

**Strafford County – Region 9
Memorandum of Agreement
For Transition**

Developed 5/13/08
Revised and Implemented
9/23/08 through 7/30/09

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Form A = IFSP Transition Plan

Form B = Authorization to Release/Obtain Confidential Information

Form C = Transition Conference Note (will be in triplicate)

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Form E = Receipt of Referral

Form F = Child Status Form

Form G = Request for Determination of Continuing Area Agency Eligibility

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Memorandum of Agreement For Transition

Section I - Overview

A. Introduction

This Memorandum of Agreement is entered into by Community Partners, whose responsibility it is to oversee and administer Family Centered Early Supports and Services, SAU 54, SAU 11, SAU 56, SAU 5, SAU 74, SAU 44, SAU 49, SAU 64 and SAU 61.

B. Purpose

We, the providers of services for young children with disabilities and their families in Strafford County, are committed to creating a collaborative process to ensure that those we serve experience a smooth and high quality transition from Early Supports and Services to Preschool Special Education. This process, while respectful of both service delivery systems and of family's confidentiality and choice, promotes increased accountability, efficiency and communication that will benefit families and all those who serve them. We acknowledge that the following process is set forth to meet federal and state requirements, and most importantly to assist families in a smooth transition. We recognize that multiple factors affect this process including the age at which a child is first referred for services, families' preferences, and our own human fallibility. Good communication among all parties is encouraged as the best remedy for overcoming the inevitable deviation from the ideal process.

C. Scope

This agreement shall be effective during the 2008-2009 school year and reviewed annually in the spring by representatives from Community Partners, SAU 54, SAU 11, SAU 56, SAU 5, SAU 74, SAU 44, SAU 49, SAU 64 and SAU 61 and the Supporting Successful Early Childhood Transitions Project.

D. Participants

See Contact List and Signature Page

Section II –Transition Timeframe

<p>18 – 22 Months (But <u>NO</u> later than 22 months or age)</p>	<ul style="list-style-type: none"> • Written Transition Plan (Form A) completed and included in IFSP for ALL children • Authorization to Release Confidential Information (Form B) for school signed by parents • Notification/Opt out form signed (Form H) • Understanding ESS Notification brochure given (Form I) • ESS provider gives Notification form to ESS Admin with copies of IFSP and evaluation reports attached. She will file in chart. • Transition booklet given to family • Activity Log completed with codes as appropriate: <ul style="list-style-type: none"> 692 – Date notification brochure given to family 694 – Date Notification/Opt out form signed by family 696 – Date Notification/Opt out denied 698 – Date School Notified
<p>22-31 Months</p>	<ul style="list-style-type: none"> • At Intake for children referred to ESS at this age: <ul style="list-style-type: none"> ○ Understanding ESS Notification brochure given and Notification explained (Form I) • At IFSP for children referred 22 months or older: <ul style="list-style-type: none"> ○ Written Transition Plan (Form A) completed and included in IFSP for ALL children 22 months or older ○ Authorization to Release Confidential Information (Form B) for school signed by parents with date of scheduled evaluation ○ Notification Opt-out form signed (Form H) ○ Original Notification Opt-out form given to ESS Admin. She will file in chart. ○ Activity Log completed with codes as appropriate: <ul style="list-style-type: none"> 692 – Date notification brochure given to family 694 – Date Notification/Opt out form signed by family 696 – Date Notification/Opt out denied 698 – Date School Notified
<p>30 Months</p>	<ul style="list-style-type: none"> • ESS provider contacts preschool contact person to schedule a date and time for Transition Conference. • ESS provider documents on Correspondence Log that school was invited to Transition Conference.
<p>30-32 Months (But <u>NO</u> later than 33rd month bday)</p>	<ul style="list-style-type: none"> • Transition Conference occurs in the home and includes: <ul style="list-style-type: none"> ○ A decision about whether to refer child to school occurs and date to refer determined ○ Transition Conference Notes completed (Form C) and one copy given to parents, one given/sent to school and one copy filed in chart ○ Potential special education process meeting dates discussed • Bring Formal Referral (form D) form to Transition Conference in case family decides to refer the day of the transition conference.
<p>32 Months or as</p>	<ul style="list-style-type: none"> • Send written original copy of Formal Referral (Form D), Receipt of Referral (Form E) & ESS information not already sent to school.

determined at Transition conference	<ul style="list-style-type: none"> • Document on the Correspondence Log the date referral sent to school • Put original Formal Referral in ESS Program Assistant’s mailbox. She will file in chart. • ESS Program Assistant will enter data in to NHSEIS to begin transition process allowing school access to child’s NHSEIS information • Within 15 days after school receives formal referral, school personnel will schedule and conduct a Disposition of Referral meeting with the IEP team that will include: <ul style="list-style-type: none"> ○ Review of referral, evaluation report and services to date ○ Determining timeline regarding evaluations needed ○ Scheduling of potential meetings ○ Discussion of program options (i.e. possible classroom visitation) ○ School will send or give copy of meeting minutes to ESS service coordinator
32 months or older	<ul style="list-style-type: none"> • For child referred to ESS at 32 months or older – <ul style="list-style-type: none"> ○ Authorization to Release Confidential Information (Form B) with school signed by parents ○ Understanding ESS Notification brochure given and explained (Form I) ○ Notification Opt-out form signed (Form H) ○ Formal Referral (Form D) will be signed by parents at intake ○ Put original Formal Referral in ESS Program assistant’s mailbox. She will file in chart. ○ Given parental permission, original copy of Formal Referral faxed to school with Receipt of Referral form, Notification Opt-out form, evaluation date, copies of Intake Summary and Directions ○ Intake Summary indicates whether Formal Referral sent to school or not ○ A blank copy of the Child Status form (form F) attached to intake summary ○ Copies of Intake Summary & Directions sent to school ○ If child is not eligible at initial evaluation – Child Status Form (form F) form faxed to school
33 months	<ul style="list-style-type: none"> • Complete Request for AA Eligibility form (form G) and give form to Family Support Intake Coordinator (Betsy Carroll) ONLY when family requests determination of eligibility • Document date given to FS Intake Coordinator on Transition Plan in IFSP (Form A). • File AA Eligibility form in chart when family DOES NOT request determination of eligibility
At any point in time	<ul style="list-style-type: none"> • If Authorization to Release or Formal Referral ever sent to the school and child either moves or is no longer eligible for ESS– Child Status form (form F) faxed to school

Section III –Contact Information

CONTACT INFORMATION

Area Agency Contact List

Community Partners

REFERRAL CONTACT	NOTIFICATION CONTACT	NHSEIS CONTACT	ADMINISTRATION
Sarah Lepire Community Partners Early Supports and Services Program 113 Crosby Road Dover, NH 03820 (603) 516-9300	Suzanne Iverson Community Partners Early Supports and Services Program Director 113 Crosby Road Dover, NH 03820 (603) 516-9300 ext 9385	Suzanne Iverson Community Partners Early Supports and Services Program Director 113 Crosby Road Dover, NH 03820 (603) 526-9300 ext 9385	Suzanne V. Iverson Community Partners Early Supports and Services Program Director 113 Crosby Road Dover, NH 03820 (603) 516-9300, ext 9385 siverson@communitypartnersnh.org

Early Supports and Services Program

PROGRAM NAME	DIRECTOR	ADMINISTRATION
Community Partners	Suzanne V. Iverson Community Partners Early Supports and Services Program Director 113 Crosby Road Dover, NH 03820 (603) 516-9300, ext 9385 siverson@communitypartnersnh.org	Brian Collins Community Partners Executive Director 113 Crosby Road Dover, NH 03820 (603) 516-9300

School District Contact List

SAU	TOWN	REFERRAL CONTACT	PRESCHOOL CONTACT	SPECIAL EDUCATION DIRECTOR
05	Durham Lee Madbury	Meredith Nadeau SAU 05 36 Coe Drive Durham, NH 03824 603-868-5100 Fax 603-868-6668	Laurie Grant Strafford Learning Center 317 Main Street Somersworth, NH 03878 603-692-4411 ext 14 Fax 603-692-6717 Mast Away Preschool 603-659-1800	Meredith Nadeau SAU 05 36 Coe Drive Durham, NH 03824 603-868-5100 Fax 603-868-6668

11	Dover	Allyson Pawelczyk Woodman Park School 11 Towle Avenue Dover, NH 03820 603-516-6758 Fax 603-516-6725	Allyson Pawelczyk Woodman Park School 11 Towle Avenue Dover, NH 03820 603-516-6758 Fax 603-516-6725	Sandra Crosson McConnel Center 31 Locust Street Dover, NH 03820 603-516-6722
74	Barrington	Michele Foley Barrington Elementary School 347 Route 125 Barrington, NH 03825 603-664-2641 Fax 603-664-5271 mfoley@barrington.k12.nh. us	Michele Foley Barrington Elementary School 347 Route 125 Barrington, NH 03825 603-664-2641 Fax 603-664-5271 mfoley@barrington.k12.nh. us	Tamara MacAllister 41 Province Lane Barrington, NH 03825 603-664-2715
44	Strafford Ctr. Strafford	Liza Hewitt Strafford Learning Center 317 Main Street Somersworth, NH 03878 603-692-4411 Fax 603-692-6717	Liza Hewitt Strafford Learning Center 317 Main Street Somersworth, NH 03878 603-692-4411 Fax 603-692-6717	Jean Parsons SAU 44 569 First NH Turnpike Northwood, NH 03261 603-942-1290 Fax 603-942-1295
49	New Durham Wolfeboro	Carolyn Ramsey Ossipee Center School 68 Main Street Center Ossipee, NH 03814 603-539-4589 Fax 603-539-4390	Carolyn Ramsey Ossipee Center School 68 Main Street Center Ossipee, NH 03814 603-539-4589 Fax 603-539-4390	Kathy Cutty-Egbert PO Box 190 Wolfeboro Falls, NH 03867 603-569-1658
54	Rochester East Rochester Gonic	Laura Smith E. Rochester Reach Program 773 Portland Street East Rochester, NH 03868 603-332-2146 Fax 603-335-7368	S. Candy Bailey E. Rochester Reach Program 773 Portland Street East Rochester, NH 03868 603-332-2146 Fax 603-335-7368	Sharon Pray Rochester School District 150 Wakefield Street Rochester, NH 03867 603-332-3678
56	Somersworth Rollinsford	Donna Hebert Somersworth School Dept. 51 West High Street Somersworth, NH 03878 603-692-6503 Fax 603-692-9100	Donna Hebert Somersworth School Dept. 51 West High Street Somersworth, NH 03878 603-692-6503 Fax 603-692-9100	Bob Marquis Somersworth School Dept. 51 West High Street Somersworth, NH 03878 603-692-4450
61	Farmington Middleton	Kristen Heath Farmington Preschool Program Valley View Community School 79 Thayer Drive Farmington, NH 03835 603-755-4757 Fax 603-755-4738	Kristen Heath Farmington Preschool Program Valley View Community School 79 Thayer Drive Farmington, NH 03835 603-755-4757 Fax 603-755-4738	Susan Pleau SAU 61 356 Main Street Farmington, NH 03835 603-755-2627 Fax 603-755-2060
64	Union Milton Wakefield Milton Mills	Liza Hewitt Strafford Learning Center 317 Main Street Somersworth, NH 03878 603-692-4414 Fax 603-692-6717	Melanie Harris Preschool Teacher 8 School Street Milton, NH 03851	Paula Wensley SAU 64 39 Main Street Union, NH 03887 603-473-2326

Section IV –Policies and Procedures for Transitions from Community Partners Early Supports and Services Program to Preschool Special Education Programs in Strafford County-Region 9

Policy 1: Community Partners, Community Partners ESS Program and the School Districts shall comply with Child Find Notification and Child Find requirements.

Procedures

- 1.1 Community Partners and Community Partners ESS program shall comply with ESS notification requirements for child find purposes only as required under Part C IDEA 2004 and as outlined by the Department of Health and Human Services, Bureau of Developmental Services, Family Centered Early Supports and Services.
- 1.2 The ESS Service Coordinator shall explain Notification and the Opt-Out policy to the parents of all children actively enrolled in ESS when they are 18 months of, but no later than 22 months of age, and as soon as possible for those who enroll in ESS after 18 months of age. Families shall be provided with a copy of *Understanding ESS Notification to Local School Districts for Child Find* brochure. Families may choose to Opt-Out of Notification. Notification/Opt-out form (Form I) shall be completed as documentation that Notification and the choice to Opt-Out were explained to families and sent to the ESS Administrator.
- 1.3 With parental permission, copies of the IFSP and evaluation shall also be sent to the ESS Administrator to be shared with the School District at the time Notification information is sent.
- 1.4 Unless a family opts-out, Community Partners shall transmit written notification information to the Special Education Director of the local school district, and/or the Director's designee. Notification information, along with the information parents have given their permission to share, will be sent by mail monthly, at the end of the month and shall include all the children actively enrolled in ESS who are between the ages of 18 and 23 months whose parents have not chosen to opt-out. Notification information is limited to:
 - Child's name
 - Child's date of birth
 - Parent(s) name(s)
 - Parent(s) contact information
- 1.5 A cover letter will also be included that will document how many families have chosen to Opt-out or if there is not any Notification information to be shared in that particular month.

- 1.6 As outlined in Part C of the IDEA 2004, ESS notification is not a referral and families may opt out of notification. However, a family's choice to opt out of notification shall not impact the transition or referral process.
- 1.7 School Districts shall have clear policies and procedures in place for both ESS notification, and referral. Districts shall include in their Child Find policies and procedures a process for responding to families for whom they have received notification from ESS.
- 1.8 School Districts shall inform Community Partners and Community Partners ESS program of how they are responding to Notification so that they may better inform families.
- 1.9 School Districts shall notify Community Partners of whom, in addition to or in place of the Special Education Director, is a designee to receive Notification information. This shall be documented in writing.

Policy 2: The ESS program shall develop a transition plan in the IFSP in accordance with HeM 510 and Part C of the IDEA 2004

Procedures

- 2.1 For all children receiving ESS, regardless of the reason of eligibility, the IFSP team shall develop and begin to implement a written transition plan when the child is 18 months old. As required by HeM510 and Part C of IDEA, the written transition plan shall be included in the IFSP no later than when a child is 24 months of age. If a child is determined eligible after 24 months of age, a written transition plan shall be included in the initial IFSP. (Form A)The written transition plan is developed and becomes part of the child's IFSP. (Form A).
- When a child is determined eligible for ESS after 18 months of age, the written transition plan shall be included in the initial IFSP. (Form A)
- 2.3 In developing the transition plan the ESS Service Coordinator shall include a discussion of
- All available community options (including preschool special education, area agency services, private therapies, private child care and preschools, recreation, family supports, and other resources),
 - Parental rights and responsibilities under HeM 510 and Part C of IDEA 2004 in the transition process
 - Timelines for referral to preschool special education and/or other community options.
- 2.4 In developing the transition plan the ESS Service Coordinator shall ask parents to sign permission to share information with the school district (Form B).
- A copy of the release and any information agreed to be released by the parents shall be sent to the appropriate Preschool Contact.
- 2.5 When the IFSP team is creating the transition plan, the ESS Service Coordinator shall provide the family with a copy of the *Transition from Family-Centered Early Supports and Services: A Guide for Families*.

Policy 3: With parental permission, ESS shall initiate contact with the appropriate School District to schedule the Transition Conference

Procedures

- 3.1 With written parental consent, the ESS Coordinator will contact the School District Preschool Contact when the child is 30 months of age, or earlier at parent's request. The ESS Coordinator may schedule the Transition Conference via mail, email or phone. Documentation must be included in the child's file.

Policy 4: With parental permission, ESS shall schedule the Transition Conference

Procedures

- 4.1 The School District Preschool Contact shall follow up with the ESS Service Coordinator via phone call and/or email to schedule the Transition Conference.
- 4.2 Every effort shall be made to find a mutually agreeable time with the family and the School District Preschool Contact when scheduling the Transition Conference. However, to comply with the requirements of Part C of the IDEA 2004 and HeM 510, if a School District representative is unable to attend the Transition Conference, it shall be held regardless.
- 4.3 The Transition Conference shall occur when a child is between 30 and 32 months of age.
 - In accordance with the HeM 510 and Part C of the IDEA 2004, the Transition Conference must occur no less than 90 days before the child's third birthday but no earlier than nine months before the third birthday.
 - A parent may refuse permission to hold a transition conference however this does not prevent a family from referring for Special Education.

Policy 5: The ESS Service Coordinator shall facilitate the Transition Conference.

Procedures

- 5.1 The School District shall send a representative to the Transition Conference as required by IDEA 2004—20 U.S.C. 1412 (a) (9)—and the NH Rules—ED 1107.02 (h).
- 5.2 The ESS Service Coordinator chairs the Transition Conference. At the Transition Conference:
 - The family shall share information about their child
 - The Preschool Contact will share information on the district and the special education process
 - Transition Plan specifics are discussed and updated including:
 - date when a decision whether or not to refer will be made
 - date when a referral might be sent, and
 - potential IEP Team meeting dates for the disposition of referral and/or evaluation, as applicable.
- 5.3 Every effort shall be made to find a mutually agreeable time with the family and the School District Preschool Contact when scheduling the Transition Conference. However, to comply with the requirements of Part C of the IDEA 2004 and HeM 510, if a School District representative is unable to attend the Transition Conference, it shall be held regardless.
- 5.4 Whenever appropriate, meetings can be combined, such as the Disposition of Referral meeting and Transition Conference as long as all participants required under the respective regulations are in attendance and meetings are held within the timeline requirements of state and federal regulations. See Policy 12.
- 5.5 If a district requests a registration packet be completed as part of their referral process, it shall be given to the family during the Transition Conference to be completed and included with the referral. However, failure by the parent to complete or include the packet with the referral cannot be used to defer the timelines for the Disposition of the Referral, evaluation or scheduling of IEP meetings.
- 5.6 The ESS Service Coordinator shall complete the Transition Conference Form (Form C) and provide one copy to parent(s), one copy to school district, and one copy in file.

Policy 6: With parental permission, ESS shall initiate a referral to the appropriate School District

Procedures

6.1 With written parental consent, The ESS Service Coordinator shall send a referral letter to the appropriate School District Preschool Contact no later than when the child is 32 months of age, unless a parent chooses otherwise. (Form D) A copy of the referral letter shall also be provided to the parent. This form will also be provided to the ESS administrator so they may transfer information in NHSEIS.

6.2 In addition to the referral letter, ESS shall send:

- Receipt of Referral (Form E)
- With parental permission, any ESS information not already shared with the school district

Policy 7: The School District shall schedule/convene the IEP team and conduct the Disposition of Referral process.

Procedures

- 7.1 Upon receiving a Referral from ESS, regardless of the child's age, the School District Preschool Contact shall contact the family acknowledging the receipt of the referral.
- 7.2 The NH Rules for the Education of Children with Disabilities require a school district to act upon a referral regardless of its source and age of the child.
- 7.3 Within 15 calendar days from receiving a referral from an ESS Service Coordinator, regardless of the age of the child, the School District shall schedule and convene the IEP Team, which includes the family, and conduct a Disposition of Referral meeting. The School District shall invite the ESS Service Coordinator.
- 7.4 Effort shall be made to schedule the Disposition of Referral meeting during a convenient time for the ESS Service Coordinator, however, the Disposition of Referral meeting shall be conducted if the Service Coordinator is unable to attend to ensure the meeting occurs within the 15 calendar day timeline required by the NH Rules for the Education of Children with Disabilities.
- 7.5 As part of the referral process, the school district shall provide the parents with the Procedural Safeguards handbook and other materials regarding their rights and responsibilities in the special education process.
- 7.6 Whenever appropriate and if parents agree, meetings can be combined, such as the Disposition of Referral meeting and Transition Conference as long as all participants required under the respective regulations are in attendance and the timing of the meetings is within state and federal regulatory requirements. See Policy 12.
- 7.7 The IEP team, which includes the family, shall discuss and decide if and how assessments previously administered will be used and if further evaluation is necessary to determine eligibility. If further evaluation is needed, the School District shall obtain parents' written permission to conduct the evaluation.
- 7.8 If a district requests a registration packet be completed as part of their referral process, it shall be given to the family during the Transition Conference to be completed and included with the referral. However, failure by the parent to complete or include the packet with the referral cannot be used to defer the timelines for the disposition of the referral, evaluation or scheduling of IEP meetings.

Policy 8: Based upon the outcome of the disposition, the School District shall schedule/conduct evaluations and convene the IEP Team to determine eligibility for special education services, document services through the IEP and determine placement as appropriate.

Procedures

- 8.1 The School District shall invite the parents via written meeting notification to all IEP team meetings and shall invite the ESS Service Coordinator (unless a parent requests other wise) to assist with a smooth transition. Every effort shall be made to schedule meetings at a mutually convenient time for the ESS Service Coordinator. However to ensure meetings occur within the timelines required by the NH Rules for the Education of Children with Disabilities and Part B of the IDEA 2004, all IEP meetings shall be conducted regardless of whether the ESS Service Coordinator is able to attend.
- 8.2 The School District shall complete the evaluation, if appropriate, and convene the IEP team, which includes the parents, for an eligibility determination meeting within 45 days from receipt of parent's written permission for evaluation, to discuss evaluation results and determine eligibility, as required by the NH Rules for the Education of Children with Disabilities.
- 8.3 If the IEP team, which includes the parents, determines the child is eligible for special education services, an Individual Education Program (IEP) shall be developed by the IEP team within 30 days from determining eligibility.
- 8.4 After determining the supports and services necessary to provide the child with a free appropriate public education (FAPE) and documenting goals and services in the IEP, placement shall be decided by the IEP team and based on the Least Restrictive Environment (LRE).
- 8.5 The IEP team, which includes parents, can choose to combine meeting purposes e.g., eligibility, IEP, and placement. Parents shall be notified of the purpose of meetings on the notice of meeting form.
- 8.6 The IEP team shall provide parents with Written Prior Notice of all proposals/refusals so that they may make informed decisions. Parents shall be given 14 calendar days to make decisions about any proposal by the IEP team.
- 8.7 The school district shall comply with all NHSEIS reporting requirements including reporting whether a child referred by ESS is determined to be eligible as a child with a disability or if the child is found not eligible as a child with a disability.

Policy 9: Implementation: A signed IEP shall be in place by the child's 3rd birthday.

Procedures

- 9.1 In accordance with the NH Rules for the Education of Children with Disabilities and Part B of the IDEA 2004, the IEP shall be agreed upon and signed by the School District LEA representative and the parent(s) by the child's third birthday.

- 9.2 By NH definition, the date of development and implementation is the date of parental consent to the IEP. Per state and federal law, an IEP with the date to begin the provision of special education and related services must be agreed on by both the LEA and parent by the child's third birthday, regardless of when the child turns 3. ('06 FY Memo 25)

Policy 10: Children whose third birthday occurs during the summer months are entitled to FAPE on their third birthday.

Procedures

- 10.1 Regardless of when a child's third birthday is, per state and federal law, an IEP with the date to begin the provision of special education and related services must be agreed on by both the LEA and parent by the child's third birthday, regardless of when the child turns 3.
- 10.2 The start date for provision of special education and related services may be at a date before or after the third birthday as determined appropriate by the IEP team.
- 10.3 With agreement from the family, the transition conference and referral may occur by June 1st for children turning 3 during the months of August, September and October. Additionally, with agreement from the family, the IEP team may choose to complete eligibility determination and develop the IEP for a child who has a summer or early fall birthday, prior to the end of the previous school year. If this occurs, ESS will work with the school district and provide the district with updated information within the timelines outlined in the agreement.

Policy 11: Procedures for children who are referred to ESS after 32 months of age

Procedures

- 11.1 When a child who is 32 months of age or older is referred to ESS, the transition process shall be explained to the family as part of the initial intake process by the Intake Coordinator at Community Partners. Notification and decision to Opt-Out shall also be explained at this time. The Intake Coordinator shall ask for Authorization to Release Confidential Information with the appropriate School District. (Form B) and sign the Referral (Form D). The Intake Summary shall indicate if parents have given permission to release information to the School District.
- 11.2 When a child is 32 months of age or older, in addition to 11.1 and with parent consent, the ESS Service Coordinator shall invite the School District to participate in the initial evaluation by ESS. The date of the evaluation shall be listed on Form D.
- 11.3 With written parental permission, Form B, Form D, Form E and copies of the Intake Summary and directions shall be sent to the School District.
- 11.4 Upon determination of eligibility, the ESS Service Coordinator shall discuss with the family the transition process and document a transition plan. The written transition plan is developed and becomes a part of the initial IFSP.
- 11.5 If the child is found not eligible for ESS, the ESS Service Coordinator shall inform the family of their right to contact the school district regarding special education and shall send the Child Status Form (Form F) and/or Assessment Feedback form to the School District.
- 11.6 In scheduling the Transition Conference, every effort shall be made to find a mutually agreeable time with the family and the School District Preschool Contact. In accordance with Part C of the IDEA 2004 and HeM 510, if a School District representative is unable to attend the Transition Conference, it shall be held regardless.
- 11.7 In scheduling the Disposition of Referral and other IEP meetings, every effort shall be made by the school district to find a mutually convenient time for the ESS Service Coordinator. However, all IEP meetings shall still be conducted if the Service Coordinator is unable to attend to ensure timelines required by the NH Rules for the Education of Children with Disabilities and IDEA 2004 are met.
- 11.8 Whenever appropriate, meetings can be combined, such as the Disposition of Referral meeting and Transition Conference as long as all participants required under the respective regulations are in attendance and the timing of the meetings is within state and federal regulatory requirements.

Policy 12: Procedures for the combination of the Transition Conference and Disposition of Referral meetings if a parent chooses to make a referral prior to or during the Transition Conference.

Procedures

- 12.1 Per Policy 5.4, meetings, such as the Transition Conference and the Disposition of Referral may be combined IF ALL of the following conditions are met:
 - the family agrees
 - the family is provided Prior Written Notice at least 10 days prior to the meeting as required by the NH Rules for the Education of Children with Disabilities. Families may agree to waive the 10 days advance notice.
 - all IEP team members required by the NH Rules for the Education of Children with Disabilities and HeM 510 are in attendance
- 12.2 In the event a School District and parent wishes to combine meetings, they shall inform the ESS Service Coordinator of this intent at the time they are scheduling the Transition Conference. With parental permission, the ESS Service Coordinator shall bring the referral to the meeting.
- 12.3 If no documentation or information has been shared, the school district shall inform the ESS Service Coordinator of what documentation or information they need in order to effectively hold a Disposition of Referral meeting. With parental permission, ESS shall make a good faith effort to send the information to the school district at least two weeks prior to the meeting date. If information/documentation is not shared prior to the meeting, it shall be mailed following the referral.
- 12.4 The Service Coordinator shall explain the School District's request to the family, including what a referral and disposition of referral meeting are, and explain that a family has the right to choose not to make a referral at this time and limit the meeting to only a Transition Conference.
- 12.5 If a referral is sent prior to the Transition Conference, the school district has 15 calendar days to schedule and conduct a Disposition of Referral meeting, regardless of the date of the scheduled Transition Conference and the age of the child.
- 12.6 Regardless of whether the family gives permission to hold a combined Disposition of Referral meeting and a Transition Conference, the Transition Conference shall be held at the date and time agreed upon.
- 12.7 In the event that the Transition Conference and the Disposition of Referral Meeting, or any other meeting in the transition or special education process, are combined, the school district shall ensure that all IEP team members required

under the NH Rules for the Education of Children with Disabilities are in attendance.

- 12.8 As required by the NH Rules for the Education of Children with Disabilities, written parental permission is required before any evaluation may be conducted by the school district. This includes an observation of the child while at the Transition Conference/Disposition of Referral meeting. Parents may give written permission at the meeting for the observation/evaluation to occur. Without written permission, the IEP team may not use the observation/information as part of determining eligibility or present levels.
- 12.9 Parents shall be provided with Written Prior Notice of all proposals/refusal that occur at any meeting (Disposition of Referral, Evaluation, Eligibility, IEP and Placement) so that they may make informed decisions. Parents will be given 14 calendar days to make decisions regarding any proposal by the IEP team.

Policy 13: Procedures for addressing concerns

Procedures

- 13.1 The parties of this MOA recognize that multiple factors affect the transition process including the age at which a child is first referred for services, family preferences, and our own human fallibility. Good communication among all parties is encouraged as the best remedy for overcoming the inevitable deviation from the ideal process.
- 13.2 When one party is concerned that the other is not following through with their responsibilities as outlined in good faith in the Memorandum of Agreement, the questioning party shall first consider whether the issue is related to unique circumstances (such as a family's refusal to give permission to refer or an unexpected staff illness) or whether the issue demonstrates a systemic issue. The questioning party shall discuss their concerns directly with the person or persons involved and shall have documentation of their concerns.
- 13.3 Should the issue continue beyond the initial conversation, the supervisor of the party involved shall be contacted. See Contact List.

Policy 14: Procedure for review of the Memorandum of Agreement

- 14.1 Representatives from Community Partners, SAU 54, SAU 11, SAU 56, SAU 5, SAU 74, SAU 44, SAU 49, SAU 64 and SAU 61 shall convene on April 9, 2009 review, make changes as necessary, and renew this transition agreement.

Section IV- Forms

Form A = IFSP Transition Plan

Form B = Authorization to Release/Obtain Confidential Information

Form C = Transition Conference Note (will be in triplicate)

Form D = Formal Referral to Local Education Administration

Form E = Receipt of Referral

Form F = Child Status Form

Form G = Request for Determination of Continuing Area Agency Eligibility

Form H = Notification Opt-out Form

Form I = Understanding ESS Notification Brochure

Family of: _____ Date of meeting: _____

When our child is **18 months to 2 years old** (or earlier if our child is no longer eligible*) our IFSP team will put together a plan to begin the transition process.

SCHOOL DISTRICT: _____

TRANSITION PLAN - WHAT WILL WE DO?	WHO WILL DO THIS? SC = SERVICE COORDINATOR FM = FAMILY LEA = SCHOOL DISTRICT AA = AREA AGENCY	WHEN WE WILL DO THIS?	DATE COMPLETED (MONTH/DAY/YR)
Transition plan initiated at IFSP meeting.			
Authorization to share confidential information signed by parents			
Information sent to school, other community services.			
Transition Conference/ 90 Day Preplanning meeting scheduled with family, ESS, school, others as appropriate.			
Decision made regarding referral to special education.			
Written referral made to special education and/or other community service.			
Meeting at school to review referral (typically occurs within 15 days of written referral.			
Evaluation to determine eligibility for special education.			
IEP developed.			
Desired community services in place.			
Submit request to have AA eligibility determined.			
Eligibility for AA services determined.			

I participated in the development of this plan.

Parent(s) signature _____ Date _____

Service Coordinator signature _____ Date _____

*If at any time a family decides to no longer receive early supports and services, or if in a year when their child is re-evaluated to determine on-going eligibility and is found to be no longer eligible for early supports and services, then the IFSP team will develop a plan to help transition the child and family out of early supports and services.

Family of: _____ Date of next visit: _____

EARLY SUPPORTS & SERVICES TRANSITION CONFERENCE NOTES

Transition conference for families of children who have been referred to special education preschool to review the child's program options after ESS and to update the transition plan*:

Transition Conference Plan Notes	Who will do this	When will this be done	Date Completed

Who was at the Transition Conference on _____:

Representing	Name	Title
Family		
ESS		
SAU		

*Refer to "A Guide for Families and Staff, Transition from FCESS" booklet, pg. 5 for more information about this meeting.



Return to ESS Admin <input type="checkbox"/> NHSEIS Date Entered ____/____/____

Early Supports & Services Formal Referral to Local Educational Agency (LEA)

Date of Referral: _____ School District: _____

Child's name: _____ DOB _____

Address: _____

City: _____ Child's place of birth: _____

Parent(s) name(s): _____

Child's Unique ID#: _____ Phone number: _____

Early Supports and Services Program Service Coordinator: _____

_____ My child has been referred for an initial evaluation to determine eligibility for services from the Early Supports and Services Program.

_____ My child currently receives services from the Early Supports and Services Program.

I give my permission for my child's Early Supports and Services Program to refer my child to his/her school district. I also understand within 15 days after receiving this referral the School District may schedule a Disposition of Referral meeting. Attached you will find the following pertinent information (checked below) as I give the Early Supports and Services Provider authority to share this information with the local school district prior to my child's third birthday:

- _____ intake information
- _____ evaluation
- _____ IFSP (Individualized Family Support Plan) and/or 6 Month IFSP review sheets.

_____ An ESS evaluation has been scheduled on _____ at _____
_____ (location) (date) (time)

_____ is scheduled to be re-evaluated in _____
(Child's name) (Month/Year)

_____ I would like a school representative to attend my child's evaluation.

Parent Signature Date

Parent Signature Date

Community Partners
Behavioral Health & Developmental Services of Strafford County, Inc.



Early Supports and Services Child Status Form

Date: _____

From:
Service Coordinator _____

To:
Preschool Special Education Coordinator/Director _____
School District _____
Phone #: _____ FAX #: _____

Child's Name: _____

Child's Date of Birth: _____

A formal referral to special education will not be made to your school district at this time due to the following reason:

___ child was not eligible for ESS. Family was informed of their right to contact the school to have their child's development screened at a later date.

___ child has been discharged from ESS before their third birthday. Family was informed of their right to contact the school to have their child's development screened at a later date.

___ family is moving to another district or out-of-state

___ other:

Service Coordinator Signature

Date

Community Partners

Behavioral Health & Developmental Services of Strafford County, Inc.

**Request for Determination of Continuing Area Agency Eligibility
Under He M 503**

Today's Date	
Name of Child	
Date of Birth	
DUCK	
Diagnosis	
Parent/Guardian(s) Name	
Address	
Phone	
ESS Provider Agency	
Person Filling Out This Form	Name:

I choose not to request determination of continuing eligibility for services through the Area Agency at this time.

Signature of Parent/Guardian: _____ **Date:** _____

I request that the Area Agency review any records and assessments needed to determine continuing eligibility for Area Agency services under RSA 171-A and He-M 503.

Signature of Parent/Guardian: _____ **Date:** _____

This family already receives

Family Support Services	Yes _____	No _____
Respite Care	Yes _____	No _____
In Home Supports Funding	Yes _____	No _____
Partners in Health Services	Yes _____	No _____

This family requests information about Family Support services. **Yes** _____ **No** _____

I request a referral for determination of eligibility for Partners in Health services.

Signature of Parent/Guardian: _____ **Date:** _____

Developmental Skill Area	Is there delay?		Comments	Age Equivalent
	YES	NO		
Sensory Organization				
Play/Cognitive				
Communication				
Expressive				
Receptive				
Gross Motor/Mobility				
Fine Motor				
Visual motor				
Perceptual				
Social/Emotional				
Self-Care/Feeding				

CURRENT SERVICES	FREQUENCY ESS <u>and</u> other providers	COMMENTS (type, by whom)
Occupational Therapy		
Physical Therapy		
Speech Therapy		
Behavioral Therapy		
Educator Services		
Autism Supports (Specialist/paraprofessional)		

SPECIAL CARE	SPECIAL REQUIREMENTS	COMMENTS
Vision		
Hearing		
Mobility		
Other		

Report of Service Coordinator– List any concerns not addressed above :



Return to ESS Admin:	
<input type="checkbox"/> IFSP	<input type="checkbox"/> Eval
SAU _____	
Entered ___/___/___	
<input type="checkbox"/> Access	<input type="checkbox"/> NHSEIS

Early Supports & Services Notification Form

Today's date: _____

Child's Name: _____ DOB: _____

Address: _____ City: _____

Parents' names: _____ Phone: _____

Service Coordinator's Name: _____

____ My signature on this form indicates that the NH Notification and Opt-Out policies have been explained to me and I am aware that my school district will be notified.

____ I understand that opting-out of this notification does not impact the referral process to my local school district and that I maintain the right to refer my child to the school district at a later time.

____ I chose to opt-out of Notification and do not want my child's information sent to my local school district.

Parent Signature

Date

Parent Signature

Date

Community Partners
Behavioral Health & Developmental Services of Strafford County, Inc.