expense, and must be considered in



# Opportunities for Cooperation/Collaboration

There are many opportunities for collaboration between programs serving young children with disabilities. Whether it is Head Start, LEAS, and Birth to 3 or child care, a range of program goals and activities provide a framework for collaborative efforts. This section describes areas for collaboration and potential strategies to address each area.

## Child Find

Birth to 3 Programs in each county are mandated to locate, identify, and evaluate infants and toddlers with disabilities birth to age three. LEAS are mandated to locate, identify, and evaluate children with disabilities within their attendance areas. Head Start programs also conduct various child find activities when recruiting children with disabilities, including children with severe disabilities. Additionally, federal standards require Head Start programs to make sure all enrolled children in Head Start receive developmental, health, behavioral and sensory screening and ongoing developmental assessment. Birth to 3 Programs and local districts should recognize Head Start as part of an informed child find referral network which is a formal system of communication that identifies and coordinates with local service providers of young children with disabilities. Conversely, Birth to 3 and the LEA play a strong role in Head Start's efforts to serve children with disabilities. Each agency should identify liaison personnel to facilitate communication, including the exchange of information related to the eligibility criteria for Birth to 3 and the LEAs special education program. These liaisons also facilitate referrals between the agencies for children who may meet disability criteria. Programs may additionally participate in child find efforts through area-wide screening efforts and data collection. Other child find activities could include:

- The timely referral and placement of children from Head Start to the LEA, and the LEA to

Head Start. This would involve the establishment of cooperative referral and enrollment processes, with the LEA following mandated referral and placement timelines and Head Start giving priority within their selection priorities to eligible children who are referred from the LEA.

- Cooperative completion of referral forms to facilitate the referral and evaluation process.
- Establishment of a local cooperative screening process which includes maintenance of an informed referral network, and Child Development Days where community screenings are held.

## Referral, Evaluation and Individualized Planning of Goals and Objectives

All children enrolled in Head Start are screened as the first step in the assessment process. Only those children who need further specialized assessment to determine whether they have a disability and may require early intervention or special education and related services proceed to the evaluation process. When Birth to 3 or the LEA receives a referral for an evaluation, they proceed through similar processes that include convening teams, conducting evaluations to determine eligibility, and developing individualized plans. Upon receipt of a referral, the Birth to 3 Program convenes an Individual Family Service Plan (IFSP) team and the LEA convenes an Individualized Education Program (IEP) Team. The initial purpose of the team is to complete evaluations that determine if the child is eligible for early intervention or special education. The Head Start disability regulations encourage the utilization of the LEA for conducting evaluations for Head Start children with suspected disabilities. Procedures for the referral of children for evaluation by the IFSP or IEP team should be mutually agreed upon. Procedures must meet the standards of HFS 90,

Chapter 115, Wis. Admin. Code and Head Start regulations, including the confidentiality and, due process requirements of each program.

After a determination of eligibility is made, the IFSP team develops an Individualized Family Service Plan (IFSP). The IEP team is required to develop an individualized education program (IEP). These plans identify goals, outcomes, and/or objectives that define the services provided to the child or family. Head Start programs are also required to develop individualized education programs representing all areas of comprehensive programming for children who are not eligible for early intervention or special education but who still meet the Head Start disability criteria. Head Start programs must work with Birth to 3 and the LEA to make vigorous efforts to include parents in all steps in the process, i.e. referral, evaluation, and plan development. Cooperative development of these plans between agencies can ensure non-duplication of services and that children will receive services which meet their individual needs.

Considerations for referral, evaluations and planning procedures include the following:

1. Exchange of information related to the criteria used by each program to determine eligibility. This is important due to the fact that there are some differences in each program's eligibility criteria per regulations governing each agency.
2. Birth to 3 and LEA utilization of Head Start screening and assessment information in the evaluation and program planning procedures. Utilization of assessment information can avoid unnecessary duplication of effort. Members of the team should use their professional judgement to decide if it is necessary to complete additional assessments.
3. When shared programming will occur, both agencies should jointly develop and implement goals and objectives identified in the IFSP or IEP. Joint plans may be written which identify responsibility for each agency's services necessary to meet the goals and objectives.
4. When shared programming will occur, staff from each agency should jointly review the child's progress toward identified goals.

## Service Delivery

Birth to 3 Programs strive to provide services to the child in their natural environment. LEAs seek an array of options to enable the provision of special education services in the least restrictive environment. Head Start programs provide natural

environments for the delivery of Birth to 3 services for infants and toddlers with disabilities or developmental delays. The use of Head Start as an integrated placement option is a legal and viable means for the LEA to meet state and federal requirements to provide service in the least restrictive environment appropriate for a child. Head Start provides developmentally appropriate programs in an integrated setting. Therefore, Head Start can be a possible placement for individual preschool children whose developmental needs require an experience in a natural environment with their non-disabled peers. (See Appendices for "Head Start Is An Appropriate Placement" handout.)

School districts and Birth to 3 Program teams, which include the parents, can decide to provide services in child care or in Early Head Start settings as part of the child's IEP or IFSP. Therefore, parents should be informed of possible programming alternatives that may include Head Start, Early Head Start or child care. In addition, the following points should be kept in mind when considering program options:

- When Head Start is being considered as one of the settings for a child, Head Start staff can participate with the IFSP or IEP team in reviewing the child's needs and the ability of each program to meet those needs.
- Head Start programs may give priority within their selection priorities to eligible low-income children with diagnosed disabilities who are referred from the LEA or Birth to 3.
- Head Start may have available enrollment slots for children with disabilities referred from the school. Enrollment vacancies, when they occur, must be filled before 30 calendar days lapse as required by Head Start Performance Standards.
- When a child with a disability is placed in a Head Start or child care, the LEA must ensure the provision of special education and related services required by the IEP. Special education services may be delivered at the Head Start or child care site by permanently placed or itinerant staff from the school district. Services may include, among others: special education, speech/language, hearing impaired, vision impaired, and related services, such as occupational or physical therapy, psychological services or others as specified in the IEP.
- When an infant or toddler meets Birth to 3 eligibility criteria and is also enrolled in a Head Start or child care program, the Birth to 3

3 Program must ensure the provision of early intervention services as indicated by the IFSP. Early intervention services may include a family directed developmental assessment, an individual service plan, family support, educational, medical and therapy services, consultation, and family education.

## Transition

A transition plan will facilitate the smooth transition of children from one program to another. These transitions might include from Head Start, child care or Birth to 3 to school or from Birth to 3 or Early Head Start to Head Start. Transition plans may also address the transitions a child makes on a daily basis between programs. Eliminating the need for transition between programs is the ultimate goal. However, if transitions need to be made then a plan is essential and is required by Head Start Performance Standards. The plan includes the basic responsibilities for each agency and the transition activities that will occur. This will assist the child, parent, and each agency in creating and maintaining smooth transition procedures and activities.

The following activities one can utilize as transition strategies:

- Develop a system of communication with parental permission for sharing relevant information about each child who is transitioning.
- Form local transition committees with representatives from sending and receiving agencies to develop procedures, share information, and identify gaps in and barriers to transitioning.
- Involve the sending agency staff in the development of the IFSP or IEP and in considering placement options, with parental consent.
- Develop the IFSP and IEP in conjunction with the goals and outcomes established while in the sending agency.
- Jointly plan and conduct in-service and training sessions for staff regarding transition of children.
- Develop a method for assisting and involving the parents with the transition of their child. Provide them with essential information regarding their role in the process.
- Conduct individual, group, or combined group meetings for parents to share information, answer questions and discuss transition activities with the sending and receiving staff.

- Involve parents in designing and providing coordinated parent meetings and/or training.
- Arrange for teachers or other appropriate staff persons from the receiving program to observe children in the sending program's setting.
- Extend opportunities for sending agency staff to visit and observe in the school setting.
- Offer an opportunity for parents to visit the school setting and meet the teacher and principal.
- Schedule joint conferences regarding progress of individual children, with parental consent.

## Family Partnerships

Head Start provides a comprehensive program that includes developing family partnerships, promoting parent involvement and connecting families to community resources. These additional services may be an important reason for some children with disabilities to be enrolled in Head Start. LEAs may also provide some parent involvement/support activities. The coordination of these activities will maximize program resources while providing parents with more comprehensive support. They may include:

- Joint visits to parents' homes by staff from both programs when children are enrolled in both programs.
- Cooperatively sponsored parent support groups and/or training workshops.
- Joint parent/child group socialization activities.
- Support for parents in meeting social service needs such as prenatal care for pregnant women, literacy services, housing, jobs and career training.
- Strategies to ensure that the family acquires a medical home.

## Staff Training/In Services

In many cases, LEA early childhood staff, Head Start, Birth to 3, or child care staff may have similar training and education needs. Cooperative efforts will maximize resources and may allow for a greater variety of training offerings. They may include:

- invitation to attend agency sponsored staff training activities
- cooperatively-sponsored workshops, speakers or presentations
- on-site visitations and mentoring
- shared training needs assessments and jointly developed training plans

## Shared Facilities

Facility sharing is another important avenue for coordination and collaboration between early childhood programs. They may be strictly coordinated efforts with one program utilizing a room in the other program's facility or they may be truly collaborative efforts with children from both programs being located in one room. Currently, facilities are being shared in several ways:

- Head Start, special education and child care programs in one facility with shared classroom space.
- Special education and child care in the same facility with the children fully included in one classroom.
- Head Start and special education children being served in the same classroom.
- Head Start, located in a school building sharing the lunch room, play ground and library.
- Birth to 3 and Early Head Start share the same facilities and jointly address home visits.
- Head Start, located in a school building, participating daily in learning activities with the next door early childhood special education classroom.
- Head Start and the LEA combine resources to purchase or rent a building.
- Home-based Head Start programs provide the bi-weekly socialization/group in the local school district's ECSE classroom to provide social interaction for all children.

See the Applications section for a list of model designs and read the enclosed New *Visions: Wisconsin Communities Creating New Visions for Serving Young Children and Their Families* for selected model descriptions including Birth to 3, Head Start, school district and child care.

## Other Cooperative Arrangements

Other local service arrangements may include options appropriate to community needs. They may include:

- cooperative arrangements to provide support services, such as appropriate health and nutrition services and parent support services.
- establishment of and/or participation in a community early childhood coordinating council.
- cooperative arrangements to transport children.
- development of a transition plan that includes the Birth to 3 program as well as LEA.
- observation visits in other agencies.

## Counting and Reporting

Birth to 3 Child Count:

An infant or toddler enrolled in Head Start shall be counted by the Birth to 3 Program for the IDEA December 1 child count only when the child has an IFSP and is receiving an early intervention service directly or under supervision by the Birth to 3 Program.

The Birth to 3 and Early Head Start may both count children without the counts being considered as duplicate counts, since the data is used by two separate federal agencies for different purposes.

LEA Child Count:

A child enrolled in Head Start shall be counted by the LEA for the IDEA December 1 child count only when the child has an IEP and is receiving a free appropriate public education (FAPE) directly or under supervision by the LEA.

The LEA and Head Start may both count children without the counts being considered as duplicate counts, since the data is used by two separate federal agencies for different purposes.

Head Start Child Count:

To meet Head Start's ten percent disability enrollment, Head Start may count children found to have a disability and need for special education based on a LEA evaluation and eligibility under Part B or Part C or based on a Head Start evaluation and eligibility under Head Start regulations.

According to Head Start regulations, Head Start programs need to commit to reporting the number of children with disabilities receiving services under LEA IEPs to the LEA by December 1. However, if the LEA has been involved in the evaluation, IEP process, and delivery of the special education, LEAs should already have this count and a formal reporting should not need to occur.

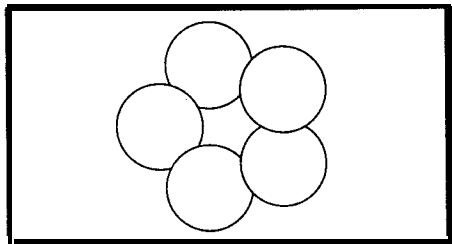
# Practical Applications

## Examples of Community Collaborations

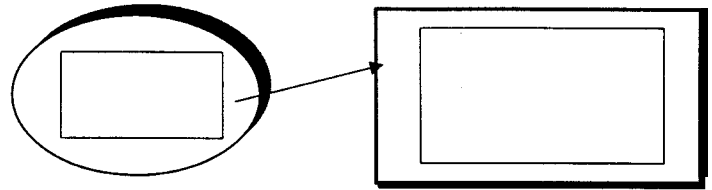
Since the original manual was developed in 1994, many creative collaboratives have developed across the state. Early Head Start, Head Start, Birth to 3, and Early Childhood Special Education programs are finding a multitude of approaches to work together to service young children with disabilities and their families.

Often times, communities or programs are interested in getting ideas from existing collaboratives and they want to visit the “best model.” But there are no “bests” in today’s collaboration approaches. A collaborative is “best” when it is designed to meet the unique needs of their community, the programs involved, and the children and families to be served. That leaves us with a wide range of unique approaches, each with strengths and experiences that others can learn from. To assist those seeking examples, we have divided current collaboratives into several basic service delivery approaches:

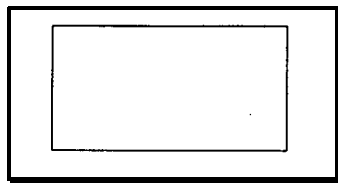
Early Learning Centers



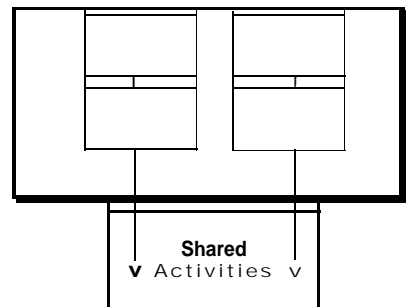
Itinerant Services



Inclusive Programs



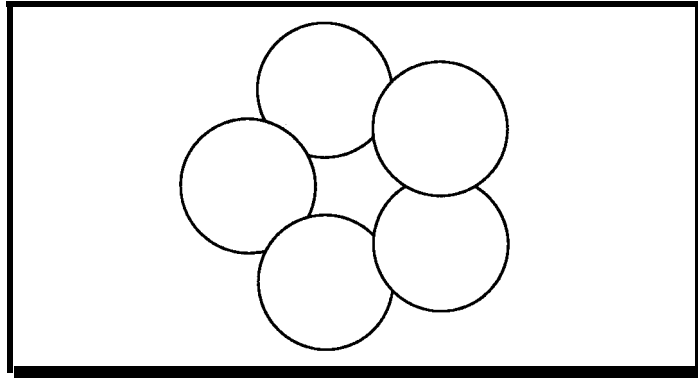
Co-located Programs



For each collaborative approach, we have provided a brief description and visual to capture the approach. Following each description, a few of the current operating models are listed. A community may look to these approaches to steer their collaborations. For communities wanting more detailed information, we have provided contact numbers as resources.

## Early Learning Centers

A full array of services under one roof



This approach is specifically designed to bring services for children birth to age five and their families under one roof. The center brings together various programs and agencies that touch the child and family's life. There is extensive program blending with agencies adopting mutual goals, philosophies, and service delivery models. A wide array of services is available at one site such as Head Start, child care, community preschool, or kindergarten, parent education, and support for families. Funding from each agency contributes to the overall program. There is continuity of care with limited transitions between agencies for the child. Children are not placed in classrooms according to disability or income. Children with disabilities and children without disabilities are in the same classroom for their entire day. The program staffing includes regular preschool educators and special educators. Each child is given the support needed to be successful in the setting and as specified in the IEP. Necessary special education and related services are delivered in these settings. These centers are usually located in a jointly purchased or leased community facility. These centers are a vision for a new future. Very few of these blended centers currently exist yet in Wisconsin or across the country. Several communities have been working toward this vision and are in various stages of blending under one roof. See their descriptions in the booklet entitled *NewVisions*, located in the binder.

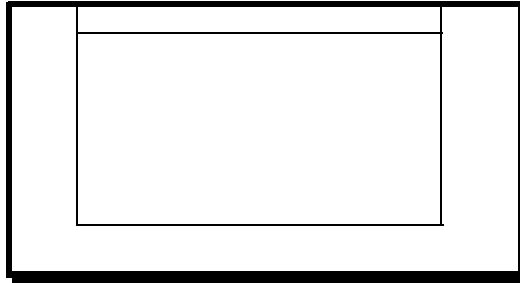
### Operating Models

Kenosha Unified School District #1  
414-653-6078. Child Care, Head Start, Early  
Childhood Special Education, Birth to 3, Job  
Center, and County Alternative High School are  
all available at one common site.

CESA 11 - Rice Lake/Menomonie  
715-986-2020 - New *Visions*

# Inclusive Programs

Children with and without disabilities in one room



These approaches focus on placing special education staff and programs together with early childhood programs such as Head Start, child care, preschool, or kindergarten. Generally, two programs are combined and located in one building such as a Head Start, child care, or school district building. Programs develop common philosophies, curriculum, calendars, and daily routines. The environment, curriculum, and staffing is developed to support all children and to ensure that children with disabilities receive appropriate services as determined by their IEP. The program is generally team-taught by the special educator and the regular educator. Children with disabilities and children without disabilities are assigned to the same classroom for their entire day. All special education and related services are delivered in these educational settings. Each child is given the support needed to be successful in the setting and as specified in the IEP.

## Operating Models

### Birth to 3 and Early Head Start

Family and Child Learning Centers Early Head Start Program collaborates with Northern Pines Birth to 3 Program. Northern Pines brings their children and staff to the Early Head Start classroom two mornings a week to participate in classroom activities. 714-369-5688.

Kenosha Human Services is the grantee for the Early Head Start program. Early Head Start services will be delivered through the Birth to 3 Early Intervention and Healthy Families Projects. 414-658-1687.

### Early Childhood Special Education and Head Start Partnership

#### Located in Head Start Building

Wautoma School District and CAP Services Head Start team teaching one afternoon session. 920-787-5249.

Westosha Public School and Jefferson County Head Start operates a center with five classrooms: 2 Head Start, 2 Early Childhood, and 1 combination Head Start and Early Childhood Special Education. 414-843-2343.

Northland Pines School District and Family and Child Learning Centers Head Start have two programs (Children Together) that combines Head Start, Special Education and Title 1. 715-369-5688

### Located in School Building

Eau Claire Public School and Eau Claire Head Start Program located at Lowes Creek Elementary building. 715-839-2826.

Merrill Public Schools and Merrill Little Learners Head Start operate several inclusive classrooms. 715-536-9421 ext. 314.

Western Dairyland Head Start operates out of a house that is owned by Altoona Public Schools. 715-832-5543

CAP Services - Head Start Kennedy Elementary School/Stevens Point School District. Head Start purchased slots in an Early Childhood Special Education classroom. 715-345-5210.

Beloit Public Schools and ROC-Wall Head Start. Head Start and Early Childhood Special Education. 608-364-6125.

Kenosha Unified School District #1 and Head Start. 414-653-6078.

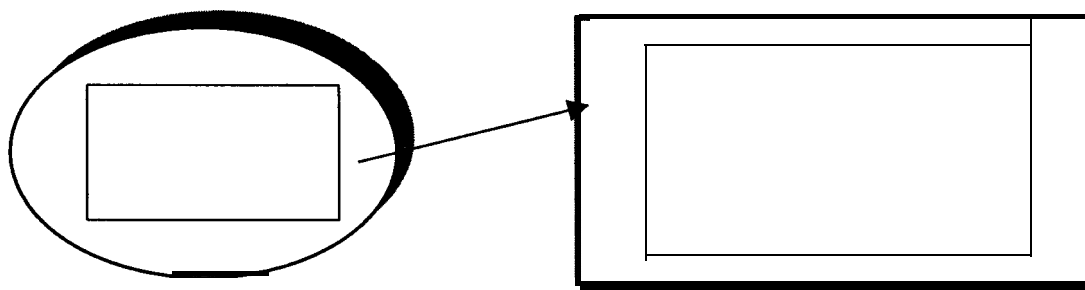
### Early Childhood Special Education And Child Care Center Partnership

Sun Prairie School District and Gingerbread House Preschool. 608-837-2545.

Madison Metropolitan School District and Child Development, Inc. 608-25 1-3366.

## Itinerant Services

### Disability Services Provided in Community Settings



These approaches focus on the delivery of special education or early intervention in community settings. Since many children attend community-based early childhood programs such as Head Start, preschool, and child care. This approach allows them to receive itinerant services at the early childhood setting they attend. It eliminates the need for children to change settings to receive these specialized services. It promotes the generalization of strategies and skills throughout the entire day. Services that are specified in the IFSP or IEP may be in the form of consultation, play based activities, direct instruction, therapy and/or other support services. These services may be provided individually or with small groups of children. The itinerant staff provides the early intervention or special education services for short periods of time in these settings. The staff from the community-based programs incorporate strategies, adaptations, and outcomes into the early childhood program curriculum. Consultation with the early childhood staff is an important component of this model.

**Operating Models**

**Itinerant Early Childhood Special Education  
Provided in Head Start Settings**

CESA 2	608-758-6232	Kenosha Unified School District #1
CESA 10	7 15-723-034 1	414-653-6078
CESA 11	7 15-986-2020	Madison Metropolitan School District
CESA 12	7 15-682-2363	608-266-6 166
LCO Reserve Head Start	7 15-865-3406	Eau Claire School District
		715-839-2826

**Itinerant Early Intervention or Special Education  
Provided in Child Care Settings**

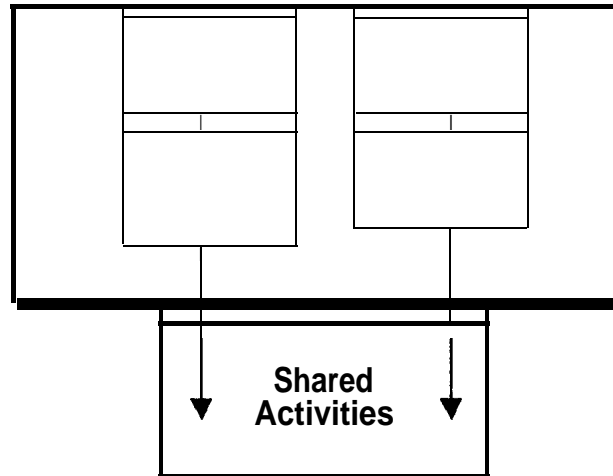
CESA 1	800-262-2372	Madison Metropolitan School District
CESA 2	608-758-6232	608-266-6166
CESA 10	7 15-723-034 1	LCO Reserve Head Start
CESA 11	7 15-986-2020	7 15-865-3406
Eau Claire School District	715-839-2826	Westosha Special Education Alliance
Kenosha Unified School District #1	414-653-6078	4 14-843-2343

**Itinerant Early Childhood Special Education Services Provided In  
4-Year-Old Kindergarten or 5-Year-Old Kindergarten Settings**

CESA 1	Kenosha Unified School District #1
Westosha Special Education Alliance.	414-653-6078
414-843-2343	

## Co-located Programs

Same Buildings But Different Rooms



These approaches often are the first step as programs attempt to move to more inclusive options. The programs collaborate on access to rooms/space with one program being brought into another program's building, with each program maintaining its own room in the building. Therefore, children are still separated based on program eligibility such as income or disability. To provide interactions between children with disabilities and children without disabilities, children from the different classroom participate in the same activity some time during the week/day. Generally the focus of the interactions is social and most special education services are provided within the special education classroom. These approaches usually involve collaboration between special education and an early childhood program such as Head Start or kindergarten.

### Operating Models

#### Head Start in Public School Buildings

Eau Claire School District and Eau Claire Head Start 715-839-2826

Beloit School District and Rot-Wall Head Start 608-364-6125

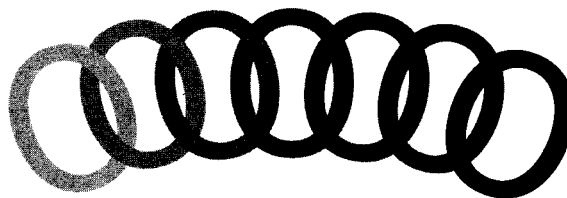
Kenosha Unified School District #1 and Head Start 414-653-6078

#### Early Childhood Special Education Classroom In Head Start Building

Westosha Special Education Alliance 414-843-2343

UW Oshkosh Head Start 920-424-1119

The booklet entitled New *Visions* describes several of these programs and how they created their collaborative unit. New *Visions* is included in the front packet of this manual.



## Resolving Issues

Inclusion models, currently in operation, have all encountered challenges and barriers in the process of establishing and sustaining a collaborative model. A survey listing collaboration issues was sent to programs throughout the state to gain insight into solutions on how issues were eliminated. Their responses are reported here to aid agencies in their efforts to establish successful collaborations. Solutions are also reported that have been identified at meetings and in other formats. When considering what is best for children, school districts, Head Start programs, Birth to 3 Programs and child care providers have discovered that the development of a common vision and flexibility in implementation are essential tools and seem to be a common thread in the majority of responses.

### Issue - Conflicting Philosophy

The development of a common philosophy is vital for successful collaborations. Philosophy forms the basis for classroom daily schedules, instructional strategies, curriculum and learning activities, delivery of specialized services and has implications for most of the program approaches. Without a common philosophy, conflicts can occur over a wide variety of situations every day. Programs who have invested time in examining each other's beliefs about children, families and staff; who have spent time developing a vision and mission; and who have set goals based on their mission have found this to be a wise investment. Examples of how this issue has been successfully handled in collaborations follows:

- A strong common philosophy was developed in the beginning about the importance of the collaboration and why the programs had entered into this new model.
- Program supervisors were included in development of common philosophy and discussion of philosophy conflicts as needed.
- Mission and goal development was part of the interagency planning process before collaborative programs were implemented. Staff was brought together for a two week planning process to jointly develop mission and goals. This set the stage for participating partners to "buy in" to the collaboration.

- Regular planning time was built in and included communication around philosophy and potential conflicts.
- Joint participation in team building activities helped participants share their beliefs about children, families and staff, create a shared vision, and develop goals for the program. See the Tool Kit for teambuilding activities.
- Programs were willing to alter their teaching practices in order to benefit the child; e.g., A child was missing many of her favorite group activities when she was taken into another room to work with the special education teacher on one-on-one activities related to her IEP. After discussing their philosophy about "pull out services", the staff agreed to set up activities in the classroom where the early childhood special education teacher could work with the child. Activities she enjoyed (such as music) became her cue to join the other children. In time, she was spending more time with the group and less in the secluded one-to-one activities.
- Strengths that are brought by each agency and each staff to the partnership are used to the advantage of all.
- One collaborative team attended a High Scope training. The time together gave them an opportunity to build their relationship, share their philosophies and enabled them to come to consensus about using a developmentally appropriate curriculum in their inclusive classroom.
- The same curriculum approach was adopted and has minimized conflicts.
- Head Start's emphasis on nutrition and health in curriculum planning has benefited early childhood special education programs.
- Differences are resolved through conversations to reach a compromise or consensus.

### Issue - Conflicting Licensing Standards

As more agencies become involved in providing integrated services to children with disabilities, the issues related to licensing regulations have become

more and more complex. Child care licensing standards apply to all child care programs, to most Head Start and some Birth to 3 Programs. School based programs including special education, Head Start with an LEA as grantee and most Birth to 3 Programs do not need to meet child care licensing standards but need to meet the standards by their own agencies rules and regulations. Collaborative arrangements may occur where one program needs to be licensed and the other does not need to be licensed. As the issues arise, programs must attempt to work out their differences so that it best meets the needs of the children. Some issues have been number of contact hours, background checks, teacher qualifications, facilities, and health requirements. Here are how some issues have been handled:

- Regional Child Care Licensing Specialists were brought in to assist in interpreting licensing requirements and defining options. Clarification of the intent of a law or licensing regulation often “shed new light” on a conflict and allowed for an interpretation that was not a conflict.
- The collaboration model was developed with licensing conflicts considered during the planning phase. For example a Head Start with a LEA grantee blended programs within a school district four year old kindergarten classroom. Therefore a day care license was not necessary as the school district provided the standards for operation.
- When licensing agencies were different, the programs defined when rules and regulations applied and who was responsible for implementation of each standard. A written agreement defined roles and responsibilities.

## **Issue - Resources, Meals, and Transportation**

Issues related to contributing or funding transportation, meals, resources, materials, equipment, and services need to be addressed at the beginning of the partnership. Methods to maximize the resources from each program clearly build a stronger program and make the best use of funds. Written agreements should clearly spell out who is responsible for provision of resources. There are many examples of ways that resources sharing has been uniquely worked out with a variety of solutions:

- Agencies working together have found that it is more expedient if they identify costs up front, identify existing revenues, determine responsibility for compiling and implementing a budget between the two agencies, and

delineate shared costs and costs covered by each agency.

- An early childhood special education program housed in a Head Start center had the ECSE students, not enrolled in Head Start, pay for meals based on the school districts' lunch rates.
- The supplies were ordered by each program but shared jointly.
- The school district was responsible for transportation, Head Start was responsible for meals and snacks, and a joint fund was started for supplies
- Transportation was jointly shared - child's place of residence determined which bus they rode, the school's or Head Start's.
- Supplies were ordered together, then billed out to participants.

## **Issue - Lack of Planning Time for Staff**

This has been the biggest hurdle for many inclusive teaching teams and itinerant models. Many times therapists are on a schedule and find communication with the classroom teacher difficult. Lack of planning time has been addressed in several ways:

- Regularly scheduled planning/meeting times are essential to successful collaboration. One inclusive classroom, after a frustrating first year of not planning together, built in regular meetings into the schedule for the following year.
- Individual agencies need to clear their calendar or change schedules in order to make accommodations so all can meet. An itinerant teacher in an inclusive classroom changed her therapy schedule on Fridays so she could participate in the Head Start staff planning time.
- Some partners meet once a week, others meet once a month. In addition to regularly scheduled meetings, in-depth planning days are periodically scheduled.
- Breakfast planning meetings.
- Programs agreed on the same days of operation so the fifth day could be for planning and home visits.
- School staff comes to child care center during their planning time.
- Monies provided for hiring substitutes to release teachers for planning time.
- A handbook was developed for use by collaborating teams.

## **Issue : How to Collaboratively Meet the Child's Goals**

Cooperation between agencies in developing and implementing the child's IEP/IFSP goals can ensure non-duplication of services and a more efficient use of resources. Examples of how agencies have handled licensing differences follows:

- Reinforced by IDEA 97, collaboration to provide services is evidenced in the make up and function of the IEP team. Head Start staff or other community providers participate in the IEP team. They contribute records, reports, and insight related to the child's developmental strengths and needs. This information is used to identify goals, objectives, services and placement that can then be collaboratively implemented.
- Written agreements between the agencies was also cited as a positive step toward a successful program and laid the groundwork for agency's roles in the program.
- The school district IEP form was modified to distinguish the school responsibilities to provide a free and appropriate public education and the Head Start responsibilities to provide Head Start services.
- School district therapists left notes on a clipboard after each visit. This information was useful to the classroom teachers in planning.
- The child's IEP goals were posted (protecting confidentiality) so all are aware of the child's needs.
- School district's therapist provides consultation to the Head Start or child care teacher, providing them with ideas to carry out the IEP goals.

## **Issue - Professional Development Opportunities**

Challenges include selecting topics appropriate for the school district, Head Start and/or child care and finding a mutually agreed upon times for training prior to and during implementation of program. Here are some unique ways programs have handled professional developmental opportunities:

- Training expectations for the staff and the financial responsibility for planned events was determined and put into writing.
- Planning was done by agencies for joint and separate training.
- Each is invited to the other's training opportunities; e.g., Birth to Five Collaboration

Conference or the Head Start Association Conference.

- By pooling training dollars collaborating programs could get more for their money.
- Monies were provided for hiring substitutes for teacher release.
- Staff of collaborating programs participated in a mentoring program together.

## **Issue - Providing Home Visits**

Home visits continue to be an integral part of collaborative programs. Some challenges are the parent's schedule, avoiding duplication and the need for bilingual visitors. Visits are handled in several ways:

- The first visit is done jointly for all students enrolled in both programs. Joint home visits throughout the year provide an opportunity to work on the same issues and offer a coordinated approach to support.
- Staff from each program plans the home visits in advance by sharing progress, concerns, and information. Then one staff member makes the home visit bringing all the information to the family.

## **Issues - Calendars and Hours**

Challenges related to length of calendars, length of the teaching day and length of the teaching week have been challenges school districts and Head Start programs have had to work through. Flexibility and willingness to make adjustments in calendars and schedules have led to successful partnerships. Some examples:

- Instead of looking at days of attendance (the Head Start year is shorter than the school year), count hours of attendance.
- The days of attendance were made consistent so that children attend classes on the same days and that each program had the same day of the week for making home visits and planning.
- The school program can be extended so those children attend the same number of hours per day as the Head Start children.

This is only a small sample of issues identified by current collaborating partners. However, they are the issues that frequently seem to occur. In numerous conversations with collaborating partners, the phrases of "building relationships, establishing trust and teambuilding" are used over and over. Even after a program is up and running, partners must continue to work on these aspects of the collaboration on a daily basis. This often seems like hard work. However, when you talk to

agencies and families and hear the wonderful testimonials about the changes seen in the children, it is well worth the effort. Here is one family's story:

*“My daughter, Alissandra, was in the Early Childhood classroom for two years. In her third year, she was in a combined Head Start/Early Childhood class.*

*She blossomed more in her third year than in the two previous years. The children accepted her even with her speech/ language delays, hearing aid and her leg problems. She learned to make many friends and was included in every activity. I wouldn't trade this year for anything, after hearing her sing, laugh, play and dance!  
If we are to teach ways of acceptance to our children, it needs to begin early, and the inclusion in school is one of the best ways to begin.”*

Use the *Checklist for Successful Collaborations in the Tool Kit* and *Planning for Collaborative Early Learning Program* worksheet in the appendices, to identify issues and begin discussion about potential barriers and challenges inherent in your collaboration. Some of these points will not be an issue at all and some you may not have thought of. Regardless, it becomes a talking points tool eventually leading to a written agreement.