

APPENDIX

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SOONERSTART PUBLIC AWARENESS PLAN

SITE:

DATE:

Target: State and Community Service Agencies

Activity	Materials Needed	Person Responsible	Target Date	Completed Date

SOONERSTART PUBLIC AWARENESS PLAN

SITE:

DATE:

Target: Minority, Low-Income, Inner-City or Rural Infants And Toddlers

Activity	Materials Needed	Person Responsible	Target Date	Completed Date

Appendix - A

<div><div>SOONERSTART PUBLIC AWARENESS PLAN</div><div><div>SITE:</div><div>DATE:</div></div><div>Target: Infants and Toddlers with Disabilities Who Are Homeless</div></div>				
Activity	Materials Needed	Person Responsible	Target Date	Completed Date


Appendix - A

<div><div>SOONERSTART PUBLIC AWARENESS PLAN</div><div><div>SITE:</div><div>DATE:</div></div><div>Target: Indian Infants and Toddlers with Disabilities</div></div>				
Activity	Materials Needed	Person Responsible	Target Date	Completed Date

Appendix - A

SOONERSTART PUBLIC AWARENESS PLAN				
SITE:		DATE:		
Target: Primary Referral Sources (especially hospitals and physicians)				
Activity	Materials Needed	Person Responsible	Target Date	Completed Date

Appendix - A



Welcome to SoonerStart Early Intervention...

Supporting families as they learn to promote development in their infants and toddlers (birth to 3) who have developmental delays or other health conditions

What is SoonerStart Early Intervention?

SoonerStart is a program designed to help parents, other caregivers and children with developmental delays gain the knowledge and confidence they need to be successful in life. Through visits with early intervention professionals, the family receives information, support, guidance and consultation about improving the child's quality of life and the family's. It's a program that can be provided in the home, childcare center, the park or other natural settings in the community.

- It's a collaboration among a child's parents, caregivers, childcare providers, early intervention professionals and others
- It's a process that helps the adults in a child's life learn to help the child develop
- It's been proven to make a family's quality of life better and help adults be more confident in their caregiving abilities
- It's a service provided to the entire family — not just the child!

What is it not?

- An interventionist bringing a bag of toys and playing with a child while the parent does something else
- A program that addresses only children's issues
- A program with no specific goals or objectives
- A person telling a family what to do without asking for input


What is the key to success in SoonerStart Early Intervention?

Partnering with families. Early intervention visits offer adults support so that intervention can happen all day, every day — not just when the professional is present. SoonerStart professionals provide emotional support, offer guidance about child development, point families to other community resources, and ensure child and family goals are met. It's a family-centered process that's customized to your individual needs!

How does it work?

You might have expected early intervention visits to focus only on your child, but early intervention's focus is actually on the adults in the child's life. Why does this work? Because children learn from the interactions and other opportunities that occur in everyday life. You are your child's greatest teacher, and you have the opportunity to work with them throughout the day, every day. We will provide information and support you need to make the most of "teachable moments" with your child. This way, your child receives quality intervention all the time.

Some information derived from Tennessee Early Intervention System/Siskin Children's Institute, Chattanooga TN



Welcome to SoonerStart Early Intervention...

Our Mission

Oklahoma SoonerStart Early Intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

8 Key Principles:

1. Early Intervention services for children and families are most effective when agencies and organizations work together to provide services based on family needs.
2. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
3. All families, with the necessary supports and resources, can enhance their children's and family's learning and development.
4. The primary role of the service provider in early intervention is to work with and support family members and caregivers in children's lives.
5. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family's preferences, learning styles and cultural beliefs.
6. IFSP outcomes must be functional and based on children's and families' needs and family identified priorities.
7. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
8. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Note... #2 through #8 were adopted from "The Workgroup on Principles and Practices in Natural Environments" (OSEP TA Community of Practice—Part C Settings)



Welcome to SoonerStart Early Intervention...

Great Expectations!

SoonerStart is a program designed to help parents, other caregivers and children with developmental delays gain the skills, knowledge and confidence they need to be successful in life. Through early intervention visits, your family will receive information, support, guidance and consultation about improving your child's quality of life as well as your own. In order for your family to get the most out of your early intervention visits, we would like to share the following information...

What your family can expect FROM SOONERSTART:

- We will have comprehensive discussions with you regarding your child's level of engagement, independence and social relationships—critical areas of your child's development.
- We will listen to you.
- We will make suggestions for interventions individualized to your child and your family.
- We will be supportive and caring to your entire family, working with you as your partner to meet your goals.
- If we are ill, we will call you to cancel/reschedule your appointment in order to protect the health and well being of you and your family.
- SoonerStart services will be provided as written on the Individualized Family Service Plan (IFSP). IFSP service type, frequency and location are determined by the IFSP team which includes your family and SoonerStart only.
- IFSP services will be individualized to the specific needs of your child and family. This means that your family's services may look very different from another family's services.
- SoonerStart staff will be professional and culturally sensitive at all times.
- SoonerStart staff will be timely for all appointments with your family. If we are going to be late for an appointment, we will make every effort to contact you as soon as possible.
- During times of inclement weather, services may need to be cancelled and rescheduled for the safety of both your family and our staff.

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Welcome to SoonerStart Early Intervention...

Great Expectations!

What SoonerStart expects FROM YOUR FAMILY...

- Your involvement in the evaluation of your child — determination of eligibility for SoonerStart services (approximately 2 hours)
- Your participation in the "Oklahoma Family Interview" (OFI) and the development of your Individualized Family Service Plan (approximately 2 hours).
- Active participation during all early intervention visits with your child and family — limited distractions (TV, phone, computer, etc.) during our time with you.
- Feedback from you to the IFSP team — what's working, what's not, what you need help with, changes in your child's health/development, etc.
- When you or your child are ill, that you call and cancel/reschedule your appointment. We see many children (some medically fragile) during a day and don't want to spread illness to other children or families.
- If you need to change an appointment or you are going to be unavailable for a scheduled appointment, that you call as soon as possible to reschedule or cancel.
- Flexibility in scheduling SoonerStart appointments within program operation hours — our staff see many children each week and may have limited options open for scheduling.
- Intervention visits offer support to the adult caregivers so that intervention with the child can happen all day, every day — not just when a SoonerStart professional is present.



Welcome to SoonerStart Early Intervention...

Our Promise to you...

We welcome you to SoonerStart Early Intervention as we strive to make this a meaningful and positive experience for you, your child and your family. We would like to introduce early intervention services to you by explaining that SoonerStart emphasizes the following principles...

1. SoonerStart strives to maximize interventions to children
2. More intervention does not come from more services
3. All the intervention that your child will receive will come from you between your early intervention visits
4. Our job as the "professional" is to support you as the parent/caregiver for your child

To show this we make the following promise to you:

- We will inform you.
- We will teach you how to teach and do other things with your child.
- We will tell you about your child's disability.
- We will teach you about child development.
- We will give you access to materials you will need.
- We will get equipment, including assistive technology, you need to help your child's development.
- We will make sure you have access to financial resources that you're entitled to.
- We will support you, emotionally.
- We will be positive with and about you.
- We will be responsive to you.
- We will pay attention to your whole family, especially the primary caregiver.
- We will be friendly to you.
- We will be sensitive to you.

Information source:

"Working with Families of Young Children with Special Needs" edited by R. A. McWilliam 2010 New York Guilford Publications

SoonerStart Early Intervention...

Referral Guide

SoonerStart is a program designed to help parents, other caregivers and children with developmental delays gain the skills, knowledge and confidence they need to be successful in life. Through early intervention visits, families will receive information, support, guidance and consultation about improving their child's quality of life as well as their own. This referral guide is intended to help you develop a better understanding of the SoonerStart program and process.

Who can make a referral to SoonerStart?

Physicians and other health professionals, family members, childcare professionals, neighbors, friends and other interested individuals.

What referral information is needed?

- Child's name, gender and date of birth
- Name, address and telephone number of parent or legal guardian
- Reason for the referral
- Child's diagnosed physical or mental condition as applicable
- Child's insurance information, if known
- Your name and contact information

Why make a SoonerStart referral?

Concerns are noted with an infant or toddler's current development based on observation, developmental screening or both. An infant or toddler may have been diagnosed with a physical or mental condition having a high probability of resulting in developmental delay. Examples include, but are not limited to, vision or hearing impairment, chromosomal abnormalities such as Down Syndrome or metabolic disorders.

How is a SoonerStart referral made?

First determine the child's current county of residence and then identify the appropriate SoonerStart office for that county using the chart on the reverse side. Contact the identified office by phone or the family may be provided with the SoonerStart office contact information—a written referral is optional.

What does the family need to know?

Participation in the SoonerStart early intervention program is voluntary. SoonerStart will complete the developmental screening, evaluation of the child's development or both at no direct cost to the family.

What happens if the child is eligible for SoonerStart services?

The family will be given the option to either accept or decline SoonerStart services. If they choose to accept, an Individualized Family Service Plan (IFSP) identifying the needed services and supports for the child and the family will be developed. The family will participate in identifying these services and supports.



Referral Guide...

Making the referral

County of Residence

Adair: (918) 458-6577
Alfalfa: (580) 233-0650
Atoka: (580) 924-6562
Beaver (580) 338-8544
Beckham (580) 323-2100
Blaine (580) 323-2100
Bryan (580) 924-6562
Caddo: (580) 585-6610
Canadian: (405) 262-0042
Carter: (580) 223-9705
Cherokee: (918) 458-6577
Choctaw: (580) 286-6628
Cimarron: (580) 338-8544
Cleveland: (405) 321-4048
Coal: (580) 332-2011
Comanche: (580) 585-6610
Cotton: (580) 585-6610
Craig: (918) 341-3166
Creek: (918) 224-5531
Custer: (580) 323-2100
Delaware: (918) 458-6577
Dewey: (580) 323-2100
Ellis: (580) 256-5028
Garfield: (580) 233-0650
Garvin: (405) 321-4048
Grady: (405) 224-2022

County of Residence

Grant: (580) 233-0650
Greer: (580) 482-7367
Harmon: (580) 482-7367
Harper: (580) 256-5028
Haskell: (918) 647-8601
Hughes: (405) 273-2157
Jackson: (580) 482-7367
Jefferson: (580) 223-9705
Johnston: (580) 332-2011
Kay: (405) 624-0726
Kingfisher: (405) 282-3485
Kiowa: (580) 482-7367
Latimer: (918) 423-1267
LeFlore: (918) 647-8601
Lincoln: (405) 282-3485
Logan: (405) 282-3485
Love: (580) 223-9705
Major: (580) 233-0650
Marshall: (580) 924-6562
Mayes: (918) 458-6577
McClain: (405) 321-4048
McCurtain: (580) 286-6628
McIntosh: (918) 756-1883
Murray: (580) 332-2011
Muskogee: (918) 683-0321

County of Residence

Noble: (405) 624-0726
Nowata: (918) 335-3005
Okfuskee: (918) 224-5531
Oklahoma: (405) 271-9477
Okmulgee: (918) 756-1883
Osage: (918) 335-3005
Ottawa: (918) 341-3166
Pawnee: (405) 624-0726
Payne: (405) 624-0726
Pittsburg: (918) 423-1267
Pontotoc: (580) 332-2011
Pottawatomie: (405) 273-2157
Pushmataha: (580) 286-6628
Roger Mills: (580) 323-2100
Rogers: (918) 341-3166
Seminole: (405) 273-2157
Sequoyah: (918) 458-6577
Stephens: (405) 224-2022
Texas: (580) 338-8544
Tillman: (580) 482-7367
Tulsa: (918) 835-8691
Wagoner: (918) 683-0321
Washington: (918) 335-3005
Washita: (580) 323-2100
Woods: (580) 233-0650
Woodward: (580) 256-5028

SOONERSTART INTAKE TALKING POINTS

1. **Best Practice** – Intake/Resource Assessment completed face to face
2. Alternate Option – Intake/Resource Assessment by phone

When Scheduling the Intake/Resource Assessment...

- Introduce yourself including your title
- Identify the reason for your call
- Provide a brief explanation of SoonerStart
- Arrange a time and location for the Intake/Resource Assessment appointment
- Confirm the child's age and ask for the child's gestational age at birth (This will help you identify the proper ASQ for in home screening if necessary at the intake appointment.)

When completing the Intake/Resource Assessment...

- Introduce self, your role and the purpose of the Intake/Resource Assessment appointment
- Provide and/or explain SoonerStart documents:
 1. Parent Rights for SoonerStart Services – Notice of Procedural Safeguards
 2. The SoonerStart Program/Process
 3. Consent for Medicaid Reimbursement – explain Medicaid billing procedures
 - Confirm or determine the child's current Medicaid eligibility status
 - Not Required if child is dually insured or not Medicaid eligible
- Discuss and gather information about the following:
 1. EdPlan Intake Screen Information
 2. Family concerns regarding the child
 3. Outside services the child is or has been receiving (Speech, PT, OT, counseling, etc.)
 4. Child's attendance at childcare
 - If the child is in childcare – Talk with the family about their availability to participate in SoonerStart services if the child is eligible.
 5. OK Family Resource Assessment (OFRA)
 - Explain and provide OFRA document to family for them to complete
 - If a parent identifies "immediate needs" per the last question – these should be discussed and addressed
 6. Next steps...
 - Screening – complete **with parent consent*** (see below)during the Intake appointment
 - Evaluation – Talk with the family about the process of scheduling an evaluation, schedule for first available if possible
 - Automatic Qualifying Condition – Talk with the family about the process of determining eligibility, need for documentation and completing an IFSP. (May need to make plan for how the parent will be able to provide documentation)
- Complete necessary documents/forms
 1. Authorization for Electronic Communication

2. Releases of Confidential Information as needed (may be needed for additional medical and/or therapy records)
3. **PWN/Consent to Screen*** – If a developmental screening is being completed at the Intake
4. OK Family Resource Assessment (OFRA)
5. PWN/Consent to Evaluate – unless it will be signed at the evaluation
6. Consent to Obtain Audio/Video Recordings and/or Photographs for Professional Development (optional, as needed)

PARENT RIGHTS FOR SOONERSTART SERVICES
NOTICE OF PROCEDURAL SAFEGUARDS



The Individuals with Disabilities Education Act
IDEA – Part C
Program for Early Intervention services
Oklahoma State Department of Education
Revised – March 2019

SoonerStart Early Intervention Program

Parents Rights for SoonerStart Services:

Notice of Procedural Safeguards

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Procedural Safeguards

Introduction:

Procedural safeguards represent one of the most important protections for children and families within the early intervention system. Federal regulations recognize that families need to be involved personally every step of the way. Providing families with the procedural safeguards and family rights helps ensure that families are involved in the decision-making process regarding services for their child. Rather than being a stand-alone activity, procedural safeguards are best offered to families within the process of participation.

SoonerStart implements the following policies and procedures and enforces failure to comply with these requirements and the requirements in IDEA, Part C through its dispute resolution processes and General Supervision procedures.

Definitions:

1. ***SoonerStart Early Intervention Program*** - Oklahoma's Early Intervention Program for infants and toddlers, birth to 36 months, who have developmental delays and their families.

As used in this definition, SoonerStart includes all employees, contractors and other individuals associated with SoonerStart, who are involved with children and families, either directly or indirectly, referred to and/or enrolled in the SoonerStart Early Intervention Program.

This may include employees and/or contract providers with the Oklahoma Departments of Education, Health, Human Services, Mental Health and Substance Abuse, Health Care Authority, and Oklahoma Commission on Children and Youth in accordance with the Oklahoma Early Intervention Act. The program is an integrated statewide system that serves all eligible infants and toddlers.

2. ***Consent*** is when a parent:

- A. has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language;
- B. understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released;
- C. understands that the granting of the consent is voluntary on the part of the parent and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

3. ***Destruction*** means physical destruction of the record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable.

4. **Disclosure** means to permit access to or the release, transfer, or other communication of personally identifiable information contained in early intervention records, to any party, except the party that provided or created the record, by any means, including oral, written or electronic.

5. **Early Intervention Record** means all records regarding a child that are required to be collected, maintained, or used in SoonerStart. Records include, but are not limited to, handwriting, print, computer data, video or audio, tape, film, microfilm and microfiche.

6. **Native language**, when used with respect to an individual who is limited English proficient or LEP means:

- A. the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in B. below; and
- B. for evaluations and assessments, the language normally used by the child, if determined developmentally appropriate by qualified personnel conducting the evaluation or assessment.

Native language when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).

7. **Parent** is defined as:

- A. a biological or adoptive parent of a child;
- B. a foster parent, unless Oklahoma law, regulations, contractual obligations with an Oklahoma or local entity prohibit a foster parent from acting as a parent;
- C. a guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health, or developmental decisions for the child (but not the State if the child is a ward of the State);
- D. a person acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or a person who is legally responsible for the child's welfare; or
- E. a surrogate parent who has been appropriately appointed.

8. **Personally Identifiable Information** includes, but is not limited to, the following:

- A. the name of the child, the child's parent or other family member;
- B. the address of the child or child's family;
- C. a personal identifier, such as the child's or parent's social security number or child number;
- D. a list of personal characteristics or other information that would make child's identity easily traceable; and/or
- E. other information that would make the child's identity easily traceable.

(Authority: 20 U.S.C. §1401(23); 34 C.F.R. Part 99; 34 C.F.R. §303.7, -.27 -.123, -.400, -.403, and -.449; 34 C.F.R. §99.3)

Confidentiality:

1. Parents referred to SoonerStart are afforded the right to confidentiality of personally identifiable information, including the right to written Notice of, and written consent to, the exchange of that information among agencies, consistent with State and Federal laws.
2. SoonerStart's confidentiality policies and procedures apply to the personally identifiable information of a child and that child's family that:
 - A. is contained in early intervention records collected, used, or maintained by SoonerStart;
 - B. applies from the point in time when the child is referred for early intervention services until the later of when SoonerStart is no longer required to maintain or no longer maintains that information under applicable Federal and State laws.
3. SoonerStart ensures the protection of the confidentiality of any personally identifiable data, information, and records collected, maintained by SoonerStart.
4. SoonerStart's policy for protecting the privacy of children and families is aligned with the Family Educational Rights and Privacy Act (FERPA), as required under IDEA, 34 C.F.R. §303.401, and which is incorporated herein by reference.
5. The SoonerStart Service Coordinator provides, in writing and verbally, a parent's rights with regard to the confidentiality of early intervention records.
6. SoonerStart and contractors must protect personally identifiable information which is collected, used, or maintained concerning a child enrolled in SoonerStart, the child's parent, or another family member.

(Authority: 20 U.S.C. §§1232g, 1439(a)(2), and 1442; 34 C.F.R. §303.401-402)

Notice to Parents:

1. SoonerStart must ensure Notice to a parent of a child referred to the program that is adequate to fully inform the parent about the confidentiality requirements of IDEA, Part C including:
 - A. a description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information;
 - B. a summary of the policies and procedures that SoonerStart must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information;
 - C. a description of all the rights of parents and children regarding this information, including their rights under IDEA, Part C confidentiality provisions; and
 - D. a description of the extent that the Notice is provided in the native languages of the various population groups in the State.

2. The SoonerStart service coordinator ensures a parent is provided and has access to the Parent Rights for SoonerStart Services – Notice of Procedural Safeguards handbook, which outlines SoonerStart policies and procedures about confidentiality.

3. Parents are notified annually, through the Parent Rights for SoonerStart Services – Notice of Procedural Safeguards handbook, of their right to:

- A. Inspect and review their child's records, including the procedures to exercise this right;
- B. Seek amendment to the records, including the procedures to exercise this right;
- C. Consent to disclosures of personally identifiable information in their child's records; and
- D. File a complaint with the United States of Department of Education, Family Policy Compliance Office concerning alleged failures to comply with the requirements under FERPA.

(Authority: 34 C.F.R. 303.404)

Records:

Access to Records

1. A parent is entitled to inspect and review any early intervention records relating to their child that are collected, maintained, or used by SoonerStart. The Service Coordinator is responsible for explaining to a parent his or her rights to inspect, review, and have a copy of his/her child's early intervention records. This information is also included in the Parents' Rights for SoonerStart Services – Notice of Procedural Safeguards handbook and shared with the family during the Intake process. The program must comply with the parent's request to inspect and review records without unnecessary delay and before any IFSP meeting or IDEA, Part C dispute resolution proceedings, and in no case more than ten (10) calendar days after the request has been made.

2. The right to inspect and review early intervention records includes the right to:

- A. a response from the agency to reasonable requests for explanation and interpretation of the early intervention records;
- B. request that the agency provide copies of the early intervention records containing information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and
- C. have a representative of the parent inspect and review the early intervention records.

3. SoonerStart may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been provided documentation that the parent does not have authority under applicable State laws governing such matters as custody, foster care, guardianship, separation, and divorce.

4. If an early intervention record includes information on more than one child, the parents of those children have the right to inspect and review only information relating to their child or to be informed of that specific information.

5. SoonerStart must provide at no cost to parents a copy of each evaluation, assessment of the child, family assessment, and IFSP. The service coordinator sends a parent copies of any evaluation, child assessment, family assessment and the IFSP (including any reviews) within ten (10) calendar days of written completion of the document reflecting those events.

6. A parent must request in writing, unless unable to do so, that s/he would like to obtain a copy of his/her child's early intervention records. SoonerStart must make available the records requested within ten (10) calendar days. Shorter periods of time will be considered on a case by case basis. Reasonable fees may be charged for copying records (except as outlined above) requested by a parent as long as the fee does not effectively prevent the parent from exercising his or her right to inspect and review the records.

7. Fees may not be charged to a parent for the search and/or retrieval of the records.

8. For requests by parents for records when the child is no longer in the program, SoonerStart will take reasonable steps to ensure the individual requesting the record has the legal authority to obtain the records.

9. SoonerStart must keep a record of parties obtaining access to early intervention records collected, maintained, or used under IDEA, Part C (except access by parents and authorized representatives and employees of SoonerStart), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the early intervention records.

10. SoonerStart will provide parents, on request, a list of the types and locations of early intervention records collected, maintained, or used by the program.

11. SoonerStart must keep within the child's file a Confidential Record access and record release (disclosure) log, which is accessible to parents. When records are released, the following information must be recorded:

- A. The date records are released;
- B. Agency/person to whom the records were released;
- C. The purpose of release;
- D. Verification that consent is on file and up to date; and
- E. The records that are released.

(Authority: 20 U.S.C. §1232, et seq. (FERPA) and 34 C.F.R. §303.405 - 413)

Amendment to Records

1. A parent who believes that information in the early intervention records collected, maintained, or used by SoonerStart is inaccurate, misleading, or violates the privacy or other rights of the child or parent may request that the agency that maintains the information amend the information.
2. Upon receipt of a request to amend an early intervention record, the agency must decide whether to amend the information in accordance with the request within a reasonable period of time of receipt of the request.
3. If the agency refuses to amend the information as requested by the parent, it must inform the parent of the refusal, in writing, and advise the parent of the right to a hearing.
(Authority: 34 C.F.R. §303.410-411)

Consent to Disclose Records

1. Prior parental consent must be obtained before personally identifiable information is:
 - A. disclosed to anyone other than authorized representatives, officials, or employees of SoonerStart collecting, maintaining, or using the information under IDEA, Part C; or
 - B. used for any purpose other than meeting a requirement under IDEA, Part C.

The Service Coordinator ensures the parent knows his/her rights for the protection of their personally identifiable information and obtains consent, where appropriate, prior to disclosing this information.

2. Exceptions to the requirement of parental consent are:
 - A. the automatic referral requirements when a child is potentially eligible for preschool special education and a referral is made using the LEA Notification form;
 - B. those exceptions listed in FERPA, 34 C.F.R. §99.31, including but limited to:
 - (1) when a child moves and changes early intervention providers, the early intervention records may be sent from one early intervention provider to another without the parent's consent;
 - (2) disclosure to comply with a judicial order or lawfully issued subpoena;
 - (3) the disclosure is in connection with a health and safety emergency to appropriate authorities to protect the health or safety of the child or other individuals.

3. A consent to release (disclose) confidential information is only valid for 12 months.

4. When medical records or other "protected health information" is placed into a child's early intervention record, it is covered by the privacy protections of FERPA, and no longer covered by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA expressly excludes those records that are part of a child's early intervention records in its definition of "protected health information."
(45 C.F.R. §160.103)

5. SoonerStart protects the confidentiality of personally identifiable information at the collection, maintenance, use, storage, disclosure, and destruction stages.

6. SoonerStart ensures that all persons collecting or using personally identifiable information are trained and instructed on policies and procedures regarding the confidentiality of this information.

7. SoonerStart maintains for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information.

(Authority: 34 C.F.R. §303.401(d)(1) and -.414)

Destruction of Records

1. SoonerStart must inform parents when personally identifiable information collected, maintained, or used in the provision of early intervention services is no longer needed to provide services to the child under IDEA, Part C.

2. The SoonerStart record consist of both electronic information and paper documents. The paper chart is maintained at the local SoonerStart site office in an **active** or **inactive** status until the child's third birthday at which time the record is closed. The child's inactive paper record is retained at the local SoonerStart site office until the child's sixth (6th) birthday. Following the child's sixth (6th) birthday, the paper record is scanned and archived digitally in the Oklahoma State Department of Health (OSDH) secured data system (PHOCIS). OSDH will retain paper records one year after scanning and then they will be destroyed. Information may be accessed from the digital record by OSDH SoonerStart Administrators if necessary. Destruction of the digital record occurs when the child is 25 years of age.

3. A permanent electronic record of a child's name, date of birth, parent contact information (including address and phone number), names of service coordinator(s) and early intervention service providers, and exit data (including year and age upon exit) may be maintained without time limitation.

4. All **active**, **inactive** and **electronic** SoonerStart records are maintained in a confidential manner.

(Authority: 34 C.F.R. §303.416)

Parental Consent and Ability to Decline Services:

1. Parents must be fully informed of all information relevant to the SoonerStart program and must understand and agree in writing to all early intervention activities.

2. Written consent must be obtained before:

- A. All evaluations and assessments of the child are conducted;
- B. Early intervention services are provided to the child;
- C. Public benefits are used; and

D. Disclosure of personally identifiable information consistent with consent requirements under confidentiality.

3. If the parent does not consent to evaluations, assessments, or early intervention services, SoonerStart shall make reasonable efforts to ensure that:

A. The parent is fully aware of the nature of the evaluation and assessment of the child or early intervention services that would be available; and

B. The parent understands that the child will not be able to receive the evaluation and assessment or early intervention unless written consent is given.

4. If the child is eligible for SoonerStart services, the parents may decide if they will accept or decline any early intervention services under this system at any time in accordance with Oklahoma law and federal regulations. Participation in the Part C early intervention system for infants and toddlers is voluntary. The parents may:

- Accept all services agreed to on the Individualized Family Service Plan (IFSP);
 - Decline all services agreed to on the IFSP;
 - Accept one or some of the services agreed to on the IFSP and decline other service(s); or
 - Decline a service after first accepting it without jeopardizing other early intervention services
5. If consent is revoked, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

6. SoonerStart may not use the Due Process hearing procedures under Part C or Part B of the IDEA to challenge the parent's refusal to provide any consent required.

(34 CFR 303.7, 303.25, 303.420)

Prior Written Notice:

1. Prior written Notice (PWN) must be given to the parent of an eligible child a reasonable amount of time before SoonerStart proposes or refuses to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family. In general, the SoonerStart service coordinator must provide PWN to a parent after the team makes its decisions and before the implementation of those decisions (after the decision, before the action).

2. The Notice must be in sufficient detail to inform the parent about:

A. The action that is being proposed or refused;

B. The reasons for taking the action;

C. All procedural safeguards available under the federal regulations, including a description of mediation, how to file a formal complaint and a Due Process hearing, and the timelines under those procedures.

3. The Notice must be understandable to the general public and provided in the native language of the parent, unless it is clearly not feasible to do so.

4. If the native language or other mode of communication of the parent is not a written language, the service coordinator shall take steps to ensure that:

- A. The Notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
- B. The parent understands the Notice; and
- C. There is written evidence that the requirements of this paragraph have been met.

5. If the parent is visually or hearing impaired, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication).

6. Written information of family rights and procedural safeguards is to accompany every PWN sent. (Note that if the parent has previously received a copy of the information, has been informed verbally of their procedural safeguards, and requests not to receive another copy, the SoonerStart service coordinator does not have to give them another copy. The service coordinator must document this in writing in the child's file either by placing this information on the Prior Written Notice form or in the progress notes).

7. Prior Written Notice for Screening:

When there is a proposal to conduct a screening to determine if the child is suspected of having a developmental disability; a parent must receive PWN to determine whether or not to proceed with the screening. The *Consent for Screening and Prior Written Notice* form satisfies both the PWN and parental consent requirements. If, at any time throughout the screening process, the parent requests an evaluation, PWN must be provided as set out below. Prior Written Notice must also be provided following the screening to provide the family with information regarding SoonerStart's recommendation.

8. Prior Written Notice for Evaluation:

Prior written Notice must be provided to a parent by the SoonerStart service coordinator before any evaluation to determine the initial or continuing eligibility for SoonerStart. The *Permission for Evaluation/Assessment and Prior Written Notice* form satisfies both the PWN and parental consent requirements. (PWN is not required for an assessment, such as the annual assessment).

9. Prior Written Notice for Re-Evaluation:

When SoonerStart proposes or refuses to conduct an evaluation to determine whether a child continues to qualify for early intervention services, PWN to the parent is required. The *Permission for Re-Evaluation and Prior Written Notice* form satisfies both the PWN and parental consent requirements.

10. Prior Written Notice for Eligibility:

The SoonerStart service coordinator must provide prior written Notice to a parent after the multidisciplinary team determines that a child is eligible or ineligible, but before the team takes any further action. The PWN informs the parent of the reasons why the child was determined eligible or not eligible and the options if there is disagreement with this determination.

11. Prior Written Notice for the Individualized Family Service Plan (IFSP)

Prior written Notice is provided to a parent by the SoonerStart service coordinator at the conclusion of the IFSP meeting (initial and continuing IFSP meetings) to confirm the decisions that were made during the meeting with the parent. The PWN is presented after the IFSP team decision of outcomes and services, but before services are provided.

12. Prior Written Notice for Transition Planning Conference (TPC)

Prior written Notice is provided to a parent by the SoonerStart service coordinator at the conclusion of the Transition Planning Conference meeting to confirm the decisions that were made during the meeting with the Local Educational Agency (LEA) and the parent. If the family declines to participate in a TPC with the LEA or does not agree to a TPC with any potential receiving program, PWN is provided outlining the parent's decisions.

(Authority: 20 U.S.C. §§1439(a)(6) and (7); 34 C.F.R. §§303.21 and 303.421)

Identification of the Parent and Use of a Surrogate Parent:

1. A parent is defined as:

- A. a biological or adoptive parent of a child;
- B. a foster parent, unless Oklahoma law or regulations, prohibit a foster parent from acting as a parent;
- C. a guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State);
- D. a person acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
- E. a surrogate parent who has been appropriately appointed.

2. It is the responsibility of the SoonerStart Service Coordinator to determine who is considered the child's parent and has the authority to make early intervention service decisions for that child, including deciding whether to participate in SoonerStart, consenting to screening, evaluation, assessment, the provision of services, and consenting to share early intervention records.

3. SoonerStart policies and procedures protect the rights of children referred to SoonerStart when:

- A. no parent, as defined above, can be identified;

- B. after reasonable efforts, SoonerStart cannot locate a parent; or
- C. the child is a ward of the State

4. When more than one individual is qualified to act as a parent for the child, the biological or adoptive parent who attempts to act as the parent is presumed to be the parent for purposes of making early intervention decisions on behalf of the child, unless:

- A. that person does not have legal authority to make educational decisions for the child (such as when parental rights have been terminated); or
- B. there is a judicial order or decree specifying that some other individual to act as the parent for early intervention purposes.

5. If the biological or adoptive parent is not available, SoonerStart shall determine the parent in the following order of availability:

- A. a relative or stepparent with whom the child lives;
- B. a foster parent;
- C. a guardian appointed for the child, other than the State (or its employees/contractors, such as Child Protective Services);
- D. a surrogate parent who meets the requirements in this section.

6. SoonerStart is responsible for:

- A. determining whether a child needs a surrogate parent;
- B. assigning a surrogate parent to the child within 30 calendar days; and
- C. when the child is a ward of the State or placed in foster care, must consult with the agency (such as Child Protective Services) that has been assigned care of the child.

7. In the case of a child who is a ward of the State, the surrogate parent may be appointed by the judge overseeing the child's case provided that the requirements of a surrogate parent in this Section are met.

8. A surrogate parent is an individual who has been appropriately trained and is identified on the list of available persons to act as a surrogate parent. A surrogate parent:

- A. may not be an employee of any public agency or early intervention service provider that provides early intervention services, education, care, or other services to the child or any family member of the child; and
- B. may not have a personal or professional interest that conflicts with the interest of the child s/he represents;
- C. has knowledge and skills that ensure adequate representation of the child.

9. A person who is otherwise qualified to be a surrogate parent is not an employee of an agency solely because s/he is paid by the agency to serve as a surrogate parent.

10. A surrogate parent has the same rights as a parent in SoonerStart and may represent the child in all matters, including:

- A. The screening, evaluation, and assessment of the child;
- B. Development and implementation of the child's IFSP, including annual evaluations and periodic reviews;
- C. The ongoing provision of early intervention services to the child; and
- D. Any other rights established under IDEA, Part C, such as procedural safeguards.

11. In all instances when a person is identified to represent the child's interests, this information should be documented by the SoonerStart service coordinator in the child's file and all IFSP team members notified. The DHS caseworker should be notified as well.

(Authority: 20 U.S.C. §1439(a)(5); 34 C.F.R. §§303.27; 422)

Dispute Resolution Options:

Every effort should be made to resolve disagreements using informal decision making so that the child's needs remain the primary focus. However, there may come a time during provision of early intervention services when a dispute or complaint arises. SoonerStart is responsible for ensuring that the resolution of disputes is in keeping with the child's best interests and family's priorities. Parents shall be informed of all their options for dispute resolution and provided assistance, as appropriate, in accessing these options.

1. SoonerStart ensures that families are informed of all their informal and formal dispute resolution options.

2. The first step in resolving an issue includes working with the SoonerStart Service Coordinator, the local SoonerStart site Regional Early Intervention Coordinator (REIC) or contacting the SoonerStart Part C Coordinator at the Oklahoma State Department of Education to seek to resolve the concern.

3. Formal dispute resolution options through SoonerStart include:

- A. Requesting alternative dispute resolution (i.e. Mediation) for parties to resolve disputes involving any matter under IDEA, Part C;
- B. Filing a Formal Written Complaint by any party regarding any violation of IDEA, Part C; and
- C. Requesting a Due Process hearing to resolve a complaint with respect to a particular child when SoonerStart proposes, or refuses, to initiate or change the identification, evaluation, or placement of their child, or the provision of early intervention services to the child and family.

4. SoonerStart service coordinators are responsible for ensuring that the parent understands these options and the procedures to exercise one or more of them. The Service Coordinator will help the parent access the various dispute resolution options through the Regional Early Intervention Coordinator (REIC) who contacts the Oklahoma State Department of Education.

5. During the pendency of any proceeding involving a Due Process complaint, unless the lead agency and parents of an infant or toddler with a disability otherwise agree, the child must continue to receive the appropriate early intervention services in the settings identified in the IFSP that was consented to by the parents.

6. If the Due Process complaints involve the application for initial services under Part C of IDEA, the child must receive those services which are not in dispute.

The overall responsibility for administering Oklahoma's dispute resolution system is conducted by the Oklahoma State Department of Education, Division of Special Education Services (OSDE-SES). OSDE-SES contracts with the Special Education Resolution Center (SERC) at Oklahoma State University to manage the required processes for dispute resolution.

(Authority: 20 U.S.C. §1439; 34 C.F.R. §§303.401-449)

Mediation

Mediation in early intervention is a process designed to assist parents and Part C agencies to resolve disputes or complaints about any matter under IDEA, Part C. A trained mediator works with both parties to guide them toward a mutually satisfactory solution in the best interest of the child.

1. Mediation is voluntary and may only be used when both parties to the dispute agree to do so.

2. A party may seek mediation to resolve disputes involving any matter under IDEA, Part C, including matters arising in a Due Process complaint.

3. Mediation cannot be used as a mandatory preliminary step prior to any other administrative or legal recourse.

4. Mediation may not be used to deny or delay a parent's right to a Due Process hearing or to deny any other rights under IDEA, Part C.

5. Mediation is to be conducted by a qualified and impartial mediator who is trained in effective mediation techniques and knowledgeable in the law related to early intervention.

6. SoonerStart ensures that it selects mediators on a random, rotational, or other impartial basis.

7. The State bears the cost of the mediation process, including the costs of mediation.

8. Parties resolving a dispute through mediation must sign a legally binding agreement describing the resolution and:

- A. states that all discussions that occurred during mediation are confidential and may not be used as evidence in any subsequent Due Process hearing procedure or civil proceeding in any Federal or State court; and
- B. is signed by both the parent and a representative of SoonerStart who has the authority to bind SoonerStart.

9. An individual who serves as a mediator:

- A. may not be an employee of the SoonerStart Program that is involved in the provision of early intervention services or other services to the child. However, a person who otherwise qualifies as a mediator is not an employee of SoonerStart solely because s/he is paid by the agency to serve as a mediator; and
- B. must not have a personal or professional interest that conflicts with the person's objectivity.

10. SoonerStart shall ensure that each session of the mediation session is scheduled in a timely manner and held in a location convenient to the parties involved in the dispute.

11. SoonerStart shall ensure that agreements reached by all parties through mediation will be recorded in a written mediation agreement.

12. A written, signed mediation agreement is enforceable in any State court of competent jurisdiction; in district court of the United States; or by the lead agency.

13. If a parent chooses not to use the Mediation process, SoonerStart will offer the family the opportunity to meet with an impartial party such as the Oklahoma Parents Center or Special Education Resolution Center (SERC) at Oklahoma State University. The impartial Party will explain the benefits of and encourage the use of Mediation. (*Authority: 20 U.S.C. §1415(e); 34 C.F.R. §303.431*)

Formal Written Complaint

Formal Written Complaint procedures govern the process for receiving and resolving any written complaint that SoonerStart is violating a requirement or regulations of Part C of the IDEA.

1. A Formal Written Complaint may be filed with the Oklahoma State Department of Education (OSDE) if it is believed that SoonerStart has violated a requirement or regulation of Part C of the IDEA. Upon receiving the Formal Written Complaint, an investigation will be completed. A form designated for this purpose is available from the OSDE to assist parents in filing a Formal Written Complaint. A copy of the Formal Written Complaint must be submitted to OSDE-SES (Attention: SoonerStart Early Intervention Program, 2500 Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599) and a copy must be sent to the local SoonerStart site serving the child.

2. A Formal Written Complaint is a written signed statement by an individual or organization. The Formal Written Complaint must include:

- A. A statement that SoonerStart or a local SoonerStart Site has violated a requirement of Part C of the IDEA 2004;
- B. A statement of the facts on which the Formal Written Complaint is based;
- C. The original signature and contact information for the complainant; and
- D. If alleging violations regarding a specific child:
 - (1) The name of the child and address of the residence of the child;
 - (2) The name of the SoonerStart site where the child and family are receiving services;
 - (3) In the case of a homeless child or youth, available contact information for the child and the name of the SoonerStart site where the child is receiving services.
 - (4) A description of the nature of the problem, including facts relating to the program; and
 - (5) A proposed resolution of the problem to the extent known and available to the party filing the Formal Written Complaint at the time the complaint is filed.

3. The dispute in question must not have occurred more than one year before the date that the Formal Written Complaint is received by SoonerStart unless a longer period is reasonable because:

- A. The dispute in question continues for that child; or
- B. The complainant is requesting compensatory services for a violation that occurred not more than three years prior to the date the Formal Written Complaint is received by SoonerStart.

4. The OSDE appoints a complaint investigator who makes a recommendation regarding the validity of the complaint. After reviewing all the relevant information, the OSDE must determine whether the complaint is valid.

5. The investigator may conduct an on-site investigation if it determines that one is necessary. The complaint investigator must give the complainant the opportunity to submit additional information, in writing or orally within the timeline permitted, about the allegations in the Formal Written Complaint. SoonerStart must also have the opportunity to respond to the complaint. Both parties must have the opportunity to voluntarily engage in Mediation.

6. The investigator must review all relevant information and make an independent determination as to whether SoonerStart is violating a requirement of IDEA, Part C. A written report of the final decision addressing each allegation must be issued to all parties involved, including findings of fact, conclusions, and reasons for the final decision.

7. All Formal Written Complaints findings must be given in a written report within 60 calendar days after the receipt of the Formal Written Complaint by the OSDE. An extension of the 60 day time line

may be granted only if exceptional circumstances exist with respect to a particular Formal Written Complaint or if a Mediation to resolve the Formal Written Complaint is requested.

8. In resolving the Formal Written Complaint that results in a finding of noncompliance, SoonerStart, has general supervisory authority under Part C of the IDEA, to address:

A. How to remediate the denial of the appropriate services including, the awarding of compensatory services, monetary reimbursement or other corrective action appropriate to the needs of the child

9. If a Formal Written Complaint is received that is also the subject of a Due Process complaint hearing, or contains multiple issues, of which one or more are part of that hearing, SoonerStart must set aside any part of the Formal Written Complaint that is being addressed in the Due Process complaint hearing, until the conclusion of the hearing. However, any issue in the Formal Written Complaint that is not a part of the Due Process complaint hearing action must be resolved using the time line and procedures described in this section.

10. If an issue is raised in a Formal Written Complaint filed under this section that has previously been decided in a Due Process complaint hearing involving the same parties:

A. The hearing decision is binding; and

B. SoonerStart must inform the complainant to that effect.

12. A complaint alleging a failure to implement a Due Process complaint hearing decision must be resolved by the OSDE.

(Authority: 34 C.F.R. §§303.432-434)

Impartial Due Process Complaint Hearings

Due Process procedures govern the process for resolving individual child complaints concerning identification, evaluation, or placement of the child and arising from the provision of appropriate early intervention services to the child and the child's family, under Part C of the Individuals with Disabilities Education Improvement Act 2004 (IDEA). SoonerStart has adopted Part B Due Process procedures.

1. A parent or the SoonerStart program may initiate a hearing on any matters relating to the identification, evaluation or placement of a child or the provision of appropriate early intervention services to a child and family. When a hearing is initiated, SoonerStart must inform the parent of the availability of mediation.

2. A parent or SoonerStart must request an impartial hearing on their Due Process Complaint Notice within two years of the date the parent or program knew or should have known about the alleged action that forms the basis of the Due Process Complaint Notice.

3. The timeline described above does not apply to a parent if the parent was prevented from filing a Due Process Complaint Notice due to:

- A. Specific misrepresentations by the program that it had resolved the problem forming the basis of the Due Process Complaint Notice; or
- B. The program's withholding of information from the parent that was required under Part C of IDEA to be provided to the parent.

4. SoonerStart must inform the parent of any free or low-cost legal and other relevant services available in the area if (s)he requests the information, or if the parent or SoonerStart files a Due Process complaint Notice.

5. SoonerStart must hold a resolution session within 15 days of receiving Notice of the parents' Due Process Complaint Notice.

6. A party, parent or program, may not have a hearing on a Due Process Complaint Notice until the party, or the attorney representing the party, files a Due Process Complaint Notice that meets the requirements of Section 7 below.

7. A Due Process Complaint Notice may be submitted by a parent, program, or an attorney representing either party. A copy must be submitted to the other party involved and the Oklahoma State Department of Education, Special Education Services (Attention: Due Process Complaint Notice, 2500 North Lincoln Boulevard, , Oklahoma City, Oklahoma 73105-4599) in **writing, signed, and include:**

- A. The name of the child;
- B. Date of birth of the child;
- C. The address of the residence of the child and of the parents;
- D. The name of the SoonerStart site providing services to the child
- E. In the case of a homeless child or youth (within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))), available contact information for the child, and the name of the SoonerStart site providing early intervention services to the child;
- F. A description of the nature of the problem of the child relating to the proposed or refused initiation or change of services, including facts relating to the problem;
- G. A proposed resolution to the problem, to the extent known, and available to the party at the time.

8. SoonerStart has developed a form to assist parents in filing a complaint and Due Process Complaint Notice. A copy of the form can be requested from the Service Coordinator or found on the Oklahoma State Department of Education (OSDE) website at <http://ok.gov/sde/soonerstart-families>. However, a form is not required as long as the Due Process Complaint Notice contains the information required in Section 7 above.

9. The Due Process Complaint Notice must be deemed to be sufficient unless the party receiving the Notice notifies the hearing officer and the other party in writing, within 15 calendar days of receiving the Due Process Complaint Notice that the receiving party believes that the Due Process Complaint Notice does not meet the requirements stated in Section 7. Within 5 calendar days, the hearing officer must decide if the Due Process Complaint Notice meets the requirements listed above, and notify both parties in writing immediately.
10. A party may amend its Due Process Complaint Notice only if:
- A. The other party consents in writing to the amendment and is given the opportunity to resolve the Due Process Complaint Notice through a resolution session; or
 - B. The hearing officer grants permission, except that the hearing officer may only grant permission to amend at any time no later than five days before the Due Process Complaint hearing begins.
11. The applicable timeline for a Due Process Complaint hearing under Part C must re-start at the time the party files an amended Notice, including the timeline for a resolution session.
12. The party receiving a Due Process Complaint Notice must, within 10 days of receiving the Due Process Complaint Notice, send to the other party a response that specifically addresses the issues raised in the Due Process Complaint Notice.
13. If SoonerStart has not sent a Prior Written Notice under Part C of IDEA to the parent regarding the subject matter contained in the parent's Due Process Complaint Notice, SoonerStart must, within 10 days of receiving the Due Process Complaint Notice, send to the parent a response that includes:
- A. An explanation of why the SoonerStart site proposed or refused to take the action outlined in the Due Process Complaint Notice;
 - B. A description of other options that the SoonerStart site considered and the reasons why those options were rejected;
 - C. A description of each evaluation procedure, assessment, record, or report the SoonerStart site used as the basis for the proposed or refused action; and
 - D. A description of the other factors that are relevant to the SoonerStart site's proposed or refused action.
14. A response by SoonerStart under this section must not be construed to prevent the program from asserting that the parent's Due Process Complaint Notice was not sufficient under section 7.
15. A hearing officer must make a decision on substantive grounds based on a determination of whether the child and the child's family received appropriate early intervention services.

16. In matters alleging a procedural violation, a hearing officer may find that a child or a child's family did not receive appropriate early intervention services only if the procedural inadequacies:
- A. Impeded the child and family's right to appropriate early intervention services;
 - B. Significantly impeded the parent's opportunity to participate in the decision making process regarding the provision of appropriate early intervention service to the child and the child's family;
 - C. Caused a deprivation of entitled early intervention services.

Resolution Session for Due Process Complaint Hearing Request

1. SoonerStart must hold a resolution session within 15 days of receiving Notice of the parents' Due Process Complaint Notice, and prior to the opportunity for a Due Process complaint hearing. The program must convene a meeting with the parents and the relevant member or members of the SoonerStart site who have specific knowledge of the facts identified in the Due Process Complaint Notice that:
 - A. Includes a representative of SoonerStart who has decision-making authority on behalf of the program, and;
 - B. May not include an attorney of SoonerStart unless the parent is accompanied by an attorney.
2. The purpose of the resolution session is for the parents of the child to discuss their Due Process Complaint Notice, and the facts that form its basis, so that the program has the opportunity to resolve the dispute.
3. The resolution session described above must be held unless:
 - A. The parents and the program agree in writing to waive the resolution meeting and proceed directly to hearing, or;
 - B. The parents and the program waive the resolution meeting and opt to use the mediation process.
4. The parent and SoonerStart determine the relevant members of the IFSP Team to attend the meeting as outlined in Section 1 above.
5. If SoonerStart has not resolved the Due Process Complaint Notice issues to the satisfaction of the parents within 30 calendar days of the receipt of the Due Process Complaint Notice, the Due Process complaint hearing must occur and all applicable timelines for a Due Process complaint hearing must commence.
6. Except where the parties have jointly agreed to waive the resolution process or to use mediation, the failure of a parent filing a Due Process Complaint Notice to participate in the resolution session will delay the timelines for the resolution process and Due Process Complaint hearing until the parent agrees to participate in the resolution session.

7. If after making reasonable efforts and documenting such efforts, SoonerStart is not able to obtain parent participation in the resolution meeting, SoonerStart may, at the end of the 30 calendar-day resolution period, request that a hearing officer dismiss the Due Process Complaint Notice. Documentation of such effort must include a record of SoonerStart's attempts to arrange a mutually agreed upon time and place, such as:

- A. Detailed records of telephone calls made or attempted and the results of those calls;
- B. Copies of correspondence sent to the parent and any responses received; and
- C. Detailed records of visits made to the parent's home or place of employment and the results of those visits.

8. If SoonerStart fails to hold the resolution meeting within 15 calendar days of receiving the Due Process Complaint Notice or fails to participate in the resolution session, the parent may contact the hearing officer to request that the 45 calendar-day Due Process Complaint Notice timeline begin.

Adjustments to the 30 Calendar-Day Resolution Period

1. If the parent and SoonerStart agree in writing to waive the resolution session, the hearing process begins the next day. The hearing process is completed within 45 calendar days, unless properly extended by the parties.

2. After the start of mediation or the resolution session and before the end of the 30 calendar-day resolution period, if the parent and SoonerStart agree in writing that no agreement is possible, then the 45 calendar-day timeline for the Due Process complaint hearing starts the next day.

3. If the parent and SoonerStart program agree to use the mediation process at the end of 30 calendar-day resolution session, both parties can agree in writing to continue the mediation until an agreement is reached. However, if either the parent or SoonerStart withdraws from the mediation process, the 45 calendar day timeline for the Due Process hearing starts the next day.

Written Resolution Agreement

If a resolution to the dispute is reached at the meeting described above, the parent and SoonerStart must execute a legally binding agreement that is:

- A. Signed by both the parent and a representative of SoonerStart who has the authority to bind the program; and
- B. Enforceable in any state court of competent jurisdiction or in a district court of the United States or; by the lead agency.

Resolution Agreement Review Period

1. If the parent and SoonerStart enter into an agreement as a result of a resolution session, either party may void the agreement within 3 business days of the time that both the parent and SoonerStart signed the agreement.

2. A successful resolution session ends the Due Process complaint hearing procedure.

(Authority: 34 C.F.R. §§303.442)

Impartial Hearing Officer

1. At a minimum, a hearing officer:

- A. Must not be an employee of any agency or other entity involved in the provision of early intervention services or care of the child, or; a person having a personal or professional interest that conflicts with the person's objectivity in the hearing;
- B. Must possess knowledge of, and the ability to understand, the provisions of IDEA, federal and Oklahoma State law and regulations pertaining to IDEA, and legal interpretations of IDEA by federal and state courts;
- C. Must possess the knowledge and ability to conduct hearings in accordance with appropriate, standard legal practice; and
- D. Must possess the knowledge and ability to render and write decisions in accordance with appropriate, standard legal practice.

2. A person who otherwise qualifies to conduct a hearing under this section is not an employee of the agency solely because he or she is paid by the agency to serve as a hearing officer. The OSDE must keep a list of the persons who serve as hearing officers. The list must include a statement of the qualifications of each of those persons.

Subject Matter of Due Process Complaint Hearing

The party, parent or SoonerStart, requesting the Due Process complaint hearing may not raise issues at the Due Process complaint hearing that were not raised in the Due Process Complaint Notice unless the other party agrees otherwise.

Hearing Rights

Any party to a hearing has the right to:

- A. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities;
- B. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
- C. Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least 5 business days before the hearing;
- D. Obtain a written, or, at the option of the parents, electronic, verbatim record of the hearing; and
- E. Obtain written, or, at the option of the parents, electronic findings of fact and decisions.

Parental Rights at Hearings

The parent has the right to:

- A. Open the hearing to the public; and

- B. Have the record of the hearing, the findings of fact and decisions provided at no cost.

Additional Disclosure of Information

1. At least 5 business days prior to a hearing, each party must disclose to all other parties all evaluations completed by that date and recommendations based on the offering party's evaluations that the party intends to use at the hearing.
2. A hearing officer may bar any party that fails to comply with the disclosure requirements of this section from introducing the relevant evaluation or recommendation at the hearing without the consent of the other party.

Due Process Complaint Hearing Decisions

1. Nothing in this section must be construed to preclude a parent from filing a separate Due Process Complaint Notice on an issue separate from a Due Process Complaint Notice already filed.
2. The record of the hearing and the findings of fact and decision must be provided to all parties at no cost.
3. SoonerStart, after deleting any personally identifiable information, must transmit the findings and decisions to the Interagency Coordinating Council (ICC), and make those findings and decisions available to the public upon request.
4. A decision made in a hearing is final, except that any party involved in the hearing may appeal the decision through requesting an appeal review through the OSDE.
5. SoonerStart must ensure that not later than 45 days after the expiration of the 30 day period regarding a resolution session:
 - A. A final decision is reached in the hearing, unless properly extended and
 - B. A copy of the decision is mailed to each of the parties.

Extension of Time

A hearing officer may grant specific extensions of time beyond the periods described above if the parent or SoonerStart makes a request for a specific extension of the timeline.

Finality of Review Decision

The decision made by the hearing officer is final unless the parent or SoonerStart appeals the decision under the provisions described below.

(Authority: 34 C.F.R. §§303.430; 435)

Appeal Process

1. Any party aggrieved by the findings and decision in the hearing may appeal to the Oklahoma State Department of Education (OSDE).
2. If there is an appeal, the OSDE must conduct an impartial review of the findings and decisions appealed. The official conducting the review must:
 - A. Examine the entire hearing record
 - B. Ensure that the procedures at the hearing were consistent with the requirements of due process;
 - C. Seek additional evidence if necessary. If a hearing is held to receive additional evidence the same rights of the due process hearing apply;
 - D. Afford the parties an opportunity for oral or written arguments, or both, at the discretion of the reviewing official;
 - E. Make an independent decision on completion of the review; and
 - F. Give a copy of the written, or, at the option of the parents, electronic findings of fact and decisions to the parties.
3. The OSDE must ensure that no later than 30 days after the receipt of a request for a review that:
 - A. A final decision is reached in the review; and
 - B. A copy of the decision is mailed to each of the parties.
4. The hearing officer or reviewing official may grant specific extensions of time beyond the periods outlined in Section 3 above at the request of either party.
5. Each hearing and each review involving oral arguments must be conducted at a time and place that is reasonably convenient to the parent involved.
(Authority: 20 U.S.C. 1415(f)(1)(B)(ii), 1415(g), 1415(i)(1))

Finality of Appeals Decision:

The decision made by the reviewing official is final unless a party brings a civil action in any State court of competent jurisdiction or in a district court of the United States.

The party bringing the action shall have 90 days from the date of the decision of the review to file a civil action.

Civil Action:

1. Any party aggrieved by the findings or decisions made through the hearing review process has the right to bring a civil action with respect to the complaint presented in the hearing. The action may be brought in any state court of competent jurisdiction or in a district court of the United States without

regard to the amount of controversy. The party, parent or program, bringing the action must have 90 calendar days from the date of the decision of the appeal officer to file a civil action.

2. In any action brought under this section, the court:

- A. Must receive the records of the administrative proceedings;
- B. Must hear additional evidence at the request of a party; and
- C. Bases its decision on the preponderance of the evidence, must grant the relief that the court determines to be appropriate.

3. The district courts of the United States have jurisdiction of actions brought under Part C of the IDEA without regard to the amount in dispute. Nothing in this part restricts or limits the rights, procedures, and remedies available under the US Constitution, the Americans with Disabilities Act of 1990, Title V of the Rehabilitation Act of 1973, or other Federal laws protecting the rights of children with disabilities, except that before the filing of a civil action under these laws seeking relief that is also available under section 615 of the IDEA, the Due Process complaint hearing procedures must be exhausted to the same extent as would be required had the action been brought under Section 615 of the IDEA.

(Authority: 34 C.F.R. §303.438)

SoonerStart System of Payments and Fees:

If a State elects to adopt a system of payments, policies must be in writing and specify which functions or services, if any, are subject to the system of payments (including any fees charged to the family as a result of using one or more of the family's public insurance or benefits or private insurance).

A parent who wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, may do one of the following:

- (i) Participate in mediation.
- (ii) Request a Due Process hearing.
- (iii) File a State complaint.
- (iv) Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights.

Functions not subject to fees include:

- (1) Implementing child find requirements
- (2) Evaluation and assessment
- (3) Service coordination services
- (4) Development, review, and evaluation of IFSPs

The Individuals with Disabilities Education Act (IDEA) requires that Part C programs be the payor of last resort and requires that Part C funds only be used for Early Intervention Services that an eligible child needs but is not currently entitled to under any other Federal, state, local, or private sources.

The SoonerStart program has adopted a system of payments in accordance with 34 CFR § 303.500(b). The SoonerStart System of Payment policy, included in the Parent Rights for SoonerStart Services: Notice of Procedural Safeguards is provided to parents participating in the SoonerStart Early

Intervention Program. SoonerStart's System of Payments does not include any sliding or cost participation fees but includes the use of public benefits or insurance. In accordance with 34 CFR § 303.521 the following functions and services are subject to family cost participation through the use of public insurance (Medicaid) including but not limited to:

- Assistive Technology Device
- Assistive Technology
- Audiology
- Counseling
- Health Services
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Social Work Services
- Speech-Language Pathology Services

The SoonerStart program will not collect family fees, co-payments, deductibles and/or premiums for private or public insurance or benefits. Families are not charged family fees, co-payments, deductibles and/or premiums based on the family's ability or inability to pay. Oklahoma does not collect any fees from families and therefore will not collect fees if families fail to provide requested information and documentation. In accordance with the Individuals with Disability Education Act (IDEA), parents will be informed of their right to contest any fees through the SoonerStart System of Payments Prior Written Notice form provided with the Parent Rights for SoonerStart Services – Notice of Procedural Safeguards. A parent may contest the imposition of a fee through one of the following:

1. Participate in mediation in accordance with CFR 34 § 303.431;
2. Request a Due Process hearing under CFR 34 § 303.436 or 303.441, whichever is applicable; or
3. File a State complaint under CFR 34 § 303.434 (iv).

If your child is enrolled in the Oklahoma Medicaid program (SoonerCare) parental consent must be obtained before personally identifiable information is disclosed to the Oklahoma Health Care Authority to seek reimbursement for Medicaid compensable early intervention services. The SoonerStart program will not require a parent to sign up for or enroll in Sooner Care (Medicaid) as a condition for receiving part C services. The parent has the right to decline SoonerStart's request to access their Medicaid benefits at any time. If the parent does not provide consent for SoonerStart to bill Medicaid for Medicaid compensable services, the SoonerStart program must still make available the services on the IFSP to which the parent has provided consent (303.521(a)(2)(D)(iii)).

(Authority: 34 C.F.R. §303.520 and §303.521)

Additional information is found in the *SoonerStart Early Intervention Policies 2013*, online version:

<http://sde.ok.gov/sde/sites/ok.gov.sde/files/2012%20SS%20POLICIES%203-11-13%20Final.pdf>

Appendix H



SoonerStart Early Intervention Program

Consent for the Release of Confidential Information

I understand that these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent.

Authorizing Person: ☐ Child ☐ Parent ☐ Guardian ☐ Legal Custodian ☐ Other:

Request that information concerning:

Child's Name:	Date of Birth:	SSN:
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Be released and authorize (Name and address of person or agency releasing information):

Name:	Address:
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To release to:

Name:	Address:
Name:	Address:

The following information (Kind and/or extent of information to be released):

For the following purpose(s):

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the record to be disclosed if requested. Redisclosure, except as provided at 34 CFR 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO , DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

☐ Notary

Notary Name:	My commission number:
Subscribed and sworn to me 20	My commission expires: 20
Notary Public (or Clerk or Judge):	

☐ Agency Verification in Lieu of Notary:

Staff Signature:	Date:
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Signature of Person(s) Authorizing Release:

Name:	Date:
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SoonerStart Early Intervention Program Surrogate Parents Verification of Training

Child's Name:	Date of Birth:
Surrogate Parent to be Named:	
Section 1: Description	
<p>The above named caregiver(s) has received training to act as a surrogate parent. This training included:</p> <ul style="list-style-type: none">• Parent Rights;• Due process procedures and procedural safeguards;• Structures, procedures, and forms of the SoonerStart Early Intervention Program;• The step by step process for delivery of SoonerStart Early Intervention services;• Information about the nature of child's delays and needs. <p>The surrogate parent has the responsibility of representing the child in all matters relating to:</p> <ul style="list-style-type: none">• The identification, evaluation and placement of the child, and;• The provision of appropriate early intervention services of the child and the child's family.	
Written information and training for skills and knowledge as a surrogate parent have been provided by:	
Person Conducting the Training:	
Agency:	Phone:
Address:	
Date of Training:	Location:
Section 2: Assignment	
I understand the responsibilities of acting as a surrogate parent. I have no interests that conflict with the interest of the child and am not an employee of an agency involved in the provision of early intervention or other services to the child	
Signature:	Date:
Address:	
SoonerStart Site:	
SoonerStart Contact:	

Understanding Procedural Safeguards: Examples of Explanations and Implications for Families*

Rights and safeguards under 34 CFR § 3003. 400-.449. Regulations for the Early Intervention Program for Infants and Toddlers With Disabilities, Part C of IDEA (US. Department of Education, 2011)

Prior written notice (§.421)

The early intervention program must give you advance written information about any evaluations, services, or other actions affecting your child. Parents know their children best. The information you share with us will make sure that the evaluations and services are right for you. The "paper work" assures that you get all the details *before* any activity.

Use of parent's native language or preferred mode of communication (§.25 and .421)

It is your right to thoroughly understand all activities and written records about your child. If you prefer another language or way of communicating (explain relevant option, such as braille, sign language, etc.), we will get an interpreter (use your mode of communicating), if at all possible. The early intervention program wants you to understand so that you can be an informed team member and decision-maker.

Parent consent (§.7)

The early intervention program needs your permission to take any actions that affect your child. You will be asked to give your consent in writing before we evaluate or provide services. Be sure you completely understand the suggested activities. By being involved, you can help the early intervention program plan services that match your family's preferences and needs. The early intervention program needs to explain what happens if you give your consent and if you do not give your consent.

Confidentiality (§.401-417)

The early intervention program values the information you and other service and health care providers have learned about your child. We will ask others for this information, but we need your written permission to do so. Just as the early intervention program needs your permission to get your child's records from other providers, the records that the early intervention program will develop will not be shared with anyone outside the early intervention program unless you give your permission. The Early Intervention program will assure your records are kept private.

Access to records (§.405)

The early intervention record is your family's record. You can see anything in the early intervention program's records about your child and family. If you do not understand the way records are written, the information in the child's record will be explained to you in a way you understand. You are a team member and we want you to have the same information as other team members.

Parent Consent and ability to decline services (§.420)

With the other members of your child's early intervention team, you will consider which services can best help you accomplish the outcomes that you want for your child and family. You will be asked to give your consent for those services that you want. You do not have to agree to all services recommended. You can say no to some services and still get the services that you do want. If you decide to try other services at a later date, you can give your consent then.

Mediation (§.431)

If you and the early intervention team do not agree on plans or services, or if you have other complaints about your experience with the program, there are procedures for resolving your concerns quickly. If informal ways of sharing your concerns with your team and the early intervention program don't work, you may file a complaint. Mediation will be offered as a voluntary first step. A trained, impartial mediator will facilitate problem-solving between you and the early intervention program. You may be able to reach an agreement that satisfies you both. If not, you can go ahead with a due process hearing to resolve your complaint. Mediation will not slow down the hearing process. Airing and solving problems can improve communication and make programs stronger. Some locations offer mediation before a formal complaint is filed.

Due process procedures (§.435-447)

A due process hearing is a formal procedure that begins with a written complaint. The hearing will assure that a knowledgeable and impartial person, from outside the program, hears your complaint and decides how to best resolve it. The early intervention program recognizes your right to make decisions about your child and will take your concerns seriously. You are given a copy of regulations that describe all these rights and procedures in detail, because it is important that you understand.

***Sample of Language that might be used by an early intervention program to explain implications of regulations to families. This tool does not replace *Parent Rights for SoonerStart Services – Notice of Procedural Safeguards*.**

Updated 2012 from Hurth & Goff (2002) Assuming the Family's Role on the Early Intervention Team, NECTAS



SoonerStart Early Intervention Program Notification to Local Education Agency (LEA)

Child's Name:		Date of Birth:	
Section 1: Parent Information			
Name:		Phone:	
Address:	City:	State:	Zip:
Any Additional Contact Information			
Section 2: School District Name			
Section 3: SoonerStart Information			
Service Coordinator:	Site:	Phone:	Date:
Address:	City:	State:	Zip:
<input type="checkbox"/> U.S. Mail Date Mailed:		<input type="checkbox"/> Emailed Date Sent:	



SoonerStart Early Intervention Program Systems of Payment and Notification to Parents

Parent Name:

Child Name:

Date of Birth:

The Individuals with Disabilities Education Act (IDEA) requires that Part C programs be the payor of last resort and requires that Part C funds only be used for Early Intervention Services that an eligible child needs but is not currently entitled to under any other Federal, state, local, or private sources.

The SoonerStart program does not collect family fees, co-payments, deductibles and/or premiums for private or public insurance or benefits. Families are not charged family fees, co-payments, deductibles and/or premiums based on the family's ability or inability to pay. Oklahoma does not collect any fees from families and therefore will not collect fees if families fail to provide requested information and documentation.

If your child is enrolled in the Oklahoma Medicaid program (SoonerCare), SoonerStart will bill the Oklahoma Medicaid agency for Medicaid compensable services with parental consent and notification. SoonerStart will not bill for Medicaid compensable services if your child is also enrolled in private insurance and Oklahoma Medicaid (SoonerCare) is your child's secondary insurance.

The SoonerStart program will not require you to sign up for or enroll in the Oklahoma Medicaid Program (SoonerCare) as a condition for receiving part C services. Parental consent must be obtained before personally identifiable information is disclosed to bill Medicaid. You have the right to decline SoonerStart's request to access your child's Medicaid benefits. You may withdraw your consent to disclose personally identifiable information to the Oklahoma Medicaid agency at any time. If you do not provide consent for SoonerStart to bill the Oklahoma Medicaid agency for Medicaid compensable services, the SoonerStart program must still make available the services on the IFSP to which the parent has provided consent.

Parents have protection under the procedural safeguards as described in the [Parent Rights for SoonerStart Services - Notice of Procedural Safeguards](#). If you have any questions regarding this notice, please contact the person listed below:

SoonerStart Resource Coordinator:

SoonerStart Site:

Phone:

Notice provided by:

☐

Letter

☐

Email

☐

In Person

Date:

Service Provider Notes – SoonerStart Early Intervention Program

Child's Name Last First MI			Date of Birth		Child's County of Residence		Diagnosis Code: F819		Date of Service			
Location Type (Check One): <input type="checkbox"/> Home <input type="checkbox"/> Childcare/Preschool <input type="checkbox"/> Headstart <input type="checkbox"/> Park/Playground <input type="checkbox"/> Library <input type="checkbox"/> Community Center <input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Mall <input type="checkbox"/> Parent/Caregiver's Work <input type="checkbox"/> Church/ faith-based setting <input type="checkbox"/> Other Natural Environment in the community <input type="checkbox"/> School (for TPC or IEP meeting) <input type="checkbox"/> County Health Department <input type="checkbox"/> Therapist's Office/Outpatient Clinic <input type="checkbox"/> Center-based for children with disabilities <input type="checkbox"/> Hospital (Inpatient) <input type="checkbox"/> Residential Facility <input type="checkbox"/> Other Non-Natural Environment location					Encounter Type (Check One): <input type="checkbox"/> Evaluation <input type="checkbox"/> IFSP ONLY <input type="checkbox"/> IFSP / Intervention <input type="checkbox"/> Intervention <input type="checkbox"/> Support Services not on the IFSP Service Delivery Plan			Attendance (Check One): <input type="checkbox"/> Attended <input type="checkbox"/> Not Attended <u>Reason (Check One):</u> <input type="checkbox"/> Client Cancelled <input type="checkbox"/> Client No-Show <input type="checkbox"/> Couldn't find family <input type="checkbox"/> Provider Cancelled <input type="checkbox"/> State Holiday <input type="checkbox"/> Weather				
Starting Time:		Ending Time:		Total Time (minutes):		My signature verifies that this service occurred. <div style="border: 1px solid black; padding: 2px;"> Parent/Caregiver Signature </div>						
Procedure Code:		Modifier 1:	Procedure Start Time:		Procedure End Time:		Total Procedure Time (minutes):		Unit(s):		Child present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure Code:		Modifier 1:	Procedure Start Time:		Procedure End Time:		Total Procedure Time (minutes):		Unit(s):		Child present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your license/certificate current on the date the service was rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable for this discipline												

Service Provider Note Narrative: Enter details regarding the reasons a visit was "not attended." For attended visits enter the following details: who was present, caregiver report, IFSP Outcomes addressed/observations/information provided, progress toward IFSP Outcomes/provider impressions, caregiver plan/provider plan, next scheduled visit. ***Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion.**

Date note written:	Service Provider's Name & Discipline (print):	Service Provider's Signature:

Instructions
Service Provider Notes – SoonerStart Early Intervention Program
ODH form 641 – Revised 08/2015



Purpose of Form

The Service Provider Notes, ODH No. 641, provide documentation regarding all of the SoonerStart service visits promised on a child's Individualized Family Service Plan, including documentation of all no-shows and cancellations (including those due to service provider's vacation or sickness). Providers are required to account for every hour of service promised on the IFSP. The narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. The notes also provide information about the child's progress, health & developmental status as well as pertinent information regarding the family's needs in relation to meeting that child's needs. This form is also used to capture information for the EI module in PHOCIS (the OSDH client services database) and for Medicaid billing. It is critical that all encounters that were "attended" or "not attended" get documented & entered into PHOCIS since this will affect the accuracy of data & reports in PHOCIS regarding services provided or attempted by an individual service provider.

Preparation of Form

All SoonerStart service providers (except for Audiologists who will use ODH-641-A instead), both health department staff members and contract providers, are to complete this form using black or blue ink. Each service provider must complete his or her own Service Provider Note even if more than one provider was there (co-writing of notes is not allowed). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit. If more room is needed to document the narrative portion of the SOAP note, the Progress Notes, ODH form 303G, is used as a continuation sheet. The ODH 303G should also be used to document all "non-encounter" activities such as telephone calls, consultation with the child's doctor, fabrication or programming of Assistive Technology devices back at the office (ex: splints, seating inserts, picture communication boards, programming AAC device, etc.), informal/formal staffing, etc. Teams who have a "staffing note" may continue to use it.

Child's Name: Enter the full name of the child. Last, First, Middle Initial.

Date of Birth: Enter the date of birth for the child. (Ex: 1/14/09, 10/15/08, etc...)

Child's County of Residence: Enter the name of the county of the child's residence (ex: Cleveland). If the child has more than one residence, such as in a joint custody situation, enter the county of residence where the EI services are being delivered.

Diagnosis Code: There is only one diagnosis code for all children in SoonerStart. It is "3159 -Unspecified Developmental Delay". The 3159 code is printed on the form.

Date of Service: Enter the date of service. (Ex: 3/17/09, 10/15/09, etc...)

Location Type (Check One): Check one box for the location setting where the service took place. If the encounter was "not attended", check the box for the location where the visit would have occurred. These match the service locations listed in the EI module in PHOCIS. If the service on that particular date happened in more than one location setting (ex: home & park), then check the box for the location where the majority of the time was spent.

Encounter Type: Check one box for the type of service that occurred at that visit. If the encounter was "not attended", check the encounter type that was scheduled. These match the encounter types listed in the EI module in PHOCIS.

- **Evaluation:** The evaluation is a visit done to complete the testing necessary to determine a child's initial or continuing eligibility in the program.
- **IFSP ONLY:** Used when the reason for the visit was the creation or revision of the IFSP and intervention as promised on the IFSP Service Delivery did not occur on this visit.
- **IFSP / Intervention:** Used when the reason for the visit was the creation or revision of the IFSP and intervention as promised on the IFSP Service Delivery also occurred on this visit.
- **Intervention:** Used when the reason for the visit was to provide intervention services as promised on the IFSP Service Delivery.
- **Support Services not on the IFSP Service Delivery Plan:** Used when the reason for the visit was to provide any support services not promised on the IFSP Service Delivery. (ex: Developmental, health, hearing or vision screening that did not occur as part of an evaluation visit or intervention visit. Any one-time visits by other providers not identified on the IFSP Service Delivery.)

Attendance: Check if the scheduled visit was "attended" or "not attended". If "not attended", check one box for the reason why. These reasons why match the choices in the EI module in PHOCIS. Put details regarding the reason for the cancellation in Service Provider note narrative section (ex: Mrs. Gonzales cancelled today's visit since Juan is in the hospital).

Starting Time: Enter the starting time of the service visit. Use military time (ex: 14:00 for 2:00pm). If "not attended", enter scheduled starting time in military time.

Ending Time: Enter the ending time of the service visit. Use military time (ex: 14:00 for 2:00pm). If "not attended", enter scheduled ending time in military time.

Total Time (in minutes): Enter the total length of the service in minutes. If "not attended", enter the length of time that was scheduled in minutes.

Parent/Caregiver Signature: If the encounter was "attended", have the parent/caregiver sign for all services that involved face-to-face contact with them. Explain that their signature just verifies that this service took place at the time and place indicated. If the service was done via videoconferencing, videophone, or other means other than face-to-face contact, write that in the signature blank. If the parent/caregiver refuses to sign, ask for the reasons why and indicate those in the signature blank.

Procedure Information

Do not complete this section if the encounter was "not attended"

Procedure Code: For all encounters that were "attended", enter the appropriate CPT/HCPCS procedure code regardless of whether or not the child was on Medicaid at the time of the service. Write "NONE" in this space if there is not a procedure code for that particular discipline or a particular activity (ex: IFSP or IFSP review, Transition Planning Conference, IEP meeting) or if the child is dually insured by Medicaid and private insurance. Also write "none" in this space and do not enter a procedure code if your discipline is authorized to bill Medicaid but your license/certificate is not current on the date the service was rendered.

Modifier 1: All CPT & HCPCS codes have at least one modifier. This is where you will enter Modifier 1. This modifier indicates that it is a "SoonerStart EI" service.

Procedure Starting Time: Enter the starting time of the procedure. This may or may not be the same as the starting time of the service visit. Use military time (ex: 14:00 for 2:00 pm).

Procedure Ending Time: Enter the ending time of the procedure. This may or may not be the same as the ending time of the service visit. Use military time (ex: 14:00 for 2:00 pm).

Total Procedure Time: Enter the total procedure time in minutes.

Unit(s): Enter the number of units of service. Each service has a specified unit for billing purposes. Providers are responsible for knowing and entering the appropriate units.

Child present? Check "yes" if the child was awake & present for at least 80% of the procedure. Check "no" if the child was asleep or not present for more than 20% of the procedure.

[Note: There is room on the form for a second procedure code, modifiers, times, etc. If this second row is not needed, put a line through this row of boxes.]

Was your license/certificate current on the date the service was rendered? : Check "yes" or "no". If your discipline is not authorized to bill Medicaid, check "Not applicable for this discipline".

Medicaid Information

Child's Medicaid Number: The Oklahoma Health Care Authority has clarified that the child's Medicaid number does not need to be documented on every Service Provider Note as long as it is documented somewhere in the child's chart. The PHOCIS demographics sheet, which contains the Medicaid number, is printed out and placed in every child's EI record.

Service Provider Note Narrative

The narrative portion of the form is provided for the documentation of the services and/or progress of the child. Notes need to have a logical flow (see sequence of items below). SOAP format (S – Subjective; O – Objective; A – Assessment; P – Plan) may be used but is not required by the SoonerStart Early Intervention Program. Notes may be handwritten as long as the handwriting is legible. If not, they should be typed.

[Note: Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion.]

Include the following details as applicable (in this sequence):

"Non-Attended" visits

Enter details regarding the reasons why a visit was "not attended" (Ex: Mrs. Gonzales cancelled today's visit since Juan is in the hospital. Ex: Service Provider cancelled visit due to illness. Visit rescheduled for 1/16/04).

"Attended" visits

Who was present: Enter the names and relationships of all persons who were present and participated in the visit. (Ex: Jose & Maria, parents; Juan, the child; Antonio Vasquez, Spanish Interpreter; Susan Smith, OT)

Parent/caregiver report: Enter information that the parent/caregiver reports regarding the child's health status, upcoming medical appointments, changes in the child's behavior or development, concerns that they express or any other pertinent information regarding the family or child.

IFSP outcomes addressed/observations/information provided:

Enter service provider's observations, assessment information, screening tools used & results; how evaluation results were discussed with the parent/caregiver and that they were given a copy of the METS.

Enter objective information regarding the specific functional activities & materials used during this visit and how they addressed specific outcomes on this child's Individualized Family Service Plan (IFSP). Also indicate the parent/caregiver involvement during the visit and the things discussed with them (Ex: To address the IFSP outcome pertaining to Juan being able to sit at the table and eat with his family, I demonstrated ways to position Juan in his highchair using towel rolls on both sides and under his legs. I also demonstrated how to help him hold a spoon during feeding by placing my hand over his. Mrs. Gonzales then practiced how to place the towel rolls & how to do the hand-over-hand spoon-feeding with Juan while I gave her feedback. She expressed confidence in being able to use these activities during mealtimes in the upcoming week.)

Progress toward IFSP outcomes/provider impressions: Enter information regarding progress towards the accomplishment of outcomes on the child's IFSP as well as progress in that child's development or health status.

Parent/caregiver plan: Enter information about the activities & materials the parent/caregiver is planning on incorporating into the child's daily routines or things they are going to obtain in order to address IFSP outcomes. (Ex: Mrs. Gonzales plans on using the hand-over-hand spoon-feeding & towel rolls with Juan during mealtimes this week. Mr. Gonzales indicated he will contact the caseworker at DHS to find out the status on their SoonerCare/Medicaid application.)

Provider plan: Enter information about the things the service provider will do before the next visit in order to address IFSP outcomes. (Ex: I will ask the family's Resource Coordinator to contact them to offer assistance with applying for SSI-DCP. I will staff with SLP for suggestions for ways to incorporate activities for communication & making choices.)

Next scheduled visit: Enter the date and time of the next scheduled intervention visit.

Date note written: Enter the date the service provider finished completing this form, including the narrative section. (Ex: 3/17/09, 10/15/09, etc...). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit.

Service Provider's Name & Discipline (print): Print the service provider's full name (first name, last name) and discipline abbreviation (Ex: CDS, PT, OT, RN, SLP, etc.).

Service Provider's Signature: The service provider completing this form signs his/her name. The signature must be original (no photocopied signatures). The signature verifies that they did indeed provide this service and that the information contained on this form is accurate.

Routing & Filing: Give a copy (NCR) of the completed Service Provider Note to the child's parent/caregiver at the time of the service visit. The original is given to the EI clerk for PHOCIS data entry & Medicaid billing. It is critical that all encounters that were "attended" or "not attended" get entered into PHOCIS since this will affect the accuracy of data & reports. After data entry & Medicaid billing is completed, the original is then filed in the child's EI record.

PROGRESS NOTES

NAME: _____ **DATE OF BIRTH:** _____

[illegible]

SoonerStart Automatic Qualifying Syndromes and Conditions - Appendix O

Abetalipoproteinemia
Acanthocytosis (see Abetalipoproteinemia)
Accutane, Fetal Effects of (see Fetal Retinoid Syndrome)
Acidemia, 2-Oxoglutaric
Acidemia, Glutaric I
Acidemia, Isovaleric
Acidemia, Methylmalonic
Acidemia, Propionic
Aciduria, 3-Methylglutaconic Type II
Aciduria, Argininosuccinic
Acoustic-Cervico-Oculo Syndrome (see Cervico-Oculo-Acoustic Syndrome)
Acrocephalopolysyndactyly Type II
Acrocephalosyndactyly Type I
Acrodysostosis
Acrofacial Dysostosis, Nager Type
Adams-Oliver Syndrome (see Limb and Scalp Defects, Adams-Oliver Type)
Adrenoleukodystrophy, Neonatal (see Cerebro-Hepato-Renal Syndrome)
Aglossia Congenita (see Hypoglossia-Hypodactylia)
Aicardi Syndrome
AIDS Infection (see Fetal Acquired Immune Deficiency Syndrome)
Alaninuria (see Pyruvate Dehydrogenase Deficiency)
Albers-Schonberg Disease (see Osteopetrosis, Malignant Recessive)
Albinism, Ocular (includes Autosomal Recessive Type)
Albinism, Oculocutaneous, Brown Type (Type IV)
Albinism, Oculocutaneous, Tyrosinase Negative (Type IA)
Albinism, Oculocutaneous, Tyrosinase Positive (Type II)
Albinism, Oculocutaneous, Yellow Mutant (Type IB)
Albinism-Black Locks-Deafness
Albright Hereditary Osteodystrophy (see Parathyroid Hormone Resistance)
Alexander Disease
Alopecia - Mental Retardation
Alpers Disease
Alpha 1,4 - Glucosidase Deficiency (see Glycogenosis, Type IIA)
Alpha-L-Fucosidase Deficiency (see Fucosidosis)
Alport Syndrome (see Nephritis-Deafness, Hereditary Type)
Amaurosis (see Blindness)
Amaurosis Congenita of Leber, Types I and II (see Retina, Amaurosis Congenita, Leger Type)
Amelia (see Limb Reduction Defects) (lower limb) (upper limb)
Angelman Syndrome
Aniridia

Anophthalmia, recessive Waardenburg type (Anophthalmia - Limb Anomalies)
Anophthalmia-Limb Anomalies
Anus-Hand-Ear Syndrome
Apert Syndrome (see Acrocephalosyndactyly (Type I)
Apolipoprotein B Deficiency (see Abetalipoproteinemia)
Aracerebroside Sulfatase Deficiency (see Metachromatic Leukodystrophies)
Arachnodactyly, Contractural Beals Type
Argininemia
Arthro-Ophthalmopathy, Hereditary, Progressive, Stickler Type
Arthrogryposis (Arthrogryposes Multiplex Congenita)
Arthrogryposis, Amyplasia Type
Arthrogryposis, Distal Types I and II
Arylsulfatase A Deficiency (see Metachromatic Leukodystrophies)
Ataxia with Lactic Acidosis I (see Pyruvate Dehydrogenase Deficiency)
Ataxia with Lactic Acidosis II (see Pyruvate Carboxylase Deficiency with Lactic Acidemia)
Ataxia-Telangiectasia Syndrome
Auditory Neuropathy Spectrum Disorder (ANSD)
Autism Spectrum Disorder (ASD)
BADS Syndrome (see Albinism-Black Locks-Deafness)
BBB Syndrome (see Hypertelorism-Hypospadias Syndrome)
Bardet-Biedl Syndrome
Bartter Syndrome
Batten Disease (see Neuronal, Ceroid-Lipofuscinoses)
Beals Syndrome (see Arachnodactyly, Contractural Beals Type)
Beals-Hecht Syndrome (see Arachnodactyly, Contractural Beals Type)
Behr Syndrome (see Optic Atrophy, Infantile Heredofamilial)
Bertrand Spongy Degeneration of the CNS (see Brain, Spongy Degeneration)
Beta-Galactosidase-I Deficiency (see G(MI)-Gangliosidosis, Type I)
Biedel-Bardet Syndrome (see Bardet-Biedel Syndrome)
Bing-Siebenmann Dysplasia (see Ear, Inner Dysplasias)
Biotinidase Deficiency
Blindness or Near Blindness
Boder-Sedgwick Syndrome (see Ataxia-Telangiectasis)
BOR Syndrome (see Brachio-Oto-Renal Dysplasia)
Borjeson-Forssman-Lehmann Syndrome
Bourneville Syndrome (see Tuberous Sclerosis)
Brain, Micropolygyria
Brain, Porencephaly
Brain, Schizencephaly
Brain, Spongy Degeneration
Branchio-Oculo-Facial Syndrome

Branchio-Oto-Renal Dysplasia (when lip pits or clefts are present)
Burns Syndrome (see Ichthyosiform Erythrokeratoderma, Atypical with Deafness)
C Syndrome
Camptodactyly-Trismus Syndrome
Canavan Disease (see Brain, Spongy Degeneration)
Carbamoyl Phosphate Synthetase Deficiency
Cardio-Auditory Syndrome
Carpenter Syndrome (see Acrocephalopolysyndactyly II)
Cat Cry Syndrome (see Chromosome 5, Monosomy 5p)
Cat Eye Syndrome
Cataract, Autosomal Dominant Congenital
Cataract, Cortical and Nuclear
Cataract, Polar
Cataracts
Caudal Dysplasia (see Caudal Regression Syndrome)
Caudal Regression Syndrome (when paralysis is present)
Central Ray Defects (see Limb Reduction Defects) (upper limb) (lower limb)
Ceramidase Deficiency (see Lipogranulomatosis)
Cerebellar Parenchymal Disorder, Type IV (see Joubert Syndrome)
Cerebral Gigantism
Cerebral G(MI)-Gangliosidosis (see G(MI)-Gangliosidosis, Type I)
Cerebral Palsy
Cerebro-Costo-Mandibular Syndrome
Cerebro-Hepato-Renal Syndrome
Cerebro-Oculo-Facio-Skeletal Syndrome
Cerebroocular Dysgenesis (see Walker-Warburg Syndrome)
Cerebroside Liposis (see Gaucher Disease)
Cerebrosidosis (see Gaucher Disease)
Cervico-Oculo-Acoustic Syndrome
Cervicooculofacial Dysplasia (see Cervico-Oculo-Acoustic Syndrome)
Charge Association
Chemke Syndrome (see Walker-Warburg Syndrome)
Chicken Pox, Fetal Effects (see Fetal Effects from Varicella-Zoster)
CHILD Syndrome (see Limb Reduction-Ichthyosis)
Chondrodysplasia Calcificans Congenita (see Chondrodysplasia Punctata, X-Linked Dominant Type)
Chondrodysplasia Punctata, Rhizomelic Type
Chondrodysplasia Punctata, X-Linked Dominant Type
Chondrodystrophic Myotonia, Schwartz-Jampel Type
Christensen Krabbe Disease (see Alpers Disease)
Chromosome 1, Monosomy 1q
Chromosome 1, Monosomy 1q4

Chromosome 2, Monosomy of Medial 2q
Chromosome 2, Partial Trisomy 2p
Chromosome 2, Trisomy Distal 2q
Chromosome 3, Trisomy 3p2
Chromosome 3, Trisomy 3q2
Chromosome 4, Monosomy 4p
Chromosome 4, Monosomy Distal 4q
Chromosome 4, Trisomy 4p
Chromosome 4, Trisomy Distal 4q
Chromosome 5, Monosomy 5p
Chromosome 5, Trisomy 5q3
Chromosome 6, Monosomy Proximal 6q
Chromosome 6, Ring 6
Chromosome 6, Trisomy 6q2
Chromosome 7, Trisomy 7q2-3
Chromosome 8, Trisomy 8
Chromosome 8, Trisomy 8p 7
Chromosome 9, Partial Monosomy 9p
Chromosome 9, Trisomy 9
Chromosome 9, Trisomy 9p
Chromosome 9, Trisomy 9q3
Chromosome 10, Monosomy 10p
Chromosome 10, Monosomy 10q2
Chromosome 10, Trisomy 10q2
Chromosome 11, Monosomy 11q
Chromosome 11, Partial Monosomy 11p
Chromosome 11, Partial Trisomy 11q
Chromosome 11, Partial Trisomy 11p
Chromosome 12, Isochromosome 12p mosaicism (see Pallister-Killian Mosaic Syndrome)
Chromosome 12, Monosomy 12p
Chromosome 12, Partial Trisomy 12p
Chromosome 12, Trisomy 12q2
Chromosome 13, Monosomy 13q
Chromosome 13, Monosomy 13q3
Chromosome 13, Trisomy 13
Chromosome 13, Trisomy 13q1
Chromosome 13, Trisomy Distal 13q
Chromosome 14, Partial Trisomy 14q
Chromosome 14, Ring 14
Chromosome 15, Partial Trisomy Distal 15q
Chromosome 15, Ring 15

Chromosome 15, Trisomy 15q1
Chromosome 16, Trisomy 16q
Chromosome 17, deletion or monosomy 17p13 (see Lissencephaly Syndrome)
Chromosome 17, Interstitial Deletion 17p
Chromosome 18, Monosomy 18p
Chromosome 18, Monosomy 18q or 18r (ring)
Chromosome 18, Ring 18
Chromosome 18, Tetrasomy 18p
Chromosome 18, Trisomy 18
Chromosome 18, Trisomy 18q2
Chromosome 20, Trisomy 20p
Chromosome 21, Trisomy 21
Chromosome 22, Monosomy 22q
Chromosome 22, Partial Trisomy 22 (see Cat Eye Syndrome)
Chromosome 22, Ring 22
Chromosome XXXX (see XXXX Syndrome)
Chromosome XXXXX (see XXXXX Syndrome)
Chromosomer XXY (see Klinefelter Syndrome)
Club Hand (see Hand, Radial Club Hand)
Cockayne Syndrome
Coffin-Lowry Syndrome
Coffin-Siris Syndrome
COFS (see Cerebro-Oculo-Skeletal Syndrome)
Cohen Syndrome
Congenital Cytomegalovirus Syndrome (CMV)
Congenital Hypothyroidism
Corneal Dystrophy, Endothelial, Congenital Hereditary
Cornelia de Lange Syndrome (see De Lange Syndrome)
Corpus Callosum Agenesis
Cranio-Carpo-Tarsal Dysplasia, Whistling Face Type
Cri Du Chat Syndrome (see Chormosome 5, Monosomy 5p)
Cytochrome C Oxidase Deficiency (see Myopathy-Metabolic, Mitochondrial Cytochrome C Oxidase Deficiency)
Dandy Walker Syndrome
De Lange Syndrome
De Morsier Syndrome (see Septo-Optic Dysplasia)
De Toni-Fanconi-Debre Syndrome
Deafness (see Hearing Loss)
Deafness, Congenital I or II (see Deafness (Sensorineural), Recessive Profound)
Deafness (Sensorineural), Recessive Profound
Deafness-Ear Pits

Deafness-Malformed Ears-Mental Retardation
Deafness-Pili Torti, Bjornstad Type
Dejerine-Sottas Disease
Dermal Hypoplasia, Focal
DeSanctis-Cacchione Syndrome (see Xeroderma Pigmentosum-Mental Retardation)
Desbuquois Syndrome (see Larson Syndrome)
Diastrophic Dysplasia
DiGeorge Syndrome (see Immunodeficiency, Thymic Agenesis)
Diplegia, Congenital Facial
Donohue Syndrome (see Leprechaunism)
Down Syndrome (see Chromosome 21, Trisomy 21)
Dubowitz Syndrome
Duchenne Muscular Dystrophy (see Muscular Dystrophy, Psuedohypertrophic)
Dwarfism, Metatropic Type II (see Kniest Dysplasia)
Dwarfism, Seckle Type (see Seckle Syndrome)
Dysautonomia, Type I, Riley-Day Type
Dysautonomia, Type II, Familial (see Neuropathy, Congenital Sensory with Anhidrosis)
Ear, Inner Dysplasias
Ear, Microtia - Atresia
Ear, Ossicle and Middle Ear Malformations
Ectrodactyly
Ectrodactyly-Tibial Hemimelia (see Tibial Hypoplasia/Aplasia-Ectrodactyly)
Edwards Syndrome (see Chromosome 18, Trisomy 18)
Ehlers-Danlos Syndrome
Encephalocele
Encephalopathy, Necrotizing
Epidermal Nevus Syndrome (see Nevus, Epidermal Nevus Syndrome)
Escobar Syndrome (see Pterygium Syndrome, Multiple)
Eye, Anophthalmia
Eye, Anterior Segment Dysgenesis
Eye, Microphthalmia/Coloboma
Eye, Orbital Teratoma, Congenital
Facio-Oculo-Acoustic-Renal Syndrome
Failure to Thrive
Falciform Detachment, Congenital (see Retinal Fold)
Farber Disease (see Lipogranulomatosis)
Femoral Hypoplasia-Unusual Facies Syndrome
Fetal Acquired Immune Deficiency Syndrome 042
Fetal Alcohol Syndrome
Fetal Aminoglycoside Ototoxicity
Fetal Brain Disruption Sequence

Fetal Effects from Maternal PKU
Fetal Effects from Varicella-Zoster
Fetal Herpes Simplex Infection
Fetal Retinoid Syndrome
Fetal Rubella Syndrome
Fetal Syphilis Syndrome
Fetal Toxoplasmosis Syndrome (clinically apparent cases)
Fetal Warfarin Syndrome
FG Syndrome, Opitz-Kaveggia Type
Fibromatosis, Juvenile Hyaline
Fibula, Congenital Absence of (Type II & III)
FOAR Syndrome (see Facio-Oculo-Acoustic-Renal Syndrome)
Fragile X Syndrome (see X-Linked Mental Retardation, Fragile X Syndrome)
Fraser Syndrome
Freeman-Sheldon Syndrome (see Cranio-Carpo-Tarsal Dysplasia, Whistling Face Type)
Frontometaphyseal Dysplasia
Fucosidosis
G(MI)-Gangliosidosis, Type 1
G(MI)-Gangliosidosis Type 2
G(M2)-Gangliosidosis with Hexosaminidase A and B Deficiency
G(M2)-Gangliosidosis with Hexosaminidase A Deficiency
Galactosemia
Galactosialidosis (early-infantile type and late-infantile form)
Ganglioside Neuroaminidase Deficiency (see Mucopolidosis IV)
Ganglioside Sialidase Deficiency (see Mucopolidosis IV)
Gangliosidosis, Generalized Juvenile Type (see G(M1)-Gangliosidosis, Type 2)
Gangliosidosis, Type 1 (see G(M1)-Gangliosidosis, Type 1)
Gaucher Disease (acute or infantile form)
Giedion-Langer Syndrome (See #287)
Glutaric Aciduria Type 1 (see Acidemia, Glutaric Acidemia I)
Glutaryl-CoA Dehydrogenase Deficiency (see Acidemia, Glutaric Acidemia I)
Glycogen Storage Disease, Type IIA (see Glycogenosis, Type IIA)
Glycogenosis, Type IA
Glycogenosis, Type IIA
Goldberg Syndrome (see Galactosialidosis)
Goldenhar Syndrome (see Oculo-Auriculo-Vertebral Anomaly)
Gollop-Wolfgang Syndrome (see Tibial Hypoplasia/Aplasia-Ectrodactyly)
Goltz-Gorlin Syndrome (see Dermal Hypoplasia, Focal)
Guerin-Stern Syndrome (see Arthrogyrosis)
Hallermann-Streiff Syndrome (see Oculo-Mandibulo-Facial Syndrome)
Hallgren Syndrome (see Usher Syndrome)

Haltia-Santavuori Disease (infantile) (see Neuronal Ceroid-Lipofuscinoses)
Hand, Radial Club Hand
Handmann Disk Anomaly (see Optic Disk, Morning Glory Anomaly)
Hanhart Syndrome (see Hypoglossia-Hypodactylia)
Happy Puppet Syndrome (see Angelman Syndrome)
HARD Syndrome (see Walker-Warburg Syndrome)
Hearing Loss - Permanent Unilateral or Bilateral hearing loss of 25 dB or greater
Heart-Hand Syndrome
Hecht Syndrome (see Camptodactyly-Trismus Syndrome)
Hemifacial Microsomia (see Oculo-Auriculo-Vertebral Anomaly)
Hemimelia (see Limb Reduction Defects) (upper limb) (lower limb)
Hereditary Motor Sensory Neuropathy, Type III (see Dejerine-Sottas Disease)
Herpes Simplex Infection (see Fetal Herpes Simplex Infection)
HGPRT (Hypoxanthine Guanine Phosphoribosyl Transferase) Deficiency (see Lesch-Nyhan Syndrome)
HHH Syndrome (see Hyperornithinemia-Hyperammonemia-Homocitrullinuria)
Holoprosencephaly
Holt-Oram Syndrome (see Heart-Hand Syndrome)
Hunter Syndrome (see Mucopolysaccharidosis II)
Hurler Syndrome (see Mucopolysaccharidosis I-H)
Hurler-Pfakundler Syndrome (see Mucopolysaccharidosis I-H)
Hurler-Scheie Syndrome (see Mucopolysaccharidosis I-H)
Hydrocephalus
Hyperammonemia
Hyperglycinemia, Non-ketotic
Hyperornithinemia-Hyperammonemia-Homocitrullinuria
Hypertelorism-Hypospadias Syndrome
Hypoglossia-Hypodactylia
Hypoxic-Ischemic Encephalopathy (HIE)
I-Cell Disease (see Mucopolipidosis II)
Ichthyosiform Erythrokeratoderma, Atypical with Deafness
Immunodeficiency, Thymic Agenesis
Infantile Spasms
Isovaleric Acidemia (see Acidemia, Isovaleric)
Jacobsen Syndrome (see Chromosome 11, Monosomy 11q)
Jansky-Bielchowsky Disease (late infantile) (see Neuronal Ceroid-Lipofuscinoses)
Jervell Syndrome (see Cardio-Auditory Syndrome)
Johanson-Blizzard Syndrome
Joubert Syndrome
Kearns-Sayre Disease
Keratitis-Ichthyosis-Deafness (KID) Syndrome (see Ichthyosiform Erythrokeratoderma, Atypical w/ Deafness)
Killian Syndrome (see Pallister-Killian Mosaic Syndrome)

Kinky Hair Disease (see Menkes Syndrome)
Klinefelter Syndrome
Klippel-Feil Anomaly
Kneist Dysplasia
Krabbe Disease (see Leukodystrophy, Globoid Cell Type)
Lacrimo-Auriculo-Dento-Digital Syndrome
LADD Syndrome (see Lacrimo-Auriculo-Dento-Digital Syndrome)
Lange-Nielson Syndrome (Cardio-Auditory Syndrome)
Larson Syndrome
Laurence-Moon Syndrome
Leigh Syndrome (see Myopathy-Metabolic, Mitochondrial Cytochrome C Oxidase Deficiency Or Encephalopathy, Necrotizing)
Lens and Pupil, Ectopic
Lens, Aphakia
Lens, Ectopic
Lens, Microspherophakia
Lenz Microphthalmia Syndrome
Leprechaunism
Leroy Disease (see Mucopolidosis II)
Lesch-Nyhan Syndrome
Leukodystrophy, Alexander Disease (see Alexander Disease)
Leukodystrophy, Globoid Cell Type
Levy-Hollister Syndrome (See #362)
Limb and Scalp Defects, Adams-Oliver Type
Limb Reduction Defects (upper limbs) (lower limbs)
Limb Reduction-Ichthyosis
Linear Nevus Sebaceous Syndrome (see Nevus, Epidermal Nevus Syndrome)
Lipogranulomatosis
Lipomatosis of Pancreas, Congenital (see Shwachman Syndrome)
Lipomucopolysaccharidosis (see Mucopolidosis I)
Lissencephaly Syndrome
Lissencephaly Syndrome II (see Walker-Warburg Syndrome)
Liver Disease - Neuronal Degeneration of Childhood (see Alpers Disease)
Lobster claw deformity (see Ectrodactyly)
Loken-Senior Syndrome (see Renal Dysplasia-Retinal Aplasia, Loken-Senior Type)
Louis-Barr Syndrome (see Ataxia-Telangiectasis)
Low Birth Weight (LBW) BW £ 1200 Grams (2 lbs, 10 oz) *Qualifies children up to 2 years of age only
Lowe Syndrome (see Oculo-Cerebro-Renal Syndrome)
Mandibular Dysostosis, Treacher-Collins Type-Limb Anomalies (see Acrofacial Dysostosis, Nager Type)
Mandibulofacial Dysostosis
Mannosidosis (Type I and II)

Marden-Walker Syndrome
Marinesco-Garland Syndrome (see Marinesco-Sjogren Syndrome)
Marinesco-Sjogren Syndrome
Marshall-Smith Syndrome
Martin Bell X-Linked Mental Retardation (see Fragile X Syndrome)
Maumenee Corneal Dystrophy (see Corneal Dystrophy, Endothelial, Congenital Hereditary)
Maxillofacial Dysostosis
Melnick-Fraser Syndrome (see Brachio-Oto-Renal Dysplasia)
Meningomyelocele
Menkes Syndrome
Metachromatic Leukodystrophy - Late Infantile
Metatropic Dysplasia (Dwarfism)
Methemoglobinemia, NADH-Dependent Diaphorase Deficiency, Type II
Methylmalonic Acidemia (see Acidemia, Methymalonic)
Microcephaly (3 Standard Deviations Below Mean)
Micromelia (see Limb Reduction Defects) (upper limb) lower limb)
Miller-Dieker Syndrome (see Lissencephaly Syndrome)
Mitochondrial Encephalomyopathy (see Kearns-Sayre Disease)
Moebius Syndrome (see Diplegia, Congenital Facial)
Mohr Syndrome (see Oro-Facio-Digital Syndrome, Mohr Type)
Molybdenum Co-Factor Deficiency
Mondini-Alexander Malformation of Inner Ear (see Ear, Inner Dysplasias)
Moravcsik-Marinesco-Sjogren Syndrome (see Marinesco-Sjorgen Syndrome)
Morquio Syndrome (see Mucopolysaccharidosis IV)
Mucopolidosis I
Mucopolidosis III
Mucopolidosis IV
Mucopolysaccharidosis (MPS) F (see Fucosidosis)
Mucopolysaccharidosis (MPS) I-H
Mucopolysaccharidosis (MPS) I-S
Mucopolysaccharidosis (MPS) II
Mucopolusaccharidosis (MPS) III
Mucopolysaccharidosis (MPS) IV
Mucopolysaccharidosis (MPS) VII
Mucosulfatidosis (see Sulfatase Deficiency, Multiple)
Murray Syndrome or Murray Puretic Syndrome (see Fibromatosis, Juvenile Hyaline)
Muscular Dystrophy, Pseudohypertrophic
Myasthenia Gravis, Familial Infantile (see Myasthenic Syndrome, Familial Infantile Type)
Myasthenic Syndrome, Familial Infantile Type
Myelomeningocele (see Meningomyelocele)
Myopathy, Central Core Disease Type

Myopathy, Disproportionate Fiber Type I
Myopathy, Myotubular
Myotonic Dystrophy, Congenital
Myopathy, Reducing Body
Myopathy-Metabolic, Mitochondrial Cytochrome C Oxidase Deficiency
Nager Acrofacial Dysostosis (see Acrofacial Dysostosis, Nager Type)
Nasal Hypoplasia-Peripheral Dysostosis-Mental Retardation (see Acrodysostosis)
Nephritis-Deafness (Sensorineural), Hereditary Type
Nettleship-Falls Ocular Albinism (see Albinism, Ocular)
Neuroaxonal Dystrophy, Infantile
Neuronal Ceroid-Lipofuscinoses (NCL)
Neuropathy, Congenital Sensory with Anhidrosis
Neuropathy, Giant Axonal
Nevus, Epidermal Nevus Syndrome
Niemann-Pick Disease, Group A (Acute Neuronopathic Form)
Norman-Roberts Syndrome (see Lissencephaly Syndrome)
Norrie Disease
Ocular Albinism (see Albinism, Ocular)
Oculo-Auriculo-Vertebral Anomaly
Oculo-Cerebro-Renal Syndrome
Oculo-Mandibulo-Facial Syndrome
Opitz Trigonoccephaly Syndrome (see C Syndrome)
Optic Atrophy, Infantile Heredofamilial
Optic Disk, Morning Glory Anomaly
Optic Disk, Tilted
Optic Nerve Hypoplasia
Ornithine Transcarbamylase Deficiency
Oro-Facial-Digital Syndrome, Mohr Type
Oro-Palatal-Digital Syndrome, Varadi Type
Osteodystrophy-Mental Retardation, Ruvalcaba Type
Osteogenesis Imperfecta
Osteopetrosis, Malignant Recessive
Oto-Brachio-Renal Dysplasia (see Brachio-Oto-Renal Dysplasia)
Oto-Facio-Cervical Syndrome (see Brachio-Oto-Renal Dysplasia)
Oto-Palato-Digital Syndrome I
Palatopharyngeal Incompetence
Pallister-Killian Mosaic Syndrome
Parathyroid Hormone Resistance
Patau Syndrome (see Chromosome 13, Trisomy 13)
Pelizaeus-Merzbacher Syndrome
Pena-Shokeir Syndrome I

Pena-Shokeir Syndrome II (see Cerebro-Oculo-Skeletal Syndrome)
Periventricular Leukomalacia (PVL)
Peroxisome Deficiency (see Cerebro-Hepato-Renal Syndrome)
Perrault Syndrome
Peters Anomaly (see Eye, Anterior Segment Dysgenesis)
Phenylketonuria PKU
Phocomelia (see Limb Reduction Defects) (upper limb) (lower limb)
Phytanic Acid Oxidase Deficiency, Infantile Type
Poland Syndrome (Anomaly)
Pompe Disease (see Glycogenosis, Type IIA)
Porencephaly (see Brain, Porencephaly)
Prader-Willi Syndrome
Propionic Acidemia (see Acidemia, Propionic)
Prune Belly Syndrome
Pseudo-Arylsulfatase A Deficiency (see Metachromatic Leukodystrophies)
Psuedo-Hurler Disease (see G(MI)-Gangliosidosis, Type I)
Psuedopolydystrophy (see Mucopolipidosis III)
Pterygium Syndrome, Multiple
Pterygium Syndrome, Popliteal
Pyruvate Carboxylase Deficiency with Lactic Acidemia
Pyruvate Dehydrogenase Deficiency
Radial Dysplasia (see Hand, Radial Club Hand)
REAR Syndrome (see Anus-Hand-Ear Syndrome)
Refsum Disease, Infantile Form (see Phytanic Acid Oxidase Deficiency, Infantile Type)
Renal Dysplasia-Retinal Aplasia, Loken-Senior Type
Renal Tubular Acidosis-Sensorineural Deafness
Renal-Brachio-Oto Dysplasia (see Brachio-Oto-Renal Dysplasia)
Retina, Amaurosis Congenita, Leber Type
Retina, Congenital Detachment of (see Retinal Dysplasia)
Retinal Aplasia (Hereditary), Blindness, or Degeneration, Congenital (see Retina Amaurosis Congenita, Leger)
Retinal Dysplasia
Retinal Fold
Retinal Septum, Congenital (see Retinal Fold)
Retinitis Pigmentosa, Congenital (see Retina, Amaurosis Congenita, Leber Type)
Retinoblastoma
Retinoic Acid Syndrome (see Fetal Retinoid Syndrome)
Rett Syndrome
Rhizomelic Chondrodysplasia Punctata (see Chondrodysplasia Punctata, Rhizomelic Type)
RHS Syndrome (see Smith-Lemli-Opitz Syndrome)
Richner-Hanhart Syndrome (see Tyrosinemia II, Oregon Type)
Rieger Syndrome.

Riley-Day Syndrome (see Dysautonomia I, Riley-Day Type)
Roberts Syndrome
Rubella Syndrome (see Fetal Rubella Syndrome)
Rubinstein-Taybi Broad Thumbs-Hallux Syndrome
Rud Syndrome (see Seizures-Ichthyosis-Mental Retardation)
Ruvalcaba Syndrome (see Osteodystrophy-Mental Retardation, Ruvalcaba Type)
Sacral Agenesis/Regression (see Caudal Regression Syndrome)
Sacroccygeal Dysgenesis Syndrome
Sandhoff Disease (see G(M2)-Gangliosidosis with Hexoaminidase A and B Deficiency)
Sanfilippo Syndrome (see Mucopolysaccharidosis III)
Scheie Syndrome (see Mucopolysaccharidosis I-S)
Schwartz-Jampel Syndrome (see Chondrodystrophic Myotonia, Schwartz-Jampel Type)
Sclerosing Poliodystrophy, Progressive (see Alpers Disease)
Seckel Syndrome
Seitelberger Disease (see Neuroaxonal Dystrophy, Infantile)
Seizures-Ichthyosis-Mental Retardation
Senter Syndrome (see Ichthyosiform Erythrokeratoderma, Atypical with Deafness)
Septo-Optic Dysplasia
Shprintzen Syndrome (see Velo-Cardio-Facial Syndrome)
Shwachman Syndrome
Shy-Magee Disease (see Myopathy, Central Core Disease Type)
Sialidase Deficiency (see Mucopolidosis I)
Sjogren-Larsson Syndrome
Sly Syndrome (see Mucopolysaccharidosis VII)
Small for Gestational Age (SGA) * Qualifies children up to 1 year of age only
GA 37-40 wks & BW < 2000 grams (4 lbs, 6 oz)
GA 36 wks & BW < 1875 grams (4 lbs, 2 oz)
GA 35 wks & BW < 1700 grams (3 lbs, 12 oz)
GA 34 wks & BW < 1500 grams (3 lbs, 5 oz)
GA 33 wks & BW < 1325 grams (2 lbs, 15 oz)
Smith-Lemli-Opitz Syndrome
Smith-Magenis Syndrome (see Chromosome 17, Interstitial Deletion 17p)
Sotos Syndrome (see Cerebral Gigantism)
Spastic Ataxia, Charlevoix-Saguenay Type
Spherophakia-Brachymorphia Syndrome
Sphingomyelin Lipidosis (see Niemann-Pick Disease)
Spina Bifida Cystica with Paralysis (see Meningomyelocele)
Spinal Muscle Atrophy, Infantile Type I
Split Hand Deformity (see Ectrodactyly)
Split Hand Deformity-Mandibulofacial Dysostosis (see Acrofacial Dysostosis, Nager)
Spondyloepiphyseal Dysplasia Congenita

Spongy Degeneration of Brain (see Brain, Spongy Degeneration)
Spongy Glioneuronal Dystrophy (see Alpers Disease)
Steinert Disease (see Myotonic Dystrophy)
Stephens Syndrome (see Kearns-Sayre Disease)
Stickler Syndrome (see Arthro-Ophthalmopathy, Hereditary, Progressive, Stickler Type)
Sulfatase Deficiency, Multiple
Sulfatide Lipidosis (see Metachromatic Leukodystrophies)
Sulfatidosis, Juvenile, Austin Type (see Sulfatase Deficiency, Multiple)
Sweaty Feet Syndrome (see Acidemia, Isovaleric)
TAR Syndrome (see Thrombocytopenia-Absent Radius)
Tay-Sachs Disease (see G(M2)-Gangliosidosis with Hexosaminidase A Disease)
Teschler-Nicola/Killian Syndrome (see Pallister-Killian Mosaic Syndrome)
Thrombocytopenia - Absent Radius Syndrome
Tibial Hypoplasia/Aplasia-Ectrodactyly
Townes-Brocks Syndrome (see Anus-Hand-Ear Syndrome)
Toxoplasmosis, Infantile (see Fetal Toxoplasmosis Syndrome)
Transsuccinylase (E2) Deficiency (see Acidemia, 2-Oxoglutaric)
Treacher Collins Syndrome (see Mandibulofacial Dysostosis)
Tricho-Rhino-Phalangeal Syndrome, Type II
Trichothiodystrophy
Tuberous Sclerosis
Tyrosinemia II, Oregon Type
Usher Syndrome
Van Bogaert Spongy Degeneration of the Brain (see Brain, Spongy Degeneration)
Varadi-Papp Syndrome (see Oro-Palatal-Digital Syndrome, Varadi Type)
Vater Association (or Vacterl Association)
Velo-Cardio-Facial Syndrome
Velopharyngeal Insufficiency (see Palatopharyngeal Incompetence)
Waardenburg Anophthalmia Syndrome (see Anophthalmia-Limb Anomalies)
Walker-Warburg Syndrome
Warburg Syndrome (see Walker-Warburg Syndrome)
Weaver Syndrome
Weill-Marchesani Syndrome (see Spherophakia-Brachymorphia Syndrome)
Werdnig-Hoffman Disease (see Spinal Muscular Atrophy, Infantile Type I)
Whistling Face Syndrome (see Cranio-Carpo-Tarsal Dysplasia, Whistling Face Type)
Wildervanck Syndrome (see Cervico-Oculo-Acoustic Syndrome)
Williams Syndrome
Wolf-Hirschhorn Syndrome (see Chromosome 4, Monosomy 4p)
X-Linked Mental Retardation, Fragile X Syndrome
Xeroderma Pigmentosum-Mental Retardation
XXXX Syndrome

XXXXXX Syndrome
Zellweger Syndrome (see Cerebro-Hepato-Renal Syndrome)
Zika Virus Disease, Congenital (includes Congenital Zika Syndrome) ICD-10-CM)

PEDIATRIC MIDDLE-EAR/HEARING SCREENING FORM

NAME _____ SEX _____ BIRTHDATE _____ DATE _____

MOTHER'S NAME _____

SCREENER _____ TITLE _____ COUNTY _____

INSTRUCTIONS FOR MIDDLE-EAR SCREENING: For each ear, draw the tympanogram and record the type, canal volume, admittance peak, and pressure peak in the appropriate boxes according to screening results. See flowchart on reverse of this page.

RIGHT EAR

Draw Tympanogram			
-400	-200	0	+200
<div style="position: absolute; top: 0; left: 50%; transform: translateX(-50%); width: 1px; height: 100%;"></div>			

Type	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
Canal Volume	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
Admittance Peak	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
Pressure Peak	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
Otoscopy? Yes No	

LEFT EAR

Draw Tympanogram			
-400	-200	0	+200
<div style="position: absolute; top: 0; left: 50%; transform: translateX(-50%); width: 1px; height: 100%;"></div>			

INSTRUCTIONS FOR PURE TONE SCREENING: Present a 20dB HL signal at each screening frequency. Not responding to the 20 dB tone at any frequency in either ear shall constitute a does not pass. Record a "+" (plus) for "pass" or "-" (minus) for "does not pass" in the appropriate boxes.

RIGHT	1000 Hz	2000 Hz	4000 Hz

LEFT	1000 Hz	2000 Hz	4000 Hz

INSTRUCTIONS FOR PHYSIOLOGIC SCREENING: Refer to the specific OSDH protocol for the technology used. Check the type(s) of physiologic screening employed. Indicate screening results for each ear. Record a "+" (plus) for "pass" or "-" (minus) for "does not pass" in the appropriate box.

Type of screening:	ABR <input type="checkbox"/>	RIGHT EAR <input type="checkbox"/>	LEFT EAR <input type="checkbox"/>
	OAE <input type="checkbox"/>	RIGHT EAR <input type="checkbox"/>	LEFT EAR <input type="checkbox"/>

SCREENING RESULTS: Pass ☐ Does Not Pass ☐

RECOMMENDATIONS:

Audiologic Referral <input type="checkbox"/>	PCP Referral <input type="checkbox"/>
Re-Check in 4-6 Weeks <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

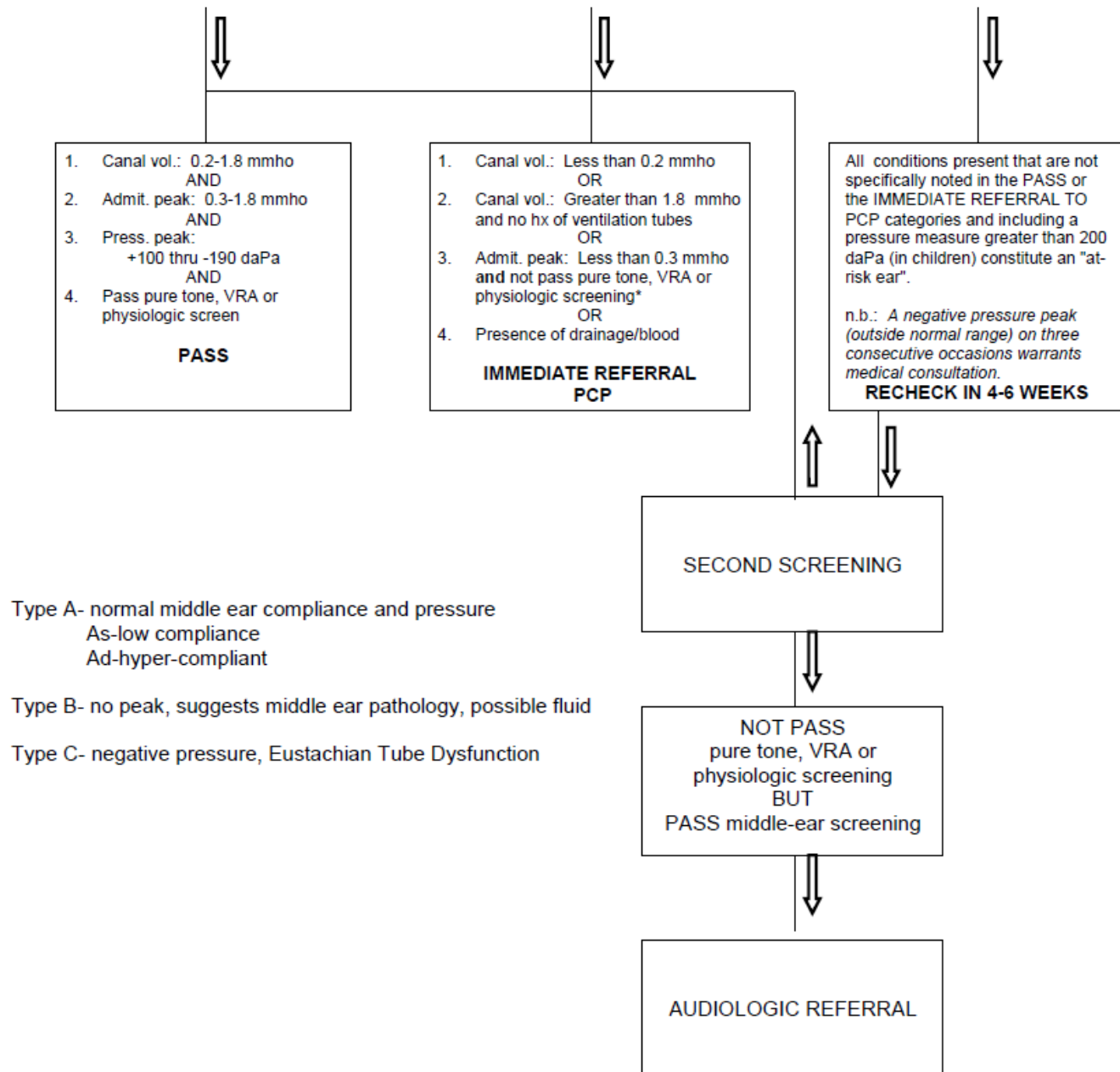
Pass newborn Hearing Screening?	Y	N	Risk Factors: _____
History of ear infections?	Y	N	
P.E. Tubes?	Y	N	If Yes, When? _____

COMMENTS : _____

MIDDLE-EAR / HEARING SCREENING PROTOCOL

WITHOUT OTOSCOPIC EXAMINATION

(PHNs and PNPs should refer to Practice Guidelines/Approved Orders: Middle Ear Dysfunction)



*NOTE: IF THE CHILD IS TOO YOUNG TO TEST USING PURE TONE SCREENING AND VRA OR PHYSIOLOGIC SCREENING IS NOT AVAILABLE, THE COMBINATION OF AN ADMITTANCE PEAK OF LESS THAN 0.3 MMHO AND A HISTORY OF MIDDLE EAR EPISODES IN THE LAST SIX MONTHS IS A BASIS FOR AN IMMEDIATE REFERRAL TO A PNP OR A PHYSICIAN.

Hearing Results
Newborn Screening Program
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299
405-271-6617

Dear Clinician: *If the infant's parent/guardian did not bring a similar form that includes the infant's identifying information, use this form to report hearing screening or audiologic diagnostic results to the newborn screening program. Please return the completed form to the address above or FAX it to 405-271-4892.*

Infant's last name:

Infant's first name:

DOB:

Mom's last name:

Mom's first name:

Mom's SS#:

Address:

City:

State:

Zip:

Birth Facility:

TO THE CLINICIAN EVALUATING HEARING: COMPLETE BOX 1 IF YOU ARE SCREENING HEARING; COMPLETE BOX 2 IF YOU ARE PROVIDING A DIAGNOSTIC AUDIOLOGIC ASSESSMENT.

BOX 1: HEARING SCREENING RESULTS

Screening Date: _____

Results:

Right Ear: ☐ Pass ☐ Refer Left Ear: ☐ Pass ☐ Refer Screen Method: ☐ ABR ☐ OAE ☐ other _____

Intervention: ☐ Referred ☐ Already Enrolled ☐ SoonerStart ☐ other _____

Comments:

Person screening: _____ Title: _____ Phone: _____

BOX 2: Diagnostic Audiologic Assessment Results

Assessment Date: _____

Seen previously? ☐ Yes ☐ No If Yes, Date: _____

Results:

Right Ear: ☐ Normal ☐ Mild Loss ☐ Moderate Loss ☐ Severe Loss ☐ Profound Loss ☐ Inconclusive

Left Ear: ☐ Normal ☐ Mild Loss ☐ Moderate Loss ☐ Severe Loss ☐ Profound Loss ☐ Inconclusive

Type of loss: ☐ Sensorineural ☐ Conductive ☐ Mixed ☐ Undetermined

Assessments used: (Check all that apply) ☐ ABR ☐ Bone ABR ☐ ASSR ☐ TEOAE ☐ DPOAE ☐ BOA ☐ VRA

☐ Pure Tone ☐ Tympanometry ☐ other _____

Intervention: ☐ Referred ☐ Already enrolled ☐ SoonerStart ☐ other _____

Comments:

Recommendations:

Audiologist: _____ Phone _____

Appendix Q

NEWBORN HEARING SCREENING REPORTING FORM

INSTRUCTIONS FOR USE

Newborn Hearing Follow-up Report submission is mandated by the State of Oklahoma, Newborn Infant Hearing Screening Act§63-1-543.

PURPOSE:

This Reporting Form is to be used to report all visits to your facility by infants and children birth to three years of age. Information from these reports will be used to update the newborn hearing screening results reported at birth by the hospital and monitor that each child is receiving follow-up services as soon as possible. Annual data will be reported to the Center for Disease Control and Prevention (CDC) to determine babies “Loss to Follow-up/Loss to Documentation”.

REPORTING HEARING RESULTS ON ALL INFANTS AND CHILDREN FROM YOUR FACILITY should include:

- Initial infant hearing screenings on “out of hospital births” and missed hospital screenings
- All infants that referred the initial hearing screening
- A child referred to you from other resources (parents, physicians, etc) with suspected or confirmed hearing loss
- A child being evaluated for hearing aids or cochlear implant(s)
- A child being monitored for risk factors for progressive hearing loss
- A child who exhibits any significant change in hearing status
- A child who was scheduled for follow-up from newborn screening or hearing aid fitting but missed multiple scheduled appointments and has now been lost to follow-up
- **Report all results even if auditory responses are within the normal limits or incomplete results**

INSTRUCTIONS FOR USE:

- Enter date of appointment, not the date you are filling out form

IDENTIFYING INFORMATION

- The child’s full name, birth date, and mother’s first and last name
- Mom’s SS# if given
- Current address
- Name of child’s hospital of birth or note if out-of-hospital birth
- Current Primary Care Physician

RESULTS:

- Complete Box 1 for screenings, complete Box 2 for diagnostic audiologic assessments
- Check correct test results for each ear. Ear specific test results are required, even if baby passed one ear on an initial screen. If baby has malformation of ear prohibiting a screening, need to refer for diagnostic ABR.
- Check all tests performed.
- If baby refers screening, make note of recommendations for follow-up in comments section of Box 1.
- If diagnosed hearing loss, check degree and type of loss (refer to updated ASHA guidelines for degree of loss)
- Do not mark two degrees of hearing loss. If the hearing loss crosses two levels, check the degree that encompasses the majority of the frequencies
- Include date of amplification and check type of amplification device
- Check all other referrals made
- If enrolled or referred to early intervention, note location if known
- Note any known risk factors/family history

Please return or fax the **completed form**, or **audiology report** to: Newborn Hearing Screening Program
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117

Fax (405)271-4892

SOONERSTART VISION SCREENING

Follow-up Plan

CHILD'S NAME _____ DOB _____ Rescreen Date _____
 SCREENERS _____ DATE _____ Referral to Dr. _____
 SIGNIFICANT HISTORY _____ To Consultant _____
 Passed _____

VISUAL CONCERNS _____

OBSERVATIONS (Circle YES or NO or N/A)

YES	NO	Eyes are misaligned
YES	NO	Cloudy appearance of pupil
YES	NO	Red or inflamed eyes
YES	NO	Encrusted lids, discharge
YES	NO	Facial asymmetry
YES	NO	Eyes of unequal size
YES	NO	Jerky eye movements
YES	NO	Squints, frowns or blinks
YES	NO	Head tilt to one side to see
YES	NO	Thrusting head forward or backward to see

YES	NO	Rubs eye frequently
YES	NO	Runs into furniture, spills thing, Clumsy
YES	NO	Poor eye-hand-body coordination, difficulty throwing/catching ball or going up/ downstairs
N/A		
YES	NO	Unusually sensitive to light
YES	NO	Very close viewing distance
YES	NO	Avoids looking
YES	NO	Light gazing

SCREENING RESPONSES (Circle information for RIGHT or LEFT eye, YES or NO, and NO CONCERN or CONCERN.)

Pupillary Response • Present from birth.

From 12" away, direct a penlight into the child's eyes and observe whether the pupils constrict, then dilate when the light is removed.

Right Eye: present absent sluggish No concern Concern
 Left Eye: present absent sluggish No concern Concern

Blink Response • Present by 1 month.

Using an age-appropriate toy, bring quickly towards the child's eyes. Child should blink in response. Make sure they are responding to the visual approach of the object and not the wind created.

Pass: YES NO No concern Concern

Blink-to-touch Response: If blink response is absent, gently tap child's forehead between the eyes to elicit blink-to-touch.

Pass: YES NO No concern Concern

Convergence/Divergence • Present at 3 months; Ability of the eyes to focus on objects at near range.

Sitting in front of the child, attract his/her attention with a toy held at eye level. From a distance of 12-16", slowly move a toy toward the bridge of the nose and slowly away. Eyes should continue to follow the toy at least within 4-6" of the nose.

Convergence: Pass: YES NO No concern Concern

Divergence: Pass: YES NO No concern Concern

Appendix R

Hirschberg Corneal Light Reflex • Present by 6 months; Check for muscle imbalance- a slight imbalance before this age is normally not a concern. Hold penlight 12-13" from face, directly in front of child's eyes. Direct the light at the hairline in the center of forehead. Observe the reflection of the penlight in the pupils of both eyes; it should be equally centered or equally centered slightly toward the nose. Diagram the location of the reflection.

PASS:

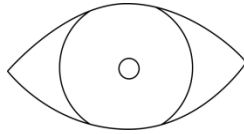
YES

NO

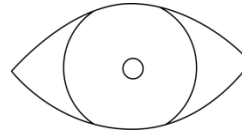
NO CONCERN

CONCERN

Right Eye:



Left Eye:



Fixation Near Fixation: Hold an object at 8-18" in the child's central field of vision without cuing with sound, touch or air movements.

2 months – 4" x 5" object:	STEADY	FLEETING
4 months – 1" object :	STEADY	FLEETING
6 months – Cheerio:	STEADY	FLEETING

Distance Fixation:

9 months – 4" object:	STEADY	FLEETING
-----------------------	--------	----------

PASS:

YES

NO

NO CONCERN

CONCERN

Tracking < 3 months: about 50° either side of midline horizontally and 30° above and below midline vertically.

6 months: full 180° arc horizontally with smooth transition over midline. 10 months: full 180° arc horizontally without moving head.

Horizontal:	smooth	jerky	eyes only	head & eyes	NO CONCERN	CONCERN
Vertical:	smooth	jerky	eyes only	head & eyes	NO CONCERN	CONCERN
Circular:	smooth	jerky	eyes only	head & eyes	NO CONCERN	CONCERN
Diagonal:	smooth	jerky	eyes only	head & eyes	NO CONCERN	CONCERN

Shift of Gaze • Present by 4 months: ability to shift gaze between 2 objects. Present by 6 months: ability to smoothly shift gaze across midline. Hold two objects of interest to the child about 10" in front of him/her at about 6" apart. Move them slightly to attract their attention and note presence of shift of gaze.

YES

NO

NO CONCERN

CONCERN

Peripheral Field of Vision • Full field of vision present by 1 year. One person should hold a toy or penlight about 12-18" directly in front of the child's eyes to attract attention. A second person directly behind the child should slowly move a small toy or light from behind and above and then behind and below the head from each side toward the center of the child's vision. Repeat several times to check for consistency of response.

Quadrant:	Upper Right:	PASS	FAIL	NO CONCERN	CONCERN
	Lower Right:	PASS	FAIL	NO CONCERN	CONCERN
	Upper Left:	PASS	FAIL	NO CONCERN	CONCERN
	Lower Left:	PASS	FAIL	NO CONCERN	CONCERN

COMMENTS & RECOMMENDATIONS _____

Upload to EdPlan record. May also file in child's SoonerStart folder with evaluations and assessments if desired. Complete form at each evaluation or more often as determined by failure of screening and protocol rescreening.

Appendix R

Functional Child & Family Outcomes
Technical Assistance Document



Developed: April 2015

This document is intended to provide technical assistance in developing “functional” child and family outcomes for the IFSP. This process is used for writing all IFSP outcomes regardless of whether or not the Oklahoma Family Interview (OFI) was completed with a family.

For an outcome to be “functional”, it must meet the following criteria:

1. Reflect the priorities of the family
2. Be useful and meaningful to the family
3. Reflect real-life situations of the family and child
4. Be free of jargon
5. Be measurable

Additional criteria to consider when developing outcomes...

- Outcomes should be able to be addressed by various people at various times through a family’s normal routines and activities... keep outcomes from becoming too specific or narrow.
- Ask yourself... why is the child working on this outcome? Is there an immediately apparent answer?
- Be clear... it should be easily understood by the family

Regarding “jargon” and “measurability”, there are some terms that should be avoided when writing functional outcomes so that outcomes are easily understood by families. The following list identifies some common early intervention terms that are best avoided when writing functional IFSP outcomes:

- Therapeutic terms – utterances, verbal exchanges, minimal physical assistance, etc.
- Improve
- Increase
- Understand
- Tolerate
- Trials (3 out of 5 times)
- Percentages (90% of the time)

CHILD OUTCOMES:

There are seven identified steps used when writing a functional IFSP outcome.

Step 1: Read the Informal Outcome

The IFSP team will refer back to the prioritized concerns developed by the family during the OFI,

Example – *Austin drinking from a sippy cup*

Step 2: Determine the Routines Involved

Upon completion of a OFI, it should be easy to identify the routine(s) related to a stated informal outcome. In the example started above, see the following:

Example – Austin drinking from a sippy cup during *all mealtimes and snacktimes*

Step 3: Write “(The child’s name) will participate in (those routines)...”

All child outcomes should begin with this phrase. See below for the continuation of the example outcome:

Example – *Austin will participate in all mealtimes and snacktimes...*

Step 4: Write “...by _____ing,” inserting the desired behavior or skill

Typically this step requires little to no wording changes from what the family said regarding the target behavior or skill. The specifics of the outcome will be addressed in the coming steps. See below:

Example – *by drinking from a sippy cup independently.*

So far, the example outcome reads...

Austin will participate in all mealtimes and snacktimes by drinking from a sippy cup independently.

(Note – the original “informal” outcome only said... Austin drinking from a sippy cup)

Step 5: Determine a Measurability Criterion

Determine what frequency, duration or rate would be an acceptable level of behavior? This is the measure by which the family can say that the child has met the outcome. This should be determined in discussion with the IFSP team which includes the family.

Example – *Austin will hold and drink from his sippy cup independently three times per day for two weeks.*

Step 6: Add a Generalization Criterion

The next step is to identify the extent to which a child should demonstrate the behavior or skill across time, places, people, situations or materials.

Example – *during all mealtimes and snacktimes*

Step 7: Add a Time Criterion

Next, the amount of time over which the behavior or skill needs to be displayed should be determined and added to the outcome. The criterion should answer one of the following... how long, how many times, how often, etc. See example below:

Example – *for 5 consecutive days*

The final example outcome now reads...

Austin will participate in all mealtimes and snacktimes by drinking from a sippy cup independently.

We will know he can do this when he drinks a whole cupful, holding the sippy cup independently during all mealtimes and snacktimes for 5 consecutive days.

FAMILY OUTCOMES:

Generally, a family outcome can be written using the words of the family and adding at least one measurable criterion. Typically, the criterion can be the addition of a date or “deadline” for the outcome to be met.

Example –

Informal outcome: *Eat dinner together nightly at the table as a family*

Formal outcome: *All five family members will eat dinner together nightly at the table as a family by 10/1/2015.*

OTHER OUTCOME INFORMATION:

Outcomes for Other People:

Outcomes can't be written for people who are not in attendance at the IFSP meeting. For example, if parent #1 is wanting parent #2 to participate in a specific task but parent #2 did not attend the IFSP meeting... an outcome stating that parent #2 is going to do “something” should not be written. An outcome could be written for parent #1 who is at the IFSP meeting to complete an activity that would specify parent #1 addressing the desired behavior with parent #2. See below...

Example – *Jill will have a conversation with Jack about spending more time with the children.*

Preemies/General Development Outcomes:

The completion of a OFI should help a family move away from “global” or broad general development outcomes. Through the discussion of the family’s daily activities, more specific skills or behaviors should be identified for the child and the family. Knowledge of basic child development will assist in helping families identify possible outcomes for their child’s future development and skills/behaviors within the family’s existing routines and activities. Although outcomes may still address general developmental milestones, the outcomes should be targeted and “functional” for the child and family within the context of daily routines and activities now and in the coming months.

If a family identifies that they just want their child to grow and develop... it is the responsibility of the IFSP team (RC and Service Provider) to assist the family through conversation in identifying specific, functional skills and behaviors and how those may fit in with the family’s daily life. It is necessary to also look at any other “family outcomes” that may need to be addressed for the parents and/or siblings of the child.

Writing of Outcomes:

The task of physically writing the IFSP outcomes belongs to the IFSP team and not to one specific individual or group of individuals. This task should be discussed and planned prior to entering the family’s home so that the process may flow smoothly and effectively. There is no right answer – however, it is a “team” effort when developing the IFSP and it is always best to utilize the strengths of each individual on the team for the good of the child and family being served. There are times when outcomes will be written by one person at an IFSP meeting and there will be times when outcomes are written by several people at an IFSP meeting depending on the situation, the individuals present at the meeting and the skills/knowledge needed to address the development of the outcome.

Combining Outcomes:

Generally, outcomes chosen by a family should not be combined into one larger, encompassing outcome. We want to preserve and honor the family’s desire for a specific skill or behavior and combining the skills/behaviors may make it appear as if we are not paying full attention to the individual skills they are seeking. The skills and behaviors may be worked on collectively during intervention visits but for the purposes of writing the outcomes, they should be kept separate on the IFSP document.

An example, could be that a family wants a child to be able to dress and undress independently and also to get in and out of the bathtub on their own.

We would not want to write a goal that addresses the child getting undressed before their bath, getting into and out of the tub and then putting on their pajamas afterwards.

These should be kept as two separate skills (dressing/undressing and getting in/out of the tub) when writing the outcomes but when addressing the skills during intervention visits, all may be worked on as a sequence for the family's bathtime routine.

Professionals' Concerns Not Addressed by Family Chosen Outcomes:

The fact that a family does not choose or identify a certain skill as a priority or outcome during an IFSP meeting does not mean that the professional's concern will not be addressed. As a professional, there is an ethical obligation to provide families with information and knowledge that is known regarding the child and family being served by SoonerStart. However, unless the professional's concern for the child or family is life-threatening or places the child, family or other family member in imminent danger or harm... the concern may need to be addressed at a different time once a relationship of trust has been formed with the family. If it is necessary to address it immediately, it should be done so and documented as necessary possibly including a prior written notice.



SoonerStart Consent for Medicaid Reimbursement

CHILD'S NAME _____ DATE OF BIRTH _____

SoonerStart has provided you with information about Oklahoma's system of payments for early intervention services which includes seeking reimbursement from the Oklahoma Medicaid agency if your child is currently enrolled in Oklahoma Medicaid (SoonerCare). Parental consent must be obtained before personally identifiable information is disclosed to bill Medicaid. You have the right to decline SoonerStart's request to access your child's Medicaid benefits. You may withdraw your consent for SoonerStart to release personally identifiable information to bill for Medicaid compensable services at any time. If you do not provide consent for SoonerStart to bill Medicaid for Medicaid compensable services, the SoonerStart program must still make available the services on the IFSP to which the parent has provided consent.

____ **YES**, I give my consent for SoonerStart to release personally identifiable information from my child's SoonerStart record to bill the Oklahoma Medicaid Program (SoonerCare) in order to obtain reimbursement for early intervention services provided to my child.

- I understand that I may revoke my consent in writing at any time.
- Unless revoked, my consent is valid while my child is enrolled in the SoonerStart Early Intervention Program.

____ **NO**, I do not give consent for SoonerStart to release personally identifiable information from my child's SoonerStart record to bill the Oklahoma Medicaid Program (SoonerCare) in order to obtain reimbursement for early intervention services provided to my child.

Parent/Caregiver Signature

Date

Parent/Caregiver Printed Name

FOR OFFICE USE ONLY:

Date entered in EdPlan _____

Staff initials _____

Appendix T



SoonerStart Early Intervention Program

Consent for the Release of Confidential Information

I understand that these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent.

Authorizing Person: ☐ Child ☐ Parent ☐ Guardian ☐ Legal Custodian ☐ Other:

Request that information concerning:

Child's Name:	Date of Birth:	SSN:
---------------	----------------	------

Be released and authorize (Name and address of person or agency releasing information):

Name:	Address:
-------	----------

To release to:

Name:	Address:
-------	----------

Name:	Address:
-------	----------

The following information (Kind and/or extent of information to be released):

--

For the following purpose(s):

--

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the record to be disclosed if requested. Redislosure, except as provided at 34 CFR 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

☐ Notary

Notary Name:	My commission number:
--------------	-----------------------

Subscribed and sworn to me	20	My commission expires:	20
----------------------------	----	------------------------	----

Notary Public (or Clerk or Judge):

☐ Agency Verification in Lieu of Notary:

Staff Signature:	Date:
------------------	-------

Signature of Person(s) Authorizing Release:

Name:	Date:
-------	-------

PARENT CHILDCARE LETTER

Dear Childcare Provider or Teacher:

Hello! A child who attends your childcare center/home by the name of:

was recently determined “eligible” to receive early intervention services from the SoonerStart Early Intervention Program of Oklahoma. In an effort to gather all available information regarding this child and his/her family, we would like to speak with you briefly either by phone or in person. Through this conversation, we hope to gain more information about how this child is functioning in the activities that he or she participates in on a daily basis while in the childcare setting. We are interested in the following types of information regarding the time this child spends in your childcare center:

- *Any challenges that the child has during daily activities/routines*
- *Any skills that the child may need to improve upon or develop in order to better participate in the daily activities/routines*
- *Any concerns that you may have in regards to the child’s participation level or ability to participate in a daily activities/routines*
- *Information about how the child could better participate in daily activities/routines or what would make that activity/routine better or easier for the child*
- *Any relevant information that you feel is important to share, etc.*

The valuable information that you can provide back to us will be shared with the child’s family so that they can make important decisions about the early intervention services being provided for their child and family. With consent from the family, a Resource Coordinator from the SoonerStart Early Intervention Program will be contacting you soon to make arrangements to speak with you about this child:

Resource Coordinator:

Phone Number:

We look forward to speaking with you soon!!



SoonerStart Early Intervention Program Equipment Use Agreement

Read the following information:

As part of this program, SoonerStart provides adaptive equipment for trial and use as an assessment tool. The equipment used in this program may be new or used. The equipment may be owned by the State of Oklahoma or may be entrusted to the State of Oklahoma by individuals for use in the SoonerStart program.

SoonerStart agrees to provide the adaptive equipment, listed below, to the parties, identified below, hereinafter called parents whether singular or plural, whether said parties are the actual parents of the child or guardians, custodians, foster parents or otherwise, for trial and use as an assessment tool to determine whether the child, listed below, can benefit from the use of this adaptive equipment.

SoonerStart agrees to provide a verbal, visual and hands-on demonstration, to the parents and child listed below, on 1.) how to safely use this equipment and 2.) how to achieve the maximum benefit from the use of this equipment.

The parents agree 1.) to use the equipment according to the verbal, visual and hands-on demonstration, 2.) not to use this equipment with any other child, than the child listed below, without consultation with SoonerStart.

All parties agree that parents shall not obtain any right, title, and claim of ownership in said equipment of any type. All parties agree that said equipment is "loaned" to the parents on a temporary basis and SoonerStart reserves the right to require the equipment be returned to SoonerStart upon 1.) the child reaching the age of three, 2.) the parents and child moving from the State of Oklahoma or 3.) for any other reason within the discretion of SoonerStart.

All parties agree that the equipment is provided "as is" and SoonerStart does not make any warranties, either express or implied, regarding the fitness of this equipment for a specific purpose.

Parents agree to hold the local SoonerStart program, its employees, Oklahoma State Department of Health and the Oklahoma State Department of Education harmless from any damage or liability resulting from their use of said equipment or accidents while using said equipment.

Complete the following information:

Child's Name:		Date of Birth:	
Caregiver's Name:		Relationship to Child:	
Address:		Phone Number:	
Equipment Borrowed:	Date Borrowed:	Date Returned:	Initials:
Signatures:			
Signature of Parent(s):		Date:	
Received by (Name/Title):		Date:	



SoonerStart Early Intervention Program

Assistive Technology: Request for Use of SoonerStart Funds

Child's Name:	SoonerStart Site:	Date:
<p>This request is to be completed by the Service Coordinator and submitted to the Executive Director for SoonerStart Early Intervention, Special Education Section, Oklahoma State Department of Education. A response will be provided within 10 working days of receipt of this request.</p>		
<p>Please attach order information, manufacturer, model #, and picture of device and vendor for the assistive technology device(s)/Service(s) requested. Please provide the information requested for the below 4 items. If the information is included in existing documentation, you do not need to duplicate on this form, but rather attach relevant documents (evaluation or assessment reports, applicable sections of the IFSP, assistive technology guide, etc.) to support your request.</p>		
<p>State the IFSP outcome to be addressed by use of AT requested:</p>		
<p>Identify infant/toddler present abilities and consideration of these abilities in relation to use of specific type of assistive technology requested:</p>		
<p>Identify the environmental considerations for use of the technology at home, in the community, or other natural environments in which the child may participate:</p>		
<p>Identify efforts to access other sources of funding and state the results:</p>		
<p>State Office Use:</p>		
SoonerStart Region:	Service Coordinator:	Date Request Received:
Phone:	Fax:	
<p>Identify Assistive Technology Assessment Team Members:</p>		



SoonerStart Early Intervention Program Autism Spectrum Disorder (ASD) Screening Results

Child's Name:		Date of Birth:
The above named child was screened and indicated to be at risk for autism spectrum disorder (ASD). One or both screeners below may have been used.		
Check all that apply:		
<input type="checkbox"/> Modified Checklist for Autism in Toddlers Revised (M-CHAT-R; Robins, Fein, & Barton, 2009). The M-CHAT-R is a Level 1 screening tool validated for screening toddlers between 18 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT-R is based on parental report.		
<input type="checkbox"/> Screening Tool for Autism in Two-Year-Olds (STAT; Stone, Coonrod, & Ousley, 2000). The STAT is a Level 2 interactive screening measure developed to screen for autism in children between 24 and 36 months of age. Level 2 screening tools specific to autism spectrum disorder help to identify children at risk of having ASD rather than other developmental disorders.		
Screening tools for autism are not intended to indicate whether or not a child has autism; it only rules in or rules out the possibility of autism. The results of the screening have raised concerns that are consistent with autism spectrum disorder. You may want to discuss these results with your primary health care provider. SoonerStart services are not contingent upon the child having a diagnosis of ASD.		
Signature of SoonerStart Staff:	SoonerStart Site:	Date:

Child's Name:		Date of Birth:
The above named child was screened and indicated to be at risk for autism spectrum disorder (ASD). One or both screeners below may have been used.		
Check all that apply:		
<input type="checkbox"/> Modified Checklist for Autism in Toddlers Revised (M-CHAT-R; Robins, Fein, & Barton, 2009). The M-CHAT-R is a Level 1 screening tool validated for screening toddlers between 18 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT-R is based on parental report.		
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Screening tools for autism are not intended to indicate whether or not a child has autism; it only rules in or rules out the possibility of autism. The results of the screening have raised concerns that are consistent with autism spectrum disorder. You may want to discuss these results with your primary health care provider. SoonerStart services are not contingent upon the child having a diagnosis of ASD.		
Signature of SoonerStart Staff:	SoonerStart Site:	Date:



Transition at Age Three **Steps for Success**

SPECIAL EDUCATION



As parents of a young child receiving early intervention services, you are partners with your SoonerStart staff. When your child turns three and graduates from SoonerStart, a new adventure begins. As you explore your options beyond SoonerStart, you may consider a Head Start program, a day care center, or your local school district (to name a few). We call this process transition.

Transition may begin when your child is 27 months, but no later than 33 months. At this time, you will work with your Resource Coordinator to develop a transition plan that will be part of the Individual Family Service Plan (IFSP). Your child's Resource Coordinator will also notify the local school district of your child's upcoming third birthday in the event that your child may be eligible for services. SoonerStart does not determine eligibility for school districts. The school district may do testing to determine your child's eligibility for services in the school.

Planning the Move

Transitions are natural events for all of us. Remember your first day of school? What about the day you brought your new baby home? Successful transitions require planning ahead and working with others who can help.

Your family's culture will also bring a unique set of values, beliefs, customs, and behaviors that may affect how you plan and the choices you make.

Through the IFSP process, your family set goals based on your priorities and concerns, and identified services and support that you needed to reach the goals. During transition, you will identify people and agencies that can help you to continue to access services you are currently receiving. Some services may not be available after SoonerStart. In that case, SoonerStart will help you find ways for you and your child to integrate activities into your family's daily life with family members or friends.

As you plan, ask yourself:

- What do I hope and dream for my child?
- What does my child need now to grow and develop?
- Where do I want my child to play and learn?

Choices After SoonerStart



If your child moves to the school district's program for children with disabilities, you will find this program addresses your child's educational needs; but not needs outside of school. The school has the responsibility to provide your child with an appropriate education in the least restrictive environment (LRE). To meet your other needs, you may have to choose other resources.

These may include:

- Friends with young children
- Local parent support organizations
- Cooperative play groups
- Family child care
- Head Start
- Mother's Day Out programs
- Library story hours
- Community recreation programs
- Child care centers
- Community non-profit organizations that focus on parenting



SOONER START

Transition from SoonerStart										
Child's Age in Months	27	28	29	30	31	32	33	34	35	3rd Birthday 
IFSP Initial Transition Planning Meeting *(27-33 months)										
Notification to the LEA										
Transition Planning Conference *(27-33 months)										
Evaluation by LEA										
Eligibility Meeting ** (by 3rd birthday)										
IEP Meeting ** (by 3rd birthday)										
IEP In Effect ** (by 3rd birthday)										

*Oklahoma SoonerStart Early Intervention Program Manual: Policies, Procedures, and Guidelines. Items in green are the responsibility of SoonerStart.
 **Oklahoma Special Education Handbook. Items in blue are the responsibility of the local school district.

Transition Planning Conference

At the transition planning conference (TPC), you, SoonerStart personnel, and other people you invite will meet with people from programs you are considering for your child. These programs might include your local school district, Head Start, child care, a Mother's Day Out program, or other programs in your community. If you have several options, you may have more than one TPC. If you are considering a group program for your child, the meeting(s) may include visits to the actual classrooms or program sites. With your consent, your child's evaluation and/or assessment information and IFSP will be sent to the program(s) of your choice prior to the TPC so that those staff will be familiar with your family. In accordance with federal law and State policy, the transition (TPC) meeting(s) occurs at least 90 days before your child's third birthday.

School District Services

Evaluation, Eligibility Determination, and Individualized Education Program (IEP)

Eligibility requirements for school district services are different from those for SoonerStart. The school must determine that your child meets criteria as a child with a disability and is in need of specialized services. A comprehensive evaluation must be conducted to determine if your child is eligible.

The evaluation will provide information about your child's unique talents and needs to help you and the staff decide on services. Other sources of information, such as your child's SoonerStart or doctors' records, will also be considered.



Meeting with the School District Staff

If school district services for children with disabilities are an option for your child, the transition meeting is a chance for you, SoonerStart providers, and school district staff to plan the transition process.

School district staff can explain eligibility criteria, service options, and how an educational plan will be developed for your child. You and others you invite can give the school district personnel information about your child. At the meeting, the school district staff will:

- Explain the program(s) in your native language.
- Discuss eligibility requirements and evaluation procedures.
- Explain the next step in the process.
- Explain your parental rights and answer your questions.
- Discuss options for where services may be provided.
- Consider your family's concerns about the change in services and the transition process.



As a parent you have information about your child that no one else has. During the meeting, you can share what you know. To help school district staff understand your family, you can:

- Share information you feel is important about your child and family.
- Ask questions.
- Share ideas and dreams for goals and objectives.
- Invite friends, relatives, or child care staff who may have useful information.
- Describe your child's activities and routines.

The IEP Team

If your child is eligible for services, a team will meet to develop an Individualized Education Program (IEP) for your child. The people on the team will include you as parents, the evaluator who is able to explain test results to you, an administrative representative (principal or designee), a general education teacher, a special education teacher, and other service providers if applicable (speech therapist, occupational or physical therapist). You may invite people to participate, as well.

Developing the IEP

As you develop the IEP, the IEP team will consider your child's strengths and needs, your concerns and goals, evaluation results, and factors that will help your child progress. These factors may include behavioral considerations, language needs (for English Language Learners), or Assistive Technology, if needed.

As part of your child's IEP team, you will help develop annual goals for your child. The goals will address your child's identified needs. They will enable your child to be involved and progress in age-appropriate activities. Goals are written so that your child's progress can be measured.

Making Service Decisions

The IEP team then decides on the services your child will receive. The team chooses how often, how long, and where your child will receive services. By law, your child must receive services in the least restrictive environment (LRE). If your child turns three during the summer months, extended school year (ESY) services must be considered, though is not needed for all children. Once the team agrees on the plan, it is finalized and you are asked to sign the IEP and consent for services.

Other issues you may discuss at the meeting include planning to make your child's first days in the new program happy and successful. You may wish to schedule visits to the new classroom, or to meet others who will be involved with making your child as successful as possible.

Speaking Up

If you do not understand something, ask questions. No question is too small. The key to a good beginning is communication among all who know and care for your child. As you talk, you will think of many creative ideas to help your child enjoy the step ahead. If problems arise, they can be discussed with openness and respect.

Other Options

If your child is determined to be ineligible for school district services, your resource coordinator will assist you in exploring and planning for other options. Those options may include some of the community services explored earlier as you began looking into possibilities for transition.

Items Needed for Enrolling Your Child in School

- Birth certificate
- Social security card
- Bureau of Indian Affairs card
- Current immunization record
- Sooner Care/Medicaid Card
- Available medical records
- Proof of residency
- List of emergency contacts and their phone numbers
- Health information about your child

If you have any questions at any time during this process, please visit with your Resource Coordinator for additional help.



Differences Between the IFSP and the IEP

Some significant differences exist among the types of services provided for children under age three and their families and the services provided for children with disabilities aged three through five years. Your family may want to know some of these differences before discussing services with the school to prevent misunderstandings.

Individualized Family Service Plan (IFSP)	Individualized Education Program (IEP)
<p>Includes information about the child's present levels of development.</p> <p>With the family's approval, it may also include the family's resources, priorities, and concerns related to helping the development of their child.</p>	<p>Includes information about the child's present levels of performance and participation in developmentally appropriate activities.</p> <p>Includes information about the parent's concerns for enhancing the child's education.</p>
<p>The family determines the outcomes.</p>	<p>The IEP team (parents or guardians, teachers, administrative representative, and related service providers who may work with the child), determine the goals.</p>
<p>Includes the major outcomes desired for the child and family, and the criteria, procedures, and timeline used to determine:</p> <ul style="list-style-type: none"> • The degree to which progress toward achieving outcomes is being made; and • Whether modifications or revisions of the outcomes are necessary. 	<p>Includes measureable annual goals, academic and functional, designed to:</p> <ul style="list-style-type: none"> • Enable the child to be involved in and make progress in the general curriculum; • Explain frequency of progress reports and how they will be provided.
<p>Includes the natural environment where services will be provided.</p>	<p>Includes an explanation of the extent, if any, that the child will not participate with nondisabled children in regular activities or classes (least restrictive environment).</p>
<p>Includes the specific early intervention services necessary to meet the unique needs of the child and the family to achieve identified outcomes, stating type(s) of services, how often, and for how long they will be delivered.</p>	<p>Includes the special education, related services, supplemental aids and services, modifications, and supports to be provided to help the child and participate in developmentally appropriate activities.</p>



SOONER START



About the Survey

The **SoonerStart Family Survey** is for parents and caregivers of children from birth to 3 years old who are currently receiving services through SoonerStart.

The new SoonerStart Family Survey has 16 questions and should take less than 10 minutes or less to complete.

The Family Survey is produced through a partnership between the SoonerStart Program and the Oklahoma Parents Center (OPC).

Appendix AA

Oklahoma Parents Center



What is the Oklahoma Parents Center?

The Oklahoma Parents Center (OPC) is dedicated to the equality of children and adults with disabilities. Our mission is to train, inform, educate and support parents, families, professionals and consumers in building partnerships that meet the needs of children and youth with the full range of disabilities ages birth through twenty-six.

We are a 501 (c)(3) non-profit agency that operates the statewide federally funded Parent Training and Information Center (PTI) in Oklahoma. We are funded in part by the U.S. Department of Education, Office of Special Education Programs (OSEP) and the Oklahoma State Department of Education, Special Education Services (OSDE-SES). However, the contents do not necessarily represent the policies of the funding agencies and endorsement should not be assumed.

Oklahoma Parents Center, Inc.
P.O. Box 512
Holdenville, Oklahoma 74848

www.OklahomaParentsCenter.org



Like us on Facebook at
<https://www.facebook.com/OkParentsCenter/>



SOONER START

Family Survey Brochure

Oklahoma Parents Center

Toll Free
877-553-4332

www.OklahomaParentsCenter.org

This survey is for families currently receiving SoonerStart services. Your responses will help guide efforts to improve services and results for children and families.

Your opinions matter! Would you share yours with us? One of the best ways to do this is to take the SoonerStart Family Survey each year. This survey asks for your opinions about the quality of the SoonerStart program. We use this information to guide the program toward improvement and to recognize areas of accomplishment. Without your opinions, we cannot identify areas of weakness and strength.

The SoonerStart Family Survey consists of 16 questions and should take you less than 10 minutes to complete. Your responses are entirely anonymous, unless you choose to share your contact information. None of the information that could be linked to you will ever be shared with SoonerStart site personnel. Your participation is voluntary, and you can stop the survey at any time (though we really appreciate complete surveys!).

The Family Survey is a collaborative effort of the SoonerStart early intervention program and the Oklahoma Parents Center, Inc. The data is reported as a whole to SoonerStart sites and to the U.S. Department of Education.

Thank you for your time and effort to improve Oklahoma's services to your children.

How can you take the Survey?

Take the Survey Online!



Visit our website
and follow the
Survey Link
at

www.OklahomaParentsCenter.org

Answer the Survey over the Telephone!



Call the OPC to answer
the Survey to the staff
877- 553 - 4332
during business hours

Have the Survey mailed!



To request a Survey be
mailed to you call our
toll-free line
877- 553 - 4332

OK Family Interview (OFI) Outline with EdPlan

- I. Beginning/Introductions
 - a. Explain purpose of meeting
 - b. Introduce all participants
- II. Present Levels of Development
 - a. Update health information
 - b. Review and update existing vision and hearing information
- III. Family Assessment
 - a. Who lives in your household?
 - b. Who are the important people in your family's life?
 - c. What community resources/services are being provided to your family and/or child?
 - i. Review of Oklahoma Family Resource Assessment (OFRA)
 - d. What are your main concerns for your family and child?
 - i. Optional follow-up questions: How do these impact your day? When during your day are these concerns the most challenging?
- IV. Family Daily Routines/Activities (**Services with a Family Member**)
 - a. Use the OK Family Interview Tool (OFIT) gather information and star important notes on ALL required activities listed below:
 - i. Waking Up
 - ii. Diapering/Toileting/Dressing
 - iii. Eating (Meals/Snacks/Feeding/Meal Prep)
 - iv. Hanging Out
 - v. Outings
 - vi. Bath Time
 - vii. Sleeping (Nap/Bedtime/Nighttime)
- V. Childcare Daily Routines/Activities (**Services with a childcare provider**)
 - a. Method for Completion:
 - i. Best practice – Complete interview with family and childcare provider together
 - ii. Next option – Complete prior to the IFSP and review information with family at the IFSP
 - iii. Last option – Complete after the IFSP and review information over the phone with family to determine if an IFSP modification is needed
 - b. Use the OK Family Interview Tool (OFIT) for Childcare to gather information and star important notes of indicated routines on the OFIT
 - i. Waking up (naps)
 - ii. Diapering/Toileting/Dressing
 - iii. Eating
 - iv. Hanging out (play, circle time, story time, etc.)
 - v. Sleeping (naps)
 - vi. Other questions – drop off/pick up, transitions, social interactions, etc.

vii. Wrap up questions for childcare – Any specific concerns... & What skills...

VI. Wrap Up Questions

- a. Other activities not discussed
- b. Future or missed activities
- c. Weighs on your mind...

VII. Recap/Outcome Selection

- a. Team will review starred notes with the family
- b. Team and family will make a list of agreed upon potential outcomes during the recap process

VIII. IFSP

- a. Change informal outcome list to formal IFSP outcomes
- b. Determine who is responsible for assisting family with each outcome on the IFSP... RC or Service Provider(s)
 - i. Add the person responsible in the “strategy” box of the IFSP
- c. Formula: Who (child) + will do what + when (routine) + how often + over what span of time.
 - i. Example: *Johnny will feed himself with a spoon during two meals a day, daily for two weeks.*
- d. Determine services based on the IFSP outcomes and level of support needed by family

OK Family Interview Tool

Revised Sept 2019

Waking Up

- Tell me about wake up time
- Who's up first?
- Where does the child sleep?
- How do you know he/she is up?
- How long before your child needs your attention?
- What is your child's mood like at wake up time?
- Where is rest of the family?
- **Childcare – Are there any challenges or concerns with this activity at childcare?**
- **Over the next 6-12 months, what would you like to see happening that isn't happening now?**
- **Is there anything that would make this time better?**

Diapering/Toileting/Dressing

- Tell me about diapering/toileting time
- How cooperative is your child during diapering/toileting?
- Is your child using the toilet? How independently?
- How does your child tell you – need to use toilet or need a diaper change?
- Tell me about dressing time
- Is your child helping w/dressing? How? What?
- Tell me about your child's communication during diapering/toileting and dressing
- **Childcare - Are there any challenges or concerns with this activity at childcare?**
- **Over the next 6-12 months, what would you like to see happening that isn't happening now?**
- **Is there anything that would make these times better?**

Eating (Meals/Snacks/Feeding/Meal Prep)

- Tell me about mealtimes/feeding for your child and family
- How independent is your child during meals/snacks and feeding?
- Where does the family eat? Where is your child fed?
- What are other family members doing during meals/feedings?
- How do you know your child is hungry, wants more or is finished?
- Do you and your child enjoy mealtimes/feedings together? Tell me about that.
- Tell me about the time you spending preparing for meals/feedings
- **Childcare - Are there any challenges or concerns with this activity at childcare?**

- **Over the next 6-12 months, what would you like to see happening that isn't happening now?**
- **Is there anything that would make these times better?**

Hanging out

- Tell me about your child's time spent hanging out or playing at home
- What does your family like to do together at home?
- How is your child involved in family time?
- Does your child enjoy watching TV? How do you know? What do they do?
- Are there any family activities that you'd like to do that you're unable to do at this time?
- Does your family spend much time outdoors? What do you like to do?
- What does your child like to do outside?
- What happens when it's time to go back inside?
- **Childcare - Are there any challenges or concerns with this activity at childcare?**
- **Over the next 6-12 months, what would you like to see happening that isn't happening now?**
- **Is there anything that would make these times better?**

Outings

- Tell me about going on outings and traveling with your child
- How independent is your child during this time? How much can he/she do on own?
- Does your child enjoy traveling in the car and going on outings? How do you know?
- How does your child do with transitions to and from the car?
- Tell me about your child's communication during these times
- How does your child react to or communicate with others while out?
- ****If attending childcare: Tell me about drop off/pick up times? Have others shared concerns? What were they?**
- How much attention or supervision does your child require on an outing from you?
- **Over the next 6-12 months, what would you like to see happening that isn't happening now?**
- **Is there anything that would make these times better?**

Bath time

- Tell me about bath time
- How independent is your child during bathing?
- Does your child enjoy their bath? How do you know?
- How does your child do with hair washing?
- Tell me about playtime in the bath
- How does he/she communicate w/you at this time? What do you talk about?
- Tell me about getting out of the bath
- Tell me about teeth brushing with your child
- **Over the next 6-12 months, what would you like to see happening that isn't happening now?**
- **Is there anything that would make this time better?**

Sleeping (Nap/Bedtime/Nighttime)

- Tell me about putting your child down to sleep for a nap
- What do you do to help your child transition to from other activities to naptime?
- How do you know when your child is ready to get up from their nap?
- Tell me about putting your child down to sleep at bedtime
- What do you do to help your child prepare for bedtime?
- Does your child sleep through night? What happens if your child wakes up?
- Is bedtime easy or stressful? Tell me about that.
- **Childcare - Are there any challenges or concerns with this activity at childcare?**
- **Over the next 6-12 months, what would you like to see happening that isn't happening now?**
- **Is there anything that would make these times better?**

Childcare – Other questions

- Are there any challenges or concerns with any other activities that the child participates in at childcare?
 - ✓ Drop off/pickup
 - ✓ Transitions
 - ✓ Social interactions
- Are there any specific concerns regarding this child's development, skills or behavior?
- What skills do you feel the child needs to improve upon in order to help make their day more successful?

Wrap Up Questions...

- Are there any activities that you, your family or your child participate in that we have not discussed? Would you like to discuss them now?
- Are there any additional activities that you'd like yourself, your child or your family to be able to participate in? Would you like to tell us about that?
- Is there anything that weighs on your mind? Would you like to share that with us?

OKLAHOMA STATE DEPARTMENT OF HEALTH SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

I understand that the Oklahoma State Department of Health policy requires me, as a mandated reporter, to promptly contact the Oklahoma Department of Human Services or call the statewide 24-hour hotline number (1-800-522-3511) to make a report of suspected child abuse and/or neglect in good faith and in accordance with the law of the state of Oklahoma. I understand that this form (333F) does not replace a call to OKDHS, but is to be used to document adherence to policy, to be sent to OKDHS for hardcopy documentation, and to provide quality assurance.

This written report documents an oral report made to OKDHS on (Date) ____/____/____, (Time) ____:____ ☐ am ☐ pm
to (Person accepting the report) _____ Referral # _____.

DID THIS SITUATION IMPOSE IMMINENT DANGER TO THE CHILD? ☐ Yes ☐ No
IF THE CHILD WAS IN IMMINENT DANGER, WAS LAW ENFORCEMENT CALLED? ☐ Yes ☐ No
WAS THIS REPORT MADE ANONYMOUSLY? ☐ Yes ☐ No

Reporter Information

Reporter's Name: _____ Position/Title: _____
Phone number: _____ - _____ - _____ E-mail address: _____ County: _____

At which health department or contract agency do you work (also specify city)? _____

At the time of this incident, for which program or clinic were you working?

- ☐ Children First ☐ Early Intervention ☐ Immunization clinic ☐ PAT ☐ Well-child clinic
☐ Child Guidance ☐ Family Planning ☐ Maternity Clinic ☐ STD clinic ☐ WIC
☐ Administrative staff, multiple programs/clinics ☐ Other: _____

Child Information

Name: _____ DOB/Age: _____ Race/Ethnicity: _____ Gender: _____

Is this child physically or developmentally disabled? ☐ Yes ☐ No IF YES → Please describe: _____

Address or location of child at the time of the report? _____

Family/Caretaker Information

List each person's name and relationship to child (if known):	Age	Race/Ethnicity	Gender	Disabled?	Explain:
1. Parent/Caretaker: _____	_____	_____	_____	_____	_____
2. Parent/Caretaker: _____	_____	_____	_____	_____	_____
3. Sibling/Other: _____	_____	_____	_____	_____	_____
4. Sibling/Other: _____	_____	_____	_____	_____	_____
5. Sibling/Other: _____	_____	_____	_____	_____	_____

What is the primary language spoken in the home? ☐ English ☐ Spanish ☐ Other (specify): _____

Home Address: _____ Telephone: _____ - _____ - _____

Alternative phone: _____ - _____ - _____

Out of Home Care

Is the child in out-of-home care? Check type:

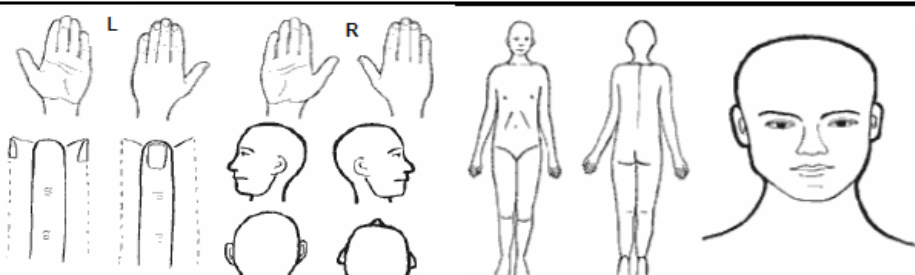
- ☐ Unknown/Not Applicable ☐ OKDHS custody ☐ Foster family home ☐ Relative's home
☐ Childcare center or school ☐ Family friend ☐ Group home or institution ☐ Other: _____

Address: _____ Telephone: _____ - _____ - _____

Alternative phone: _____ - _____ - _____

Who are the person(s) responsible for the child at this location? _____

Name of school or childcare/daycare center: _____

<i>Incident Information</i>			
Please classify the type(s) of suspected maltreatment you are reporting (check all that apply):			
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Emotional or psychological abuse	<input type="checkbox"/> Neglect
Is domestic or intimate partner violence in the home?		<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Is alcohol or a controlled dangerous substance involved?		<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there dangers in the home (i.e. dogs, weapons, meth lab, etc.)?		<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>Incident Information, continued</i>			
Please describe the nature and extent of the child's injuries, neglect or endangered condition (indicate sites on body map):			
			
Alleged types and/or indicators of suspected maltreatment; check all that apply. (Note: This is not an exhaustive list)			
<input type="checkbox"/> Abrasions/laceration <input type="checkbox"/> Age-inappropriate sexual behavior <input type="checkbox"/> Bite marks <input type="checkbox"/> Bone fracture (not skull) <input type="checkbox"/> Bruises/welts <input type="checkbox"/> Burns/scalds <input type="checkbox"/> Exposure to adult sexuality	<input type="checkbox"/> Exposure to domestic violence <input type="checkbox"/> Failure to obtain medical attention <input type="checkbox"/> Failure to protect <input type="checkbox"/> Failure to provide adequate nutrition <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Fondling <input type="checkbox"/> Head trauma	<input type="checkbox"/> Inadequate clothing <input type="checkbox"/> Inadequate or dangerous shelter <input type="checkbox"/> Inadequate physical care <input type="checkbox"/> Lack of supervision <input type="checkbox"/> Mental trauma <input type="checkbox"/> Pornography <input type="checkbox"/> Skull fracture	<input type="checkbox"/> Substance abuse by caretaker <input type="checkbox"/> Threat of harm <input type="checkbox"/> Vaginal penetration/intercourse <input type="checkbox"/> Wounds/cuts/punctures <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Identify any child or adult who gave an explanation of the child's injury/condition and the date; What did the child or adult say happened?			
How do you know this child? How long have you known him/her? When did you last see the child, and what was his/her condition? Does the child have any injuries now?			
When did the incident occur (time, date, location)? Did you witness the incident?			
Other pertinent information, including the name and address of others who may be willing to provide information about this case:			
<i>One Week Follow-Up</i>			
DHS Caseworker: _____		Phone number: _____ - _____ - _____ County: _____	
Was this report: <input type="checkbox"/> Accepted <input type="checkbox"/> Screened out <input type="checkbox"/> Don't know			
Was this report assigned for: <input type="checkbox"/> Investigation <input type="checkbox"/> Assessment <input type="checkbox"/> No <input type="checkbox"/> Don't know			
What priority was assigned by DHS (if known)? <input type="checkbox"/> Priority 1 (urgent) <input type="checkbox"/> Priority 2			
Notes: _____			
Have you had any problems or concerns interfacing with the local OKDHS / child welfare agency in making this report?			
<input type="checkbox"/> Yes <input type="checkbox"/> No → If YES please describe: _____			
Reporter's Signature: _____ Today's date: ____/____/____			

Please Print	PHOCIS Client Information Worksheet		Please Print
The information completed below applies to the client receiving services today			
REASON FOR TODAYS VISIT:		TODAY'S DATE:	
Client Last Name:		Client Home Address :	
Client First Name:		City:	State: Zip:
Client Middle Name:			
Suffix – (circle one, if applicable) II III IV Jr. Sr. V		Do we have permission to contact you at the address above? Yes No	
Client Date of Birth:		If you prefer to use a <i>confidential address</i> , please enter it here:	
Client SSN:			
Client Gender: Female Male		Client Phone Contacts:	
Is client a twin, triplet, etc.: Yes No		Cell Phone: ()	Home: ()
Client Birth Country:		Message: ()	Emergency: ()
Client Birth State:		Confidential: ()	Pager: ()
Client Language: American Sign Lang. English Other Spanish		Work: ()	SMS Text: ()
Is Client a Foster Child: Yes No		Contact Name and number for contact <i>other than self</i> :	
Client's Race (circle all that apply):			
American Indian/Alaskan Native		Client Email Address:	
Asian			
Black/African American		It is important that we are able to contact you in the event of an emergency. If you	
Native Hawaiian/Other Pacific Islander		prefer to be contacted at a confidential number, please be sure to list the confidential	
White		number above and enter the contact name if someone other than yourself.	
Race is only used for statistical purposes. Does not affect eligibility.			
Client's Ethnic Group: Hispanic or Latino Origin			
Not of Hispanic or Latino Origin		If the client is under 11 years of age please complete guardian information	
Client's Marital Status:		Relationship: Father Legal Guardian Mother Other	
Married	Single	Guardian Last Name:	
Widowed	Legally Separated	Guardian First Name:	
	Unknown	Guardian M.I.	
Client's Mother's Maiden Name:		Guardian SSN:	
Financial Information: Some services may require additional information		Client Insurance: PLEASE HAVE ID AND CURRENT INSURANCE CARDS AVAILABLE	
Household Income:		Current Insurance Type:	
Number of people supported by Income:		No Insurance Private Medicare IHS Medicaid Military	

Sample Routing Sheet

Child:

Provider/RC:

Action Requested:	Comments:	Done On:	Completed by:
___ Bill Medicaid	(see progress notes)		
___ Close File	Closure code: Closure Date:		
___ Make Copies	___ IFSP (#) ___ MECATS (#) ___ ASQ (#) ___ ASQ/SE (#) ___ Other:		
___ Mailing	What: To:		
___ Request records	From:		
___ Intake	___ Enter data		
___ Enter MECATS			
___ Update MECATS	___ Vision ___ Hearing ___ AT		
___ IFSP data	___ Initial : ___ Annual :		
___ Service delivery	___ new provider ___ modification		
___ Transition	___ Enter transition start date of:		
	___ Enter TPC date of:		
	___ Enter LEA Notification date of:		
___ Send letter	To:		
___ File documents			
___ Update data	Info to update:		
___ Reassign file	To:		
___ Fax to:	Info to fax:		
	Fax number:		

Appendix EE



SoonerStart Early Intervention Program Confidential Record

Child Information:

First Name:	Middle Initial:	Last Name:	Date of Birth:
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The following persons have accessed these records:

Signature	Purpose	Date

These EI records are to be maintained in a confidential manner in accordance with the Family Educational Rights and Privacy Act (FERPA) (34 CFR Part 99), and Individuals with Disabilities Education Act (34 CFR 300.614), and the Education of the Handicapped Act Amendments of 1986 (P.L. 99-457, 34 CFR 303.406).

Audiology Service Provider Notes – SoonerStart Early Intervention Program



Child's Name Last First MI			Date of Birth	Child's County of Residence	Diagnosis Code: 3159	Date of Service
Location Type (Check One): <input type="checkbox"/> County Health Department <input type="checkbox"/> Therapist's Office/Outpatient Clinic <input type="checkbox"/> Other (indicate where): _____			Encounter Type: Audiology Services		Attendance (Check One): <input type="checkbox"/> Attended <input type="checkbox"/> Not Attended - Reason (Check One): <input type="checkbox"/> Client Cancelled <input type="checkbox"/> State Holiday <input type="checkbox"/> Clinic Cancelled <input type="checkbox"/> Couldn't find family <input type="checkbox"/> Client No-Show <input type="checkbox"/> Weather <input type="checkbox"/> Provider Cancelled	
Starting Time:	Ending Time:	Total Time (in minutes)	My signature verifies that this service occurred. Parent/Caregiver Signature			

Did this Audiologist have a current license on the date the services were rendered? ☐ Yes ☐ No

*SoonerStart will not seek reimbursement from Medicaid for EI services provided to children who are **enrolled for Medicaid as well as other medical benefits/insurance**. In these situations, do not complete the procedure code section. Please document procedures performed in the Audiologist Notes section below. This will allow the EI contractor to invoice SoonerStart for services provided, and it will ensure the program does not bill Medicaid for services provided to children enrolled in Medicaid and other insurance.

Check each procedure completed	Procedure Code	Modifications	Procedure Code Description
	92550	TL	Tympanometry & Reflex Threshold Measurement (92567 & 92568 combined)
	92551	TL	Screening test, pure tone, air only
	92552	TL	Pure Tone audiometry (threshold): air only
	92553	TL	Pure Tone audiometry (threshold): air and bone
	92555	TL	Speech Audiometry: threshold only
	92556	TL	Speech Audiometry: threshold with speech recognition
	92557	TL	Comprehensive Audiometry Threshold Evaluation & Speech Recognition (92553 & 92556 combined)
	92567	TL	Tympanometry (Impedance testing)- one or both ears
	92568	TL	Acoustic Reflex Testing; threshold - one or both ears
	92579	TL	Visual Reinforcement Audiometry (VRA)
	92582	TL	Conditioning Play Audiometry
	92585	TL	ABR (Auditory evoked potentials) – comprehensive
	92586	TL	ABR (Auditory evoked potentials) – limited (screening)
	92587	TL	OAE (otoacoustic emissions) – limited / screening (single stimulus level, either transient or distortion products)
	92588	TL	OAE – comprehensive / diagnostic (comparison of transient and or distortion products at multiple levels & frequencies)
	92590	TL	Hearing Aid examination and selection: monaural (one ear)
	92591	TL	Hearing Aid examination and selection: binaural (both ears)
	92592	TL	Hearing Aid check: monaural (one ear)
	92593	TL	Hearing Aid check: binaural (both ears)
	92620	TL	Central auditory function test(s)—initial 60 minutes
	92621	TL	Central auditory function test(s)—each additional 15 minutes
	V5264	TL	Ear Mold (1 mold) / insert, not disposable, any type
	V5275	TL	Ear Mold Impression (each)
	69210	None	Removal of impacted cerumen, one or both ears- needed to be done in order to complete the testing (EI cannot bill Medicaid for this)

AUDIOLOGIST NOTES: ALSO ATTACH A COPY OF THE AUDIOLOGICAL REPORT & TESTING PRINTOUTS. IF MORE ROOM IS NEEDED, USE OSDH FORM 303G AS A CONTINUATION SHEET. ALSO USE OSDH FORM 303G TO DOCUMENT ALL “NON-ENCOUNTER” ACTIVITIES SUCH AS TIME SPENT WRITING EVALUATION REPORTS, STAFFING, PHONE CALLS & CONSULTATION.

Date note written/finished:	Service Provider's Name (print):	Discipline: Audiologist	Service Provider's Signature:

Instructions

Audiology Service Provider Notes – SoonerStart Early Intervention Program
ODH form 641-A – revised 7/2012



Purpose of Form

The Audiology Service Provider Notes, ODH No. 641-A, provide documentation regarding audiological testing & audiological therapeutic services provided for children in the SoonerStart Early Intervention Program, including documentation of all no shows and cancellations (including those due to service provider's vacation or sickness). We are required to account for every hour of service promised on the IFSP. If therapeutic services were provided, the narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. This form is also used to capture information for the EI module in PHOCIS (the OSDH client services database) and for Medicaid billing. **It is critical that all encounters that were "attended" or "not attended" get documented & entered into PHOCIS since this will affect the accuracy of data & reports in PHOCIS regarding services provided or attempted by an individual service provider.**

Preparation of Form

EI audiology contract providers are to complete this form using black or blue ink. Each provider must complete his or her own Service Provider Note even if more than one provider was there (co-writing of notes is no longer allowed). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit. If more room is needed to document the narrative portion of the note, the Progress Notes, ODH form 303G, is used as a continuation sheet. The ODH 303G should also be used to document all "non-encounter" activities such as telephone calls, evaluation report writing, consultation with the child's doctor, staffing, etc.

Child's Name: Enter the full name of the child. Last, First, Middle Initial.

Date of Birth: Enter the date of birth for the child. (Ex: 1/14/04, 10/15/03, etc...)

Child's County of Residence: Enter the name of the county of the child's residence (ex: Cleveland). If the child has more than one residence, such as in a joint custody situation, enter the county of residence where the EI services are being delivered.

Diagnosis Code: At this point in time, there is only one diagnosis code for all children in SoonerStart. It is "3159 -Unspecified Developmental Delay". The 3159 code is printed on the form.

Date of Service: Enter the date of service. (Ex: 5/17/04, 10/15/04, etc...).

Encounter Activities

Location Type (Check One): Check one box for the location setting where the service took place. If the encounter was "not attended", check the box for the location where the visit would have occurred.

Encounter Type: The encounter type, Audiology Services, is printed on the form.

Attendance: Check if the scheduled visit was "attended" or "not attended". If "not attended", check one box for the reason why. These reasons why match the choices in the EI module in PHOCIS. Put details regarding the reason for the cancellation in Service Provider note narrative section (ex: Mrs. Gonzales cancelled today's appointment since Juan is in the hospital).

Starting Time: Enter the starting time of the service visit. Use military time (ex: 14:00 for 2:00pm). If "not attended", enter scheduled starting time in military time.

Ending Time: Enter the ending time of the service visit. Use military time (ex: 14:00 for 2:00pm). If "not attended", enter scheduled ending time in military time.

Total Time (in minutes): Enter the total length of the service in minutes. If "not attended", enter the length of time that was scheduled in minutes.

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Parent/Caregiver Signature: If the encounter was “attended”, have the parent/caregiver sign for all services that involved face-to-face contact with them. Explain that their signature just verifies that this service took place at the time and place indicated. If the service was done via videoconferencing, videophone, or other means other than face-to-face contact, write that in the signature blank. If the parent/caregiver refuses to sign, ask for the reasons why and indicate those in the signature blank.

Procedure Information

Did this Audiologist have a current license on the date the services were rendered? : Check “yes” or “no”.

Do not complete this section if the encounter was “not attended”.

Do not complete this section if the child is dually covered by Medicaid and private insurance.

SoonerStart will not seek reimbursement from Medicaid for EI services provided to children who are enrolled for Medicaid as well as other medical benefits/insurance. In these situations, do not complete the procedure code section. Please document procedures performed in the Audiologist Notes section below. This will allow the EI contractor to invoice SoonerStart for services provided, and it will ensure the program does not bill Medicaid for services provided to children enrolled in Medicaid and other medical benefits/insurance.

Procedure Code: For all encounters that were “attended”, check the appropriate CPT/HCPCS procedure code for each procedure completed on that visit regardless of whether or not the child was on Medicaid at the time of the service. Some activities do not have a procedure code (ex: IFSP or IFSP review, Transition Planning Conference). In this case you will just describe the activity in the narrative portion of the note.

Modifier: All CPT & HCPCS codes have at least one modifier. Modifier “TL” has been pre-printed on the form. This modifier indicates that it is a “SoonerStart EI” service.

Audiology Notes Narrative

Audiologist notes should document who was present, parent/caregiver report, Audiologist’s observations, audiological testing results & recommendations. Also attach a copy of the audiological report, audiogram, ABR and/or OAE, tympanometry printout, etc. If therapeutic services were provided, the narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. Notes may be handwritten as long as the handwriting is legible. If not, they should be typed. Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion. If more room is needed to document the narrative portion of the note, the Progress Notes, ODH form 303G, is used as a continuation sheet.

Date note written/finished: Enter the date the service provider finished completing this form, including the entire SOAP note narrative. (Ex: 3/17/04, 10/15/04, etc...).

Service Provider’s Name (print): Print the service provider’s full name (first name, last name).

Discipline: “Audiologist” is pre-printed on the form since only Audiologists use this form.

Service Provider’s Signature: The service provider completing this form signs his/her name. The signature must be original (no photocopied signatures). The signature verifies that they did indeed provide this service and that the information contained on this form is accurate.

Routing & Filing: The EI audiology contract providers mail the original to the county who made the referral. The EI clerk will complete data entry for PHOCIS. **It is critical that all encounters that were “attended” or “not attended” get entered into PHOCIS since this will affect the accuracy of data & reports.** After data entry is completed, the original is then filed in the child’s EI health department record.

Appendix GG

PARENT AGREEMENT TO MEDIATE AND REQUEST FOR MEDIATION

I, _____, have read and understood the written materials describing mediation services and have been fully informed that the mediator is not providing the parent(s), SoonerStart, or the child with legal representation. I also understand that the mediator is not providing counseling or therapy services.

I am choosing to pursue mediation to try to reach an agreement on some or all of the issues regarding my child's SoonerStart early intervention services. I understand that the mediation process will involve the mediator's speaking privately to the parent(s) and SoonerStart representative(s). I understand that the mediator(s), acting as a neutral third party, will work with each of us to develop an agreement that is mutually satisfactory.

If an agreement is reached, I understand that the signed agreement will be shared with other individuals working with my child. I understand that discussions during the mediation session will be confidential and will not be used during subsequent proceedings. I, therefore, agree not to call the mediator(s) as a witness in any future proceedings pertaining to the child's case.

The following is a summary of the issue(s) I would like discussed at the mediation with SoonerStart:

I have received a copy of my "Parent Rights for SoonerStart Services-Notice of Procedural Safeguards."

Child Name: _____ DOB: _____

SoonerStart Site: _____

Parent(s) Name(s): _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____ Email 1: _____

Parent(s) signature(s): _____

Date: _____

SUBMIT TO:

Special Education Resolution Center (SERC), 9726 E. 42nd Street, Suite 203, Tulsa, Oklahoma 74146.

Phone: (888)267-0028 toll free or (918) 270 1849. Fax: (918) 267-2062

AutismPro SoonerStart How-to Document

Getting started

1. Go to <http://www.insightstobehavior.com> and scroll down to click “Client Login” on the bottom right side.
2. If you are not registered, click the “Register” button. If you are already a registered user, see “logging in” below.
3. Enter your .gov email address. This will be your user name.
4. Create a password that contains one capital letter and one number.
5. Enter the registration code: **APR11DBE362**
6. Accept the license agreement.
7. Complete the user Profile and click “confirm”.

Logging in

1. Go to <http://www.insightstobehavior.com> and scroll down to click “Client Login” on the bottom right side.
2. Type in your email address as your user name
3. Type in your password
4. Click “Sign In”

Accessing Insights and Creating a Student

1. Once you log in, click “Create New Student” on the left side of the screen. You will get a pop up screen that says “Creating a new case will use a case license. Are you sure you want to continue?” Click OK. SoonerStart pays a yearly fee for an unlimited number of students to be added.
2. Fill out the form and enter the client information. Create your own Student ID#. Do not use full names for confidentiality reasons. Use initials or first names only.
 - a. It is important to be as accurate as possible. Behavior strategies are dependent on the client’s age and language level.
3. Click “Save”
4. Click the “Collaborate” icon next to the child’s name to add team members. You can search by entering the team member’s name. Parents should be added as team members too.
5. If a team member needs to be added to Insights that is not a parent, email **Diane Mazzoni** at Dmazzoni@learnmore.com or call her at **559.363.2583** and provide the email address of the new team

Appendix CCC er. Diane is our SoonerStart contact with Insights.

6. Parents can be added by registering them and using the registration code **CFC6454D**.

Adding Objectives in the Skills Acquisition Plan

1. Log in to Insights
2. Click on the Student Name
3. Click on “Skills Plan” in the top right-hand side of the screen.

Appendix II

4. Click “Skills Assessment” in the left hand column, if you want assistance in selecting objectives. This option will prompt menu driven questions through all Domain Areas, assessing the “whole child” resulting in Skill Deficits for each domain.
5. Answer questions as accurately as possible. The average length of the skills assessment is approximately 45 minutes, but will develop the objectives for skills the child has not yet mastered.
6. Choose one or two objectives in several developmental areas.
 - a. Be sure to click through all pages at the bottom left side.
7. You can also skip the assessment step- click on add objectives and select the developmental areas you wish to search.
8. Click next.
9. Select the objectives you want to add
10. Click “Finish” after adding the objectives.
11. Click “Close” on the right side to see the Acquisition Plan.

Adding Activities

1. Click on the option button next to the objective to which you want to add an activity. (objectives have a **green box** next to them)
2. Click on “Add Activities”
3. Choose “Guide me” and click “Next”
4. Choose appropriate activities, and click on “finish”
5. Activities have a **blue box**. Click on options next to an activity to view or remove the activity.
6. Click on the Printer icon (left side top) to send the activity to your printer or to send it to a file to be saved on your computer.

Monitoring the Skills Plan

1. Choose an activity, objective, or defined behavior.
2. Click “options” and choose “Datasheets”
3. On the datasheet, click “Print” to print a blank datasheet to leave with the family or to use on your visit.
4. At the end of the day/week, log back into AutismPro to enter your data.
5. Click “Enter Data”
6. Use the arrows beside the date to choose the appropriate week to enter the data.
7. When you have selected the correct week click “Modify”
8. Enter the total number of occurrences or correct responses for each day of that week.
9. Click “Apply”
10. Click “Close”

Appendix II

Mastering Activities and Objectives

1. Next to the objective or activity (**green and blue boxes**) click “options”
2. Click “View Details”
3. Click “Edit”
4. Change the status from “Active” to “Mastered (closed)”
5. Click “Save”

To Close a Case

1. When your student reaches three years of age, you will need to close the case and move it to the archives.
2. Log in to AutismPro
3. Click on “Manage Students” on the left side
4. Find the child’s name that you wish to close and click the icon “Close Case” on the right side.
5. You will get a pop-up message that says “Are you sure you want to close this case?” Click OK.



SoonerStart Early Intervention Program Authorization for Electronic Communication

Child's Name:	County:
Date of Birth:	Resource Coordinator:
<p>_____, hereby authorizes the release of confidential information to the SoonerStart Early Intervention Program for the purpose(s) indicated below.</p>	
Information is limited to the following purpose:	
<input type="checkbox"/> Scheduling information <input type="checkbox"/> Other:	
The information may be disclosed by the following method(s):	
<input type="checkbox"/> Phone/Text: _____ Phone Number _____ Phone Number _____ Phone Number	<input type="checkbox"/> E-Mail: _____ E-Mail Address _____ E-Mail Address _____ E-Mail Address
I understand that by voluntarily signing this authorization:	
<ul style="list-style-type: none">• I authorize the use or disclosure of my confidential information as described above for the purpose(s) listed.• I have the right to withdraw permission for the release of the information. If I sign this authorization for electronic communication, I can revoke this authorization at any time. The revocation must be made in writing to SoonerStart. I have the right to receive a copy of this authorization.• I understand signing or not signing this authorization will not affect my child's eligibility or services with the SoonerStart program.• I understand I cannot restrict information that may have already been shared based on this authorization.• Information used or disclosed pursuant to this authorization may be subject to re-disclosure by SoonerStart and no longer be protected by state or federal law.• I understand there is the potential for others to inadvertently view the information on my mobile phone or computer once the information is transmitted to me and that the information stored on the transmitting phone may be obtained through the use of an Open Records Request. I also understand that it is my responsibility to notify SoonerStart as to any changes in any of the phone number(s) and/or the email address listed above.	
Unless revoked or terminated, this authorization shall remain in effect during the time the child is eligible for SoonerStart services.	
Signature of Parent or Legal Representative:	Date:
SoonerStart Representative:	Date:

Oklahoma Family Resource Assessment – Parent Questionnaire

Parent/Guardian: In an effort to better serve your child and family, please complete the following brief questionnaire regarding the current community resources and/or services received by your child/family. Simply check the box in the “Have” column for any resource/service already in place for your child/family.

Child's Name:		Completion Date:	
Number of adults 18 years or older living in your home		Number of children under 18 years old living in your home	
YEARLY Household Gross Income Estimate			
<input type="checkbox"/> Less than \$26,000 <input type="checkbox"/> \$26,000 to \$35,000 <input type="checkbox"/> \$35,000 to \$45,000	<input type="checkbox"/> \$45,000 to \$54,000 <input type="checkbox"/> \$54,000 to \$63,000 <input type="checkbox"/> \$63,000 to \$72,000	<input type="checkbox"/> \$72,000 to \$82,000 <input type="checkbox"/> \$82,000 or more	
<i>What are your current concerns for your child and/or family?</i>			
<i>Of these concerns, what is most important to you (may list more than one priority)?</i>			
Resource/Service	HAVE	Resource/Service	HAVE
Child/Children – Health Insurance or TEFRA		Adult Education/GED Program	
Child/Children – Primary Care Physician		Other Clothing/ Food Assistance	
Child/Children – Well Child Care/Immunizations		TANF (Temporary Assistance for Needy Families)	
Child/Children – Prescriptions/Medical Supplies		LIHEAP (Low Income Home Energy Assistance)	
Child/Children – Dental Care		Other Diaper/Formula Assistance	
Child/Children – Vision Care		Parent Support Group(s)	
Self/Other Adults – Health Insurance		Counseling services for self/child/other adult(s)	
Self/Other Adults – Primary Care Physician		Reliable transportation	
Self/Other Adults – Dental Care		Valid driver's license or state ID	
Self/Other Adults – Vision Care		Access to public transportation	
Self/Other Adults – Prescriptions/Medical Supplies		SoonerRide	
WIC (Women, Infants and Children)		Housing	
Tribal Affiliation/Benefits/CDIB		Housing and/or Utility Assistance	
SNAP (Supplemental Nutrition Assistance)		Community Weatherization Assistance	
SSI/Social Security Income		Childcare	
SSI/DCP (Disabled Children Program)		DHS Childcare Assistance	
DDSD – Family Support Assistance Program		Early Head Start/Head Start	
DDSD – In-Home Supports Waiver		Private Therapy Services (PT, OT, Speech)	
Respite Care		Access to community library services/programs	
Do you have any immediate resource needs regarding food, shelter or safety for your child, self or family? <input type="checkbox"/> yes <input type="checkbox"/> no			

SOONERSTART EARLY INTERVENTION PROGRAM
Consent to Obtain Audio Recordings for Professional Development



Parent Name(s)

Address

Child's Name

DOB

SoonerStart recognizes that ongoing professional development is necessary to maintain the skills of our highly qualified early intervention professionals. We believe that professional development activities such as mentoring, coaching, monitoring and self-assessment of staff are most effective when based on real-life interactions with children and families in the SoonerStart program. With your consent, we would like to complete an audio recording of your family and child interacting with SoonerStart staff at your child's:

- _____ Intake and Resource Assessment
- _____ Eligibility Evaluation
- _____ Family Assessment/Individualized Family Service Plan meeting
- _____ Transition Initiation and Planning meeting
- _____ Early Intervention Service Visit

- I give consent to the SoonerStart Early Intervention program to complete an audio recording of the event indicated above on (Date)_____.
- I understand that the audio recording of my child, myself and any family members present will be obtained on an encrypted device and is considered personally identifiable information (PII) that is maintained in a confidential manner per IDEA, Part C regulations.
- I understand that the audio recording cannot be released outside of the SoonerStart program without my express written consent.
- I understand that the audio recording is not considered part of my child's SoonerStart record and will not be stored or maintained on any device after it is utilized for professional development purposes.
- I understand that this consent is for a single occurrence and may be revoked at any time before the audio recording.

I have read and understand the items above. By signing below I give permission for the SoonerStart Early Intervention program to obtain an audio recording of myself, my child and family members present. My refusal to sign this consent does not affect my ability to obtain Early Intervention Services.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Request for Nondirectory Educational Records



I understand these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in federal or state regulations. In the course of my official duties, I am requesting the release of these educational records under the authority of Section 1-6-103 of Title 10A of the Oklahoma Statutes.

Child's Information

Child's name: Date of birth:

School name Grade

Requester's Information

Name Job title:

Work address: Phone :

Educational Records Requested

- | | | |
|--|--|--|
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Class schedule | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> English language learner status | <input type="checkbox"/> Grades | <input type="checkbox"/> Parent/guardian contact |
| <input type="checkbox"/> School lunch participation | <input type="checkbox"/> Special education records | <input type="checkbox"/> SoonerStart records |
| <input type="checkbox"/> Additional information: | | |

Reason for Release

- ☐ Child in DHS custody ☐ Investigation of child abuse ☐ Investigation of child neglect
☐ Other:

Acknowledgment and Signature

- I am authorized to obtain the requested records and the records are requested solely for the aforementioned purpose. I agree not to release, share, or disclose these records to any person not authorized under federal or state law. Any redisclosure, except as provided by Section 99.31 of Title 34 of the Code of Federal Regulations, requires consent of the parents, guardians, or eligible students.
- I have attached a copy of my badge verifying my current DHS employment.

Signature

Date

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

	Yes	No
1. If you point at something across the room, does your child look at it? (FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?)		
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (FOR EXAMPLE , furniture, playground equipment, or stairs)	Yes	No
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE , pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (FOR EXAMPLE , does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (FOR EXAMPLE , does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”?)	Yes	No
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (FOR EXAMPLE , being swung or bounced on your knee)	Yes	No

M-CHAT-R Follow-Up™ Scoring Sheet

Please note: Yes/No has been replaced with Pass/Fail

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?)	Pass Fail
2. Have you ever wondered if your child might be deaf?	Pass Fail
3. Does your child play pretend or make-believe? (FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal)	Pass Fail
4. Does your child like climbing on things? (FOR EXAMPLE , furniture, playground equipment, or stairs)	Pass Fail
5. Does your child make unusual finger movements near his or her eyes? (FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?)	Pass Fail
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE , pointing to a snack or toy that is out of reach)	Pass Fail
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road)	Pass Fail
8. Is your child interested in other children? (FOR EXAMPLE , does your child watch other children, smile at them, or go to them?)	Pass Fail
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck)	Pass Fail
10. Does your child respond when you call his or her name? (FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Pass Fail
11. When you smile at your child, does he or she smile back at you?	Pass Fail
12. Does your child get upset by everyday noises? (FOR EXAMPLE , a vacuum cleaner or loud music)	Pass Fail
13. Does your child walk?	Pass Fail
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Pass Fail
15. Does your child try to copy what you do? (FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do)	Pass Fail
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Pass Fail
17. Does your child try to get you to watch him or her? (FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”)	Pass Fail
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”)	Pass Fail
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Pass Fail
20. Does your child like movement activities? (FOR EXAMPLE , being swung or bounced on your knee)	Pass Fail

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Total Score: _____