Key Practices Underlying the IEP Process: Supporting Family Participation, Inclusive Practices and Positive Outcomes for Preschool Children with Disabilities

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This document is a companion to Key Principles Underlying the IEP Process. The practices reflect considerations important to fostering a partnership with families throughout the process of developing an Individualized Education Program (IEP) for preschool children with disabilities.

They are based on validated and/or best known information from the field, do not represent a specific model or approach, and are not intended to include practices for implementing IEPs. The practices listed suggest a flow of activities occurring during the IEP process from first contacts with the family throughout development of the IEP. It is recognized that there may be variability within state and local procedures. You can adapt these practices for your own use.

Key Practices Underlying the Preschool IEP Process

First Contact with Families from Referral to Evaluation

1. Ensure a smooth transition for children exiting Part C/Early Intervention.

   a. Participate in transition planning conferences and activities with the Part C/Early Intervention program and the family to build a positive relationship and effective communication.
   b. Share information about the process for determining eligibility for preschool special education and allow opportunities for the family to ask questions and share their priorities for their child.
   c. Work with the Early Intervention program staff to conduct transition activities and processes in a way that actively supports and prepares the child and family's adjustment to future settings.

2. Become acquainted and establish rapport with the family.

   a. Welcome the family by being respectful of family culture and circumstances, and learn how the family prefers to share and receive information.
   b. Provide interpreter or translator services, if needed, for the family to understand and participate throughout the process.
   c. Acknowledge the family's expertise and ask about their child's interests and capabilities.
   d. Phrase discussions in ways that are positive; focus on the strengths of the child and, as much as possible, state what the child is able to do instead of focusing on what the child cannot do.
   e. Use language that is easily understood by all participants; ask if anyone has questions.
   f. Promote participation of the family throughout the referral process.
   g. Establish clear and ongoing communication by providing a contact person for the family.

3. Begin with a conversation to understand family priorities and concerns.

   a. Use open-ended questions to learn about the family's priorities and concerns.
   b. Listen to the family and encourage them to share information about the child's strengths and interests.
   c. Explain that variability occurs in young children's development and how a child's unique abilities, strengths and experiences influence early learning.
   d. Listen for developmental "red flags" that may impact the child's ability to learn or be effectively engaged with others and/or within the environment.
   e. Ask the family if others have expressed any concerns about the child's development.
   f. Consider medical information and conditions that may be affecting the child's ability to learn.
   g. Consider and discuss with the family any other information that may exist, including observations, screening, assessment, and/or reports from other sources.
   h. Provide information about community programs, resources and/or services in response to the family's questions.

4. Describe preschool special education as a system of educational services for children who are eligible.

   a. Explain the general purpose of preschool special education and early childhood outcomes for program accountability and improvement.
   b. Provide information on how eligibility for preschool special education services is determined for a child.
   c. Explain the Individuals with Disabilities Education Act (IDEA) rights and procedural safeguards.
   d. Provide information about support groups that the family may choose to contact.
   e. Explain that the family's permission is needed in order for the school district to request, review or share pertinent information

5. Determine next steps in the referral process with the family.

   a. Decide what additional information is needed in order to learn more about the child.
   b. Be sure that the family understands the purpose and process involved for any information gathering activities and allow opportunities for questions and discussion.
   c. Determine with the family if the child's skills, abilities and behaviors are representative of interactions at home and with familiar people.
   d. Determine with the family the need for an evaluation for special education services.
      i. If there are no developmental concerns, OR if there are concerns and the family does not want their child to be evaluated:
         ▪ Offer information about other available community resources that might be of interest to the family.
         ▪ Explain that the family can contact the school district any time in the future if they have concerns about their child's development, and provide contact information to the family.
         ▪ Share resources on developmental milestones and tips for promoting development.
      ii. If there are developmental concerns and the family agrees to an evaluation, explain the next steps for the process of conducting an evaluation to determine if their child might be eligible for preschool special education services.

Evaluation/Assessment and Eligibility Determination

6. Explain the broad purposes and process of evaluation/assessment for the child's eligibility for preschool special education, and if eligible, Individualized Education Program (IEP) development.

   a. Welcome the family; share the sequence of the evaluation/assessment process and acknowledge the value of the family's participation.
   b. Allow time for the parents to ask questions and offer suggestions based on their knowledge of their child.
   c. Discuss with the family relevant individual and linguistic characteristics that may influence evaluation/assessment.
   d. Explain that assessment includes consideration of the child's ability in the three early childhood outcome areas of social-emotional relationships, knowledge and skills, and the child's use of appropriate behaviors to meet his or her needs.
   e. Develop with the family a list of specific questions they would like to have answered through the evaluation/assessment process.
   f. Provide and review all rights and procedural safeguards, obtain consent for the evaluation, and invite questions in order to ensure the family's understanding.
   g. Schedule evaluation/assessment times and locations that are convenient and agreed upon by the family and other team members, using the family's preferred method of communication (such as phone or email).

7. Review information regarding the child's skills, knowledge, behavior, and interactions within the family's everyday routines and activities.

   a. Ask open-ended questions to learn about the child's strengths, interests, challenges, skills and behaviors across settings and situations.
   b. Encourage the family to describe their child's engagement with people and materials, participation, and social interaction in daily routines and activities.
   c. Listen and note information about the child's functioning in the three early childhood outcomes areas of social-emotional relationships, knowledge and skills, and the child's use of appropriate behaviors to meet his or her needs.
   d. Review existing reports, including screening results and family information, to identify the necessary assessments/evaluations, considering the needs and interests of the child and family.
   e. For children who are transitioning from the early intervention program, review and consider IFSP information and early childhood outcomes.

8. Evaluate and assess the child's early learning and functional skills, including needs, interests and preferences.

   a. Use evaluation/assessment procedures that support the family's participation and knowledge.
   b. Ensure evaluations/assessments are performed in the child's native language and/or usual way of communicating.
   c. Gather information from the family about the child's interests, preferences, and engagement with people and materials, across settings and routines.
   d. Use multiple sources of information, including input from people who know the child, when making decisions about evaluation/assessment.
   e. Use evaluation/assessment procedures and observations across settings to understand the child's developmental and functional skills, including skills that are emerging, in the three early childhood outcome areas (i.e.., social relationships, knowledge and skills, and the child's use of appropriate behaviors to meet needs).
   f. Observe the child's behaviors in typical routines and activities.
   g. Confirm with the family that evaluation/assessment results throughout the process are reflective of their child's abilities.

9. Determine if the child is eligible for preschool special education services.

   a. Provide and explain prior written notice for the eligibility decision and explain procedural safeguards, including procedures to resolve any disagreement.
   b. Review and summarize findings and share perspectives of all team members, including the family.
   c. Discuss the child's eligibility for the program, and as a team, determine eligibility.
      i. If the child is determined not eligible by the team, discuss possible community resources and explain the process for contacting the school district if there are future concerns.
      ii. If the child is determined eligible, schedule the Individualized Education Program (IEP) meeting using the family's preferred method of communication, at a time and location that is convenient and agreed upon by the family and other team members.

Development of the Individualized Education Program (IEP)

10. Establish a welcoming and respectful climate for family members and caregivers as equal members of the IEP team.

    a. Emphasize the family's role as an equal team member in developing the IEP, with essential knowledge to share about their child's development and learning.
    b. Introduce and describe the roles of the IEP team members and how each contributes to the development and implementation of the IEP.
    c. Use active and engaging communication that encourages all team members to share observations and raise questions in the development of the IEP.
    d. Ensure that everyone at the meeting understands the terms that are used, explain what terms mean, and avoid the use of acronyms and technical terms.

11. Review the purpose and process of the IEP meeting.

    a. Explain the meeting process thoroughly.
    b. Describe the IEP as a dynamic plan, developed by the team to guide the provision of special education and related services.
    c. Provide and explain procedural safeguards with the family, asking if they have any questions.

12. Review information collected during referral and early contacts with the family to identify their concerns, interests and priorities.

    a. Review and update family concerns, interests, and priorities in the context of the child and family's activities and routines and in relation to the three early childhood outcome areas (i.e., social relationships, skills and knowledge, and the child's use of appropriate behaviors to meet needs).
    b. Allow time for the family to discuss their concerns, interests and priorities with the team.
    c. Review information about the child's health and special factors related to development and how the identified disability may impact the child's ability to learn or participate in age-appropriate activities.

13. Review the child's current knowledge, skills, and previously gathered information.

    a. Ensure that the report of present levels of the child's early learning and functional development across all domains focus on skills, strengths, and behaviors in the context of activities and routines, and are based on evaluation results within the three early childhood outcome areas.
    b. Review and document the child's unique preferences, abilities, emerging skills, engagement with people and materials, and participation in various routines and activities.
    c. Summarize the child's skills and behaviors in relation to typical development.
    d. Discuss and document the need for special instructional strategies, support, or adaptations.
    e. Discuss how the early childhood outcome areas will be assessed, and how the child outcomes summary rating will be made according to state policies and procedures.

14. Collaboratively develop IEP goals to address the child's identified needs and promote positive developmental outcomes.

    a. Discuss goals to enhance the child's early learning and functional development, engagement with people and materials, social relationships, knowledge and skills, and the child's use of appropriate behavior to meet his/her needs in family, school and community routines and activities.
    b. Provide opportunities for the family to suggest goals and strategies that address their priorities and concerns in the child's everyday routines.
    c. Identify potential goals and discuss what the child can reasonably achieve within one year.
    d. Ensure that the goals are written with respect to appropriate early learning guidelines and reflect what other children this age are learning and doing.
    e. Write goals using active language that is specific, measurable, attainable, and realistic, and that can be demonstrated by the child across settings.

15. Collaboratively plan and put in writing activities, services, and supports to address goals and enhance participation and learning with typically developing peers.

   a. Identify materials and interactions that are of interest to the child and occur within the child's routines and activities.
   b. Discuss intentional teaching strategies that may be used to embed IEP goals into learning opportunities and transitions between activities and settings throughout the day.
   c. Consider special factors related to the child's disability (e.g., behavior, limited English proficiency, Braille, communication or assistive technology needs).
   d. Review the balance of services and activities to determine if, as a whole, they support the child's development and learning.
   e. Determine where IEP services can be provided by considering inclusive settings with children of the same age who do not have disabilities and supports that may be necessary for the child's success.
   f. Discuss how special education services will be provided and when the services will begin.

16. Identify the criteria, procedures, and timelines for determining progress toward achieving each goal.

   a. Ensure measurable early learning and functional criteria are provided in order to review and document progress toward achieving each goal.
   b. Emphasize the critical role that families and caregivers play in sharing information with other team members about the status of progress made in achieving goals.
   c. Explain that the child's abilities will be reviewed periodically to determine progress for the three global outcomes.
   d. Discuss how and when progress reports will be shared with the family and members of the team.

17. Ensure the family understands their rights to access information and services within the IEP process.

   a. Review procedural safeguards related to providing and obtaining consent for services, and when needed, the process for reaching agreement.
   b. Review confidentiality and family access to educational records.
   c. Give the family copies of required documents including the IEP.
   d. Explain the family's right to request a meeting at any time to review the IEP and update it as needed; the IEP will be updated at least annually.
   e. Review with the family the purpose for collecting early childhood outcome information at entrance and exit from the program.

18. Identify the team member who will be the key contact person for the family.

   a. Based on state and local procedures, assign a key contact person and provide contact information.
   b. Determine and document an agreed upon communication process between the family and other team members, considering preferred methods of communication and convenient times for all.