Family Handbook

A Guide to Early Intervention in New Mexico
With each birth, families begin to hope and dream for their child’s future. You may be receiving new and difficult information concerning your child that you never expected you would hear. You may have been worrying about your child’s development for some time and are just now having your suspicions confirmed. Or maybe your family has been told that your child is at risk for developmental delays.

This Family Handbook has been developed especially for New Mexico families. We hope you will find it helpful as you begin learning about how early intervention services can support your role in enhancing your child’s learning and development. The New Mexico Family Infant Toddler (FIT) Program can help your family explore options and resources available to you in your community and assist you in setting new directions for this unfamiliar and sometimes confusing journey.

We understand that you know your child best. Therefore, you will be making the decisions concerning supports and services for you and your child. Your observations and thoughts are important to share with the caring professionals who will be part of your team.

We know that it can be a difficult time right now. You may be feeling overwhelmed or wonder what the future holds. The FIT Program can help link you with other families who have “been there” … families who understand some of the emotions you are experiencing. They have no magic answers but are willing to listen and share their own experiences.

We encourage you to find and follow the wishes, hopes and dreams you have for your family. There will be many opportunities for learning and growth on the road ahead. We hope this handbook will be helpful to you and your family on your journey through early intervention.

New Mexico Department of Health
FIT Program Staff
Your Family Handbook will be your family’s guide to the Family Infant Toddler (FIT) Program and the early intervention system. It will help you put the pieces of the early intervention puzzle together — pieces that can, at first, seem confusing. You will learn about how supports and services can meet your child’s and family’s needs and about your rights within the FIT Program.

USING YOUR FAMILY HANDBOOK

As a Reference >> We understand that people are giving you a lot of new information, and it may be hard to take it all in. Your Family Service Coordinator will go over your Family Handbook with you, but we hope that you and your family will sit down and go through it also — perhaps when things are not so hectic. You will need different information at different times. For example, the world of early intervention has its own language. Your handbook lists some of the most common terms and acronyms and defines them. You will be able to refer to your Family Handbook for information or clarification. You may want to keep it in a three-ring binder along with other important information and documents you receive.

As a Workbook >> The Family Handbook has several worksheets and tips to help you think about questions to ask or to guide you in making decisions for your child and family. You and your Family Service Coordinator can decide when and how you want to use these tools.

As an Advocacy Guide >> Your Family Handbook will offer useful tips for how you can better advocate for your child’s and family’s needs.

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FORMS YOU WILL SEE IN THE FAMILY HANDBOOK
• Early Childhood Outcomes (ECO)
• Individualized Family Service Plan (IFSP)
• Prior Written Notice (PWN)
The Family Infant Toddler (FIT) Program is located within the New Mexico Department of Health. The FIT Program provides supports and services to children who have or who are at risk for developmental delay, and their families. This program is responsible for making sure that the requirements of the Individuals with Disabilities Education Act (IDEA) are carried out in New Mexico. Part C of IDEA applies to children age birth to three.

The FIT Program offers supports and services to families through early intervention provider agencies across New Mexico. These agencies are funded through a combination of state and federal funds, including Medicaid and health insurance. No family will ever be turned away because of inability to pay for supports and services.

What is Early Intervention?

Early intervention supports a child’s learning and development during the important time from birth to three years of age. Staff from your local FIT early intervention program will support your family in meeting your child’s developmental and health-related needs. Professionals provide ideas on how you can best help promote your child’s development and how to use their suggestions for intervention throughout the day. R.A. McWilliam, a researcher and father of a child with a disability, reminds us that “the child’s learning occurs between sessions.” There are opportunities for your child to learn and develop throughout the day, both when the service providers are with you and when they are not.

WHAT ARE YOUR DREAMS FOR YOUR CHILD DURING THESE EARLY YEARS?

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

HOW CAN THE FIT PROGRAM HELP YOU ACHIEVE YOUR DREAMS?

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
Key Principles in Providing Early Intervention Services

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people and familiar contexts.

2. All families, with the necessary supports and resources, can enhance their children’s learning and development.

3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.

5. IFSP outcomes must be functional and based on children’s and families, needs and priorities.

6. The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

8. Support for families in developing strategies to understand, interpret and nurture their child's development is best achieved through the use of reflective practices. (Reflective practice is, in its simplest form, thinking about or reflecting on what you do. It is closely linked to the concept of learning from experience, in that you think about what you did, and what happened, and decide from that what you would do differently next time.)
Getting Started in the FIT Program

Steps in the FIT Program Process

Referral and Intake
Referral is made to a FIT provider agency.

Evaluation (CME)
The Family Service Coordinator from the local FIT provider will meet with you to arrange for a Comprehensive Multidisciplinary Evaluation (CME). This evaluation occurs at your home or in a community location where your child is most comfortable. In preparation for the evaluation, you will be asked for information on your child's history. An evaluation report is written summarizing findings and making recommendations regarding your child’s eligibility and, if applicable, approaches and strategies to be considered for functional outcomes. During the CME process, your child may receive screenings to determine if there are developmental concerns.

Eligibility Determination
Your family will be asked if you would like to be referred to the Ages and Stages for Kids (ASK) program. If you sign up, the ASK program will send you developmental screening questionnaires to complete every 3-4 months throughout your child's first three years of life. You can return the screening in a stamped addressed envelope or complete it online. The ASK staff will score the Ages and Stages Questionnaire and contact you if there are concerns with your child’s development and help you with any referrals needed.

Individualized Family Service Plan (IFSP)
At a setting and time convenient for you, an initial IFSP will be developed. You will work with a team of professionals to determine functional outcomes for your child and family, and the services necessary to meet those functional outcomes. Services are delivered according to the IFSP. Ongoing assessments are done; the IFSP is reviewed every six months to determine progress toward functional outcomes and the need for modification of functional outcomes or services.

Ongoing Transdisciplinary Team (TT) Meetings
A team of individuals from several areas of specialty will meet regularly to discuss the needs of the child and family through aligning strategies and ongoing consultation and co-visits.

Early Childhood Outcomes (ECO)
When your child enters and exits early intervention, three outcomes are assessed. These outcomes focus on skills and abilities children use to be successful in everyday activities and routines in their home, community and their future school settings.

Transition
Your Family Service Coordinator will help you with transition planning to ensure a smooth and effective transition from the FIT Program to preschool. Your Family Service Coordinator will help you look at preschool options including preschool special education services, Head Start or a childcare program. A transition conference will occur at least 90 days prior to your child’s third birthday, where representatives from both the current EI provider and the preschool agency are present.
As the parent or legal guardian, you may have concerns about your child’s development or situations that might affect his or her development. You may already have made contact with a local early intervention program yourself. Alternatively, a referral may have been made, with your permission, by your doctor, a childcare worker or other professional who knows your child. The person making the referral must do so within two working days of the date you give your permission. The local FIT provider agency will receive the referral and a Family Service Coordinator (see below) will meet with your family to explain early intervention and help plan your child’s evaluation.

Your Family Service Coordinator will inform you whether there are other FIT providers in your community and get you to sign a Freedom of Choice form that you were informed of your choice of providers.

WHO IS YOUR FAMILY SERVICE COORDINATOR?

When you are referred for services, a Family Service Coordinator is assigned to you. Each family will have only one Family Service Coordinator. You may change your Family Service Coordinator at any time. You may do this by contacting the director of the program currently providing service coordination for your family.

WHAT DOES YOUR FAMILY SERVICE COORDINATOR DO?

Your Family Service Coordinator is available to:

• Help you understand information given to you;
• Inform you of your rights within the FIT Program;
• Help you get the evaluations and assessments your child needs;
• Let you know what services are available and how to get them;
• Coordinate and assist in the development and review of the IFSP;
• Make sure you receive the services that are on your IFSP;
• Help you access support services, such as parent groups;
• Help you resolve concerns if they arise;
• Assist in the development and implementation of a transition plan for after early intervention;
• Refer you to other services, such as child care, health or family support services; and
• Help you become your child’s best advocate (see page 19).

Prior Written Notice (PWN)

Families have the right to be informed about proposed early intervention service activities for their child. They also have the right to give or refuse consent for those services.

Prior Written Notice Form

Child’s Name: ___________________________ Child’s Date of Birth: ________

Parent(s) Name(s): ______________________

Address: ________________________________ City: _______ State: _______ ZIP code: _______

This form provides you notice of the following (Check all that apply):

A screening of your child’s development; (See details below)
An evaluation/assessment of your child’s development; (See details below)
Your child has been determined to be eligibile for the FIT Program
Your child has been determined to be eligible for the FIT Program
A transition conference meeting (See details below)

The reason for the notice is being provided:

Planned meeting/activity date: _____________ Planned meeting/activity time: _____________

Family Service Coordinator (FSC) completing form: Provider agency:

_________________________ ____________________________
Notice given to parent: __________________________ Signature of Family Service Coordinator:

Notice sent by mail: (Date mailed) ______________________

TO BE COMPLETED BY THE PARENT(S) (Please check all that apply)

I agree to the activities/n changes/services listed above: ____________
I agree that the above activities/services may take place before the required 5-day prior notice if applicable: ____________
I have received a copy of our family rights under the FIT Program, including this right to submit a complaint; request mediation or request a hearing; these rights have been explained to me by my Family Service Coordinator: ____________
I am aware that the FIT Program may offer my child(s) private insurance; Medicaid (how which applies for the early intervention service covered by the insurance) and understand that we will not be charged a co-pay or deductible; I also understand that I may withdraw consent at any time:

Signature of Parent: ____________________________ Date: ________

Signature of Parent: ____________________________ Date: ________
### An Evaluation for Your Child

**Getting Started in the FIT Program**

**Evaluation Worksheet**

1. **How was your pregnancy and your child’s birth?**
2. **How has your child’s health been?**
3. **Has your child had any other tests or evaluations?**
4. **What concerns do you have about your child’s development (ability to talk or communicate needs, ability to walk or move about, eating or feeding problems, health issues, hearing or vision problems)?**
5. **What interests your child? What excites him? What frustrates her?**
6. **Who are the most important people in your child’s life?**
7. **What is the effect of your child’s needs on your family?**
8. **In what ways does your child perform everyday activities — like communicating with you and with others (pointing, using special words or sounds, using eyes) or moving about (walking, crawling, rolling, using specialized equipment)?**
9. **What types of things does your child do well (communicating needs, playing with others, walking, running)?**
10. **What other information can you provide that will give a more complete picture of your child? (Are there brothers or sisters in the home? How is the house arranged or adapted for your child? What are the best ways of interacting with your child?)**

An evaluation involves professionals trained in different areas, such as a developmental specialist and a therapist who use assessment tools to look at your child’s abilities and needs. This information is used to determine eligibility for the FIT Program, as well as for recommending functional outcomes and strategies.

At least two professionals from two different fields of expertise will partner with you to conduct an evaluation. The evaluation must involve assessment activities in the following areas of development:

- Adaptive or self-help skills such as bathing, feeding, dressing and toileting
- Cognitive skills such as thinking, learning, reasoning and problem-solving
- Communication skills such as understanding and using words or gestures
- Physical development such as vision, hearing, movement and health
- Social-emotional development such as feelings, getting along with others and relationships

Your Family Service Coordinator will ask you to sign your consent on the Prior Written Notice form for the evaluation to take place. They will also ask for a “release of information” so they can get a copy of your child’s medical records and any other relevant documents.

**Planning for Your Child’s Evaluation**

You and your Family Service Coordinator will discuss who will be on your evaluation team — based on the concerns and priorities you see for your child. The team may include professionals from your local FIT provider agency and/or from a team such as the Early Childhood Evaluation Program (ECER) at the University of New Mexico (UNM).

The evaluation may take place where your child usually spends the day so that your child feels most comfortable.

When scheduling the evaluation with your Family Service Coordinator, think of the best time for you and your child. You might think about the times when he or she is most awake. The evaluation may be done on more than one day so that the team can get to know your child and your child can feel more comfortable with them. The evaluation must be completed within 45 days of your referral to the FIT Program. If needed, your family can choose to delay the evaluation — for example, if your child is ill.

You will play an important part in the evaluation. Evaluation team members will talk to you about your child’s strengths and needs and will ask you to be involved in the assessment activities. Much of the evaluation will involve play with your child to see what he or she can do. The evaluation team will also ask you questions about your child’s development — for example, “How many words does he say?” “How does he let you know if he is hungry?” “Tell me about bedtime – how is that going?”

To help you in preparing for your child’s evaluation and assessment, you may want to think about these questions and take any other information with you that will help.

**HOW YOU CAN HELP WITH YOUR CHILD’S EVALUATION**

- Plan the most comfortable environment for your child’s evaluation, so your evaluation team can get the clearest picture of your child.
- Sit beside or hold your child.
- Join in with the assessment activities.
- Tell team members if what they are seeing is typical for your child.
- Help the team see your child’s strengths and needs.
- Comfort and support your child.
- Ask questions and offer your opinions about how your child’s evaluation is going.
Getting Started in the FIT Program

Results of the Evaluation

Someone from the evaluation team will go over the results of your child’s evaluation with you. You will also get a written copy of the report(s). The report should be written in easy-to-understand terms, but if there is anything that is unclear, be sure to ask! Your Family Service Coordinator can help get answers to your questions.

Determining If Your Child is Eligible

A team that includes you, your Family Service Coordinator and professionals who were part of the evaluation determine your child’s eligibility for the FIT Program. The team will consider information from medical and other records, assessment results and professional judgment in determining eligibility under one of the four FIT Program eligibility categories. Your child’s eligibility will be documented in his or her record, and is only shared with people for whom you have signed a release.

What If Your Child is Found to be NOT Eligible?

If the team decides, based upon the evaluation, that your child is not eligible for the FIT Program, with your permission, your family will be referred to the Ages and Stages for Kids (ASK) program. You will receive and complete developmental screenings through the mail or online and the ASK program staff will track and monitor your child throughout the first three years of life. They will let you know if there are any concerns that need to be referred back to an early intervention provider.

Our Child’s Day

Please tell us what your child’s typical day looks like. This will help your team develop learning activities that you can incorporate into your family’s everyday routines (mealtimes, playtime, bath time, etc.); everyday activities (folding laundry, playing with his sister, etc.); and places (grandma’s, child care, grocery store, etc.).

<table>
<thead>
<tr>
<th>OUR CHILD’S DAY</th>
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<tbody>
<tr>
<td>Getting up in the morning ...</td>
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<tr>
<td>Diapering/toileting and dressing</td>
</tr>
<tr>
<td>Feeding/mealtimes ...</td>
</tr>
<tr>
<td>Traveling/getting ready to go ...</td>
</tr>
<tr>
<td>Play time/hanging out ...</td>
</tr>
<tr>
<td>Bath time ...</td>
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<tr>
<td>Nap time/bedtime ...</td>
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<tr>
<td>Other ...</td>
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FIT PROGRAM ELIGIBILITY CATEGORIES

1. Developmental Delay of 25% or more in one area of development
2. Established Condition that has a high probability of causing a developmental delay such as vision or hearing loss, Down Syndrome, Cerebral Palsy, etc.
3. At Risk due to medical or biological factors such as low birth weight or prematurity
4. At Risk for Developmental Delays due to environmental conditions that could affect your child’s development

Our Child’s Day

By understanding who plays an important role in your child and family’s lives, we can better include the people who routinely support your child and family as we develop this plan.

Sample ECO-Map/Family Map (Optional):

Getting Started in the FIT Program

Learning about Your Child and Family
Your Initial IFSP

Your family's first IFSP meeting will be held within 45 days of the referral to the FIT Program, unless you need to delay the process (for example, if your child is sick and the evaluation must be delayed). Your Family Service Coordinator will help you plan and prepare for your IFSP meeting, and will give you a copy of the IFSP form in advance so you are familiar with its content. Your Family Service Coordinator will coordinate the meeting with you and will invite the people you want to attend. These people will make up your IFSP team.

Your IFSP team includes:

• You (parent(s), guardians, foster or surrogate parents)
• Your Family Service Coordinator
• Other professionals (developmental specialists, therapist(s), nurse, doctor)
• Other people you’d like to include (family, friends, childcare provider, babysitter)

If certain people cannot attend the meeting, they may give their input in writing or by telephone ahead of time.

THINGS TO THINK ABOUT WHEN PLANNING YOUR IFSP MEETING

• When would be a convenient time for the meeting?
• Where is the best location for the IFSP meeting — living room, kitchen table, childcare center?
• Whom do you want to be there — developmental specialist, therapist, grandma, older sibling, doctor, childcare worker, etc.?
• Will you need an interpreter (for example, if English is not your primary language)?

Preparing for Your IFSP Meeting

Your Family Service Coordinator will help you prepare for your IFSP meeting by helping you think about what’s important for your child and family. They may offer you materials to complete in your own time or sit down with you and ask you a number of questions about your “Everyday Routines, Activities, Places and People in Our Life.” This “family assessment” can help your family think about what you want as a result of early intervention. This process is optional for families.

STRATEGIES FOR A SUCCESSFUL IFSP

Plan to have enough time so the meeting doesn’t feel rushed.
Be prepared — make a list of questions or issues you want to discuss at the meeting. (The worksheet on page 16, “Things to Consider As You Prepare to Develop Your Family’s IFSP,” may be helpful.)
Listen to what other team members have to say.
Be clear about what you want.
Ask questions if you don’t understand something.
Don’t be afraid to ask for help!
Make sure you understand who will be following up on what after the meeting.

Your IFSP Meeting

You are an important member of the IFSP team and your input and questions are extremely valuable. At the meeting, a lot of information and ideas will be shared. Along with your fellow IFSP team members, you will accomplish these things:

• Review all the information that has been gathered about your child.
• Talk about your family’s everyday routines, activities, places and people in your life that can support your child’s development.
• Develop the functional outcomes (changes) you want for your child and family. For example — “We want Sam to be able to play with his brother.” “We would like to meet other parents.” Or, “We need help with child care.”
• Describe activities or strategies that will help you make progress toward the functional outcomes.
• Discuss which people in your child’s life will best be able to participate in these activities and what they need to do.
• Decide on which services could help you meet your child’s and family’s functional outcomes.
• Discuss the way progress toward meeting the functional outcomes will be reviewed.

What Is Written in Your IFSP?

Your IFSP must include the following:

• A summary of your child’s present abilities, strengths and needs.
• A section on your family’s “Everyday Routines, Activities, Places and People in Our Life” (with your agreement).
• Functional outcomes that you choose for your child and your family.
• Details of the early intervention services that can help you meet your child’s and family’s functional outcomes including what, when and by whom. (A list of early intervention services can be found on page 17.)
• A plan for transition for when your child leaves early intervention.

The IFSP is a document that will change as your child’s and family’s needs change. It should always reflect the current services and supports you are receiving.

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### Your Individualized Family Service Plan

#### Developing Your IFSP

<table>
<thead>
<tr>
<th>THINGS TO CONSIDER AS YOU PREPARE TO DEVELOP YOUR FAMILY’S IFSP</th>
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<tr>
<td><strong>I would describe my child to others as ...</strong></td>
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<td><strong>What's working for us is ...</strong></td>
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<td><strong>The biggest challenges we are facing right now are ...</strong></td>
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<td><strong>What I worry most about is ...</strong></td>
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<td><strong>What I would like to be able to do with my child is ...</strong></td>
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<td><strong>We'd like more information about ...</strong></td>
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<td><strong>As a family, we need help with ...</strong></td>
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<tr>
<td><strong>The current resources and strengths of our family are ...</strong></td>
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<tr>
<th>Early Intervention Services</th>
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<tr>
<td>Assistive Technology</td>
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<tr>
<td>Equipment, devices and/or products, including those acquired commercially, modified or customized, that increase the functional abilities of children with developmental delays (such as a communication device or seating chair).</td>
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<tr>
<td>Audiology</td>
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<tr>
<td>Testing a child’s hearing and other auditory services (including hearing aids or specific training regarding amplification needs).</td>
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<tr>
<td>Developmental Instruction</td>
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<tr>
<td>The design of and consultation on developmentally appropriate activities that families and caregivers can include in the child’s typical day and may include activities within all developmental areas.</td>
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<tr>
<td>Family Service Coordination</td>
</tr>
<tr>
<td>Assisting families through the intake, evaluation and eligibility determination process and facilitating the IFSP process. Family Service Coordinators also provide information about and make referrals to other community resources, and coordinate and ensure the delivery of all services.</td>
</tr>
<tr>
<td>Family Therapy, Counseling and Training</td>
</tr>
<tr>
<td>Services provided, as appropriate, by licensed social workers, family therapists, counselors, psychologists and other qualified professionals to help the parent(s) understand the special needs of their child and support the parent-child relationship. They will also offer other services to the parent(s) in support of their parenting as they guide their child’s healthy development.</td>
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<tr>
<td>Health Services</td>
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<tr>
<td>Helping a child benefit from other services, including clean and intermittent catheterization, tracheostomy care, tube feeding, changing dressings or ostomy collection bags, and consultation with service providers concerning special healthcare needs.</td>
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<tr>
<td>Medical Services</td>
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<tr>
<td>Diagnostic or evaluation services by a licensed physician used to determine a child’s medical status and how it may affect development.</td>
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<tr>
<td>Nursing Services</td>
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<tr>
<td>Health assessments and nursing education to prevent health problems or improve functioning and administration of treatments.</td>
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<td>Nutrition Services</td>
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<tr>
<td>Provided by a dietitian/nutritionist who evaluates the child’s nutritional needs.</td>
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<tr>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Helping children gain skills needed for play and daily living activities, designing and providing adaptive and assistive devices and addressing the sensory motor and fine motor needs of the child.</td>
</tr>
<tr>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Helping families and caregivers to enhance the child’s movement abilities (including crawling, standing, walking and balance) through therapeutic activities, appropriate positioning, and with adaptive and assistive devices that can be incorporated into the child’s typical day.</td>
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<tr>
<td>Psychological Services</td>
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<tr>
<td>Counseling, psychological and developmental testing and analysis, and interpretation of a child’s behavior.</td>
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<tr>
<td>Respite Services</td>
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<tr>
<td>Respite services may also be available through the Developmental Disabilities Supports Division (DDSD). Respite services can provide a break from childcare to caregivers. Please ask your Family Service Coordinator for more information.</td>
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<tr>
<td>Sign and Cued Language Services</td>
</tr>
<tr>
<td>Teaching sign language, cued language and auditory/oral language.</td>
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<tr>
<td>Social Work Services</td>
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<tr>
<td>Assessing a child within the family setting, counseling and developing social skill-building activities for a child.</td>
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<tr>
<td>Speech-Language Therapy</td>
</tr>
<tr>
<td>Helping families and caregivers to enhance the child’s understanding of language and develop communication skills, which may include speech, signs and gestures.</td>
</tr>
<tr>
<td>Vision Services</td>
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<tr>
<td>Evaluation and assessment of vision, visual and mobility training, as well as referral of medical and other professional services necessary.</td>
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Your Individualized Family Service Plan

Reviewing Your IFSP

Your IFSP must be reviewed at least every six months. However, you can meet whenever you think it would be helpful for your team to get together and review the plan. At your annual IFSP review, a new document will be developed. Some of the information may be carried forward from the previous plan. As with your initial IFSP, you can choose who will attend the IFSP review meeting and assist in the planning of where and when the meeting will take place.

Where Will Services Take Place?

Services can be provided in settings where your child typically spends his or her day. This can include your home, other family members’ homes, childcare or other community settings. It is important for people who spend time with your child to be familiar with activities and opportunities to enhance your child’s development. The early intervention staff will give you ideas of how to incorporate learning activities into your child’s daily routines, such as play times, meals and bath time.

Places We Go — Things We Do

You may want to let your IFSP team know about places where you and your child spend time such as childcare, library, a grandparent’s home, parks, babysitter’s home, toddler group, etc., so your child’s learning and development can be supported in these settings. You may also want to list places you would like to go and activities you would like to do with your child.

PLACES WE GO — THINGS WE DO

Things We Do >>

With Whom >>

When >>
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<th>Field</th>
<th>Value</th>
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**Child/Family Income**

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**Child/Family Net Other**

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**Child/Family Net Total**

- $100,000
Early Childhood Outcomes (ECO) An Introduction

The overarching goal of early intervention is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families, in child care, in preschool and in their community.

To move toward this goal, three Early Childhood Outcomes (ECO) are assessed when a child enters and exits early intervention. In addition, the Individualized Family Service Plan (IFSP) team develops child and family outcomes. These functional outcomes help all children in the New Mexico Family Infant Toddler Program to be active and successful.

Early Childhood Outcomes focus on skills and abilities that children use to be successful in everyday activities and routines in their home, community and future school settings. The three functional outcomes are:

1. Children have positive social relationships.
2. Children acquire and use knowledge and skills.
3. Children take appropriate action to meet their needs.

Gathering this information is important because it demonstrates how early intervention and early childhood programs make a difference for the children and families they support and serve. It also provides information that can be used to improve early intervention and early childhood special education programs.

Your child’s service provider will gather information about your child from you and other caregivers/professionals who work with your child regularly. Additional information is gathered from formal child assessments.

How can you be involved?

You know your child best! You are a partner in helping to measure your child’s progress. Share your observations of your child’s skills in each of the child outcome areas. Describe how your child interacts with friends and family. Let your child’s service providers know how your child participates in typical family routines and in community activities. Tell your child’s service providers how your child meets self-care needs at home.
How to Get the Most From Early Intervention Services

• Make sure you are home and/or make sure that your child’s caregiver knows when the early intervention services have been scheduled.
• Arrange for services at times that are good for you and your family.
• Write down appointment dates and times.
• Participate when early intervention services are provided.
• Ask questions!
• Try out the activities and ideas that your early intervention professional shows or describes to you.
• Take a break from early intervention activities — sometimes play can just be play!
• Involve other family members (grandparents, brothers and sisters) in early intervention activities.
• Make learning activities fun!
• Find teachable moments in everyday routines such as shopping, mealtime, playtime, etc.
• Take time for yourself!

How Can You Meet Other Parents?

There may be opportunities through your local FIT provider agency for you to meet other parents with children who have or who are at risk for developmental delays. Sometimes play groups, parent groups or other functions are times to meet other parents. Parents Reaching Out is a parent-run organization that offers many ways for you to network with parents across New Mexico. They can connect you with another family who is experiencing similar issues with their child. You can reach Parents Reaching Out toll-free at (800) 524-5176.

Parents Reaching Out can:
• Let you know about parent groups.
• Help connect you (by phone or in person) with other parents.
• Inform you of parent training opportunities.
• Provide you with information on state and national resources.
• Send you information.
• Connect you with a family liaison who is knowledgeable about early intervention.
• Let you know of opportunities for giving input to improve early intervention services in New Mexico.
• Help you prepare for transitioning from the FIT Program to other services.

Native American families may also get assistance from Education for Parents of Indian Children with Special Needs (EPICS). You can reach EPICS toll-free at 888-499-2070.

WHAT IS AN ADVOCATE?

An advocate is a person who is knowledgeable about the person or cause they are supporting and is comfortable expressing his or her thoughts and opinions in support of the person or cause.

TIPS ON BEING A SUCCESSFUL ADVOCATE FOR YOUR CHILD

No one knows your child as well as you do, so you are the most qualified to be your child’s best advocate. You know his/her routines, likes, dislikes and everything else that makes your child unique. This makes you a valued member of the team.

You determine your level of involvement in the program. You will not be penalized for speaking out or denying particular services for your child or family. Share your child’s and family’s strengths and needs with everyone involved. Identify your family’s goals for the process. Speak out if you have questions or disagree! You are an equal partner. Ask questions! Express your concerns as they surface. Progress and change cannot happen without discussion. Ask about different service options and the types of services offered by different providers. Take part in every step of the entire process.

Stay informed. Ask for progress reports and keep copies of them and any documentation or information you receive, as well as letters or notes you make. You may need to refer back to them later.

You may want to look for further information by attending trainings or conferences or by simply using the Internet or your local library.

BEING AN EFFECTIVE PARENT ADVOCATE

• Remember that you are an important member of the IFSP team.
• You are the person who knows your child the best.
• Know your family’s rights and responsibilities.
• Let team members know about your child’s and family’s strengths and needs.
• Take part in every step of the early intervention process.
• Ask questions!
• Speak out if you have a suggestion or disagree.
• Keep copies of reports, your IFSP, medical information you receive, as well as any letters or notes that you make.
• If you have concerns about your services, talk to your Family Service Coordinator as soon as possible.
• Ask about parent groups in your community or nearby town.
• Find out information by attending trainings, conferences and by using the Internet or library.
**Transition Planning**

Your Family Service Coordinator will help you with the transition planning process to ensure that your child has a smooth and effective transition from the FIT Program. Transition planning will begin at your initial IFSP and is updated when your child turns age two (24 months old).

**What Are Your Options for Transition?**

After your child leaves the FIT Program, he or she may go to:
- Head Start
- Special education services (through your local public school district)
- Private childcare or preschool setting
- Other community supports

You may want to visit potential transition sites to get to know your options. Your Family Service Coordinator will help you think about which environment and program would be best for your child.

Your Family Service Coordinator also will help you understand the eligibility requirements for the various programs.

**When Will Your Child Transition?**

Early intervention through the FIT Program is available until your child turns three years of age.

If your child is potentially eligible, a referral will be sent, with your consent, to your local school district, special education office. Also with your consent, an assessment summary will be sent to the school district to help them prepare for the transition conference/meeting.

**Transition Conference/Meeting**

A transition conference/meeting will occur at least 90 days (three months) prior to your child’s third birthday, where representatives from both the current EI provider and the preschool agency(ies) are present.

**Preschool Readiness**

During the transition process, your Family Service Coordinator will discuss the activities that are part of the strategies, goals and functional outcomes for your child that pertain to pre-literacy and pre-numeracy. These skills will help you see what types of knowledge your child has in identifying words and language through play, reading books, fingerplays, songs and other types of activities that you and your child can work on together. Numeracy is also part of a skill that is important for transition to a preschool setting and can include counting, fingerplays, sorting, matching and identifying colors. These activities will help the receiving teachers to know that these types of strategies have begun and the child is learning about tools that support math, science and reading activities in school.

**What Will Your Transition Plan Include?**

Your transition plan will detail the steps your family, your IFSP team and the school district, Head Start and/or childcare staff will take to ensure the smooth transition to a new program. The plan should include:
- What is to be done (for example, “Visit the school”);
- Who is to do it (for example, “Parent and Family Service Coordinator”); and
- Timelines for completion.

The steps in the plan may include things like visits to the new setting by you and your child as well as other supports for your family beyond early intervention. You may want to attend training on the transition process from Parents Reaching Out or your local FIT provider agency.

**WHAT TO EXPECT FOR YOUR TRANSITION MEETING**

Your family should:
- Share your hopes and concerns for your child;
- Ask about supports for your family beyond early intervention; and
- Ask questions about anything that is unclear.

Early intervention staff will:
- Share information about your child’s progress;
- Help write a transition plan that details the steps for transition;
- With your permission, make sure the new program has all the information they will need about your child (evaluation and assessment information, a copy of the IFSP, etc.); and
- Help you identify additional community resources and supports.

School district/Head Start/preschool staff will:
- Explain the eligibility requirements and your rights;
- Explain the process for applying/registering;
- Discuss options for the delivery of services your child will need; and
- Help determine whether any additional evaluations will be needed prior to transition. (You will be asked to sign your consent on a Prior Written Notice form for the evaluation to determine eligibility for preschool special education, Part B.)

**Date of your transition meeting**

__________________________

**Things to think about and do prior to the meeting**

- ___________________________________________________________________________
- ___________________________________________________________________________
- ___________________________________________________________________________
- ___________________________________________________________________________
- ___________________________________________________________________________
- ___________________________________________________________________________
- ___________________________________________________________________________
What is an Individualized Education Program?
If your child will transition to preschool special education services through your local public school district, an Individualized Education Program (IEP) will be written to describe how the school district will meet your child’s educational needs. The IEP will describe the services your child will receive, as well as the activities and strategies for meeting your child’s goals. At the IEP meeting, participants will decide the location where services will be delivered. The school district must provide preschool special education services in settings with children without disabilities. The Individuals with Disabilities Education Act says that children must be educated in the Least Restrictive Environment (LRE), including a preschool setting with typically developing peers.

Typically, special education services are provided during the regular school year. In order for services to be provided during the summer, the IEP must identify the need for an Extended School Year (ESY). Your Family Service Coordinator and other early intervention staff can attend your child’s IEP meeting to ensure that the school staff is up to date with your child’s progress and specific needs.

What If You’re Concerned About Your Child’s Transition?
Transitions from one program to another can be a difficult adjustment for families. You may wonder how it will work out for your child and family in a new program with new staff. Many other parents of young children have been through this experience. You may wish to talk with a parent of an older child who has been through the transition process. Ask your Family Service Coordinator or call Parents Reaching Out to speak with another parent.

Will You Continue to Receive Service Coordination After Your Child Transitions?
Your FIT Program Family Service Coordinator can continue to work with you and the new program for one month to ensure that the transition process is smooth and uninterrupted. This month of service coordination must occur within the first month after your child leaves early intervention services and up to four hours across all services. Ongoing service coordination, also known as case management, for families of children three years and older may be available from:
- Medical Case Management (Salud or private health plan)
- Children’s Medical Services
- NM School for the Deaf Early Childhood Program
- Medically Fragile Waiver (for children with severe medical involvement)
- Developmental Disabilities Waiver (for children with a developmental disability)

Each of these programs has its own eligibility requirements; waiver programs may have a waiting list. Your Family Service Coordinator can help you decide if any of these programs would be appropriate for your family.

Your family has a variety of rights throughout your time in the FIT Program.
Your family has the right to:
- Participate.
- Have your child evaluated.
- Give consent for evaluation, services and the exchange of information by signing a Prior Written Notice form.
- Have a plan for services within 45 days of referral.
- Receive prior notice of IFSP meetings and evaluations.
- Understand fully each step in the FIT Program process.
- Confidentiality about your child and family.
- Review records.
- Help to resolve disagreements.
- Submit a complaint.

Your Family Service Coordinator will review your rights with you when you begin in the FIT Program. Also, you will receive detailed written notification of your rights when you enter the program and periodically during the time you receive early intervention services and supports. Furthermore, your Family Service Coordinator will review your rights with you when they apply to the services that you and your family will receive. If you have any questions about your rights, talk to your Family Service Coordinator. You may also call the FIT Program toll-free at (877) 696-1472.

You may read an overview of your rights on these pages. (For more detailed information, please refer to the Notice of Child and Family Rights & Safeguards in the New Mexico Part C Early Intervention System available from your Family Service Coordinator.)

The Right to Participate
Your participation in the FIT Program is voluntary. It is up to you to decide to participate in the program. If you accept services, you will determine the level of your participation.

You are an important part of planning services for your child. No one knows your child better than you and your family! You are encouraged to speak up about your family’s and child’s needs. You can also review your child’s evaluation and assessment and get information about how to help your child develop. You must agree to services for your child and sign the plan before these services begin.

The Right to Have Your Child Evaluated
When your child is referred to the FIT Program, you have the right to an evaluation to determine eligibility. If you disagree with the results of the evaluation you can make a request for a due process hearing.

The Right to Give Your Consent
Your FIT provider agency must have your written consent in writing on a Prior Written Notice (PWN) form before any evaluations, assessments or services take place. You can consent to one service and refuse to accept another. Your provider must also have your written consent on a PWN before sharing information about you or your child with others. You can withdraw your consent at any time.

The Right to a Plan for Services within 45 Days of Referral
Within 45 days of referral, and if eligible for services, your family has the right to a written plan for services. This plan is called your Individualized Family Service Plan (IFSP) and includes early intervention services based on your family’s needs. A team, including you, your Family Service Coordinator and early intervention staff, will meet to develop this plan. This IFSP team can also include family members, friends or advocates that you choose to help you decide what is best for your family and child. This plan is reviewed every six months or more frequently, according to your family’s needs.
The Right to Prior Notice of IFSP Meetings and Evaluations
You will have meetings with your service providers during your time in the FIT Program. Meetings must be held at a time and place that is best for you. Each time you meet you must be told about it in writing or orally in a language you understand. You must receive notification of the meetings or evaluations in advance so that you can arrange to have family members or others at the meeting. Each notice should include the following information about the meeting:

- Where and when it will be
- Who will be there
- Purpose of the meeting
- What records, reports or tests will be used
- Information about your rights to confidentiality

The Right to Understand
You have the right to receive answers to questions about your child’s development, about services and about the FIT Program from your local FIT provider agency. Ask for help from the staff if you don’t understand. If needed, you have the right to receive a translation orally in your native language, in sign language or in Braille.

The Right to Confidentiality
All information about your child and family is confidential. Sometimes, your early intervention provider will need to obtain or share information about your child to determine eligibility or to arrange for services. Your early intervention provider must get your permission to request or share information with other agencies or service providers. It is up to you if you want to share this information. Only early intervention staff members who are involved with you and your child may look at your files. No one else may look at your files without your permission. Your early intervention provider must keep a record of who looks at your files. You may ask for a written explanation about how private information is protected by your early intervention provider. Your right to confidentiality is covered under federal law by both the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

The Right to Review Records
Your early intervention provider keeps your child’s records. You may ask your provider to see them or to give you a copy. If you disagree with information in your child’s records, you may ask your early intervention provider to correct that information. If they disagree, you can request a FERPA hearing. The hearing must be conducted within 30 days and any individual, including an attorney, may represent you at the hearing. Your child’s records will be kept at least five years after your family has left the early intervention system.

The Right to Help with Resolving Disagreements
Sometimes, parents and early intervention program staff disagree regarding an evaluation, assessment or early intervention services. If there is a disagreement, try talking with your Family Service Coordinator, who may be able to help resolve the disagreement informally. Each local early intervention program has a complaint procedure that can be used if you have a disagreement.

If you are not able to reach agreement with your early intervention provider, you can call the FIT Program toll-free at (877) 696-1472 and ask for the staff person assigned to your early intervention provider. This person will try to help you resolve the disagreement. You may also request mediation or a hearing to resolve a disagreement.

Mediation is a process in which trained mediators help people communicate and make informed choices in order to find a resolution to their dispute. The mediator is impartial, neutral and unbiased. To request mediation please send a letter to the FIT Program manager at the address on the following page. The mediation meeting will be held within 30 days of your request. Choosing mediation as a way to resolve your disagreement does not deny your right to request a due process hearing. Due process hearings involve a state-appointed hearing officer who reviews all information from all people involved. The hearing shall be carried out at a time and place that is convenient to you and other people involved. You may be advised and accompanied to the hearing by a lawyer or someone with knowledge of the early intervention system. You may present evidence, confront and cross-examine, and require the attendance of witnesses. A written decision will be mailed to each person involved within 30 days from the day a request for a hearing is filed. To request a due process hearing you should send a letter to the program manager of the FIT Program (see address at left). While the hearing is in process, your early intervention services will continue. Mediation will be offered to all individuals who submit a request for a due process hearing.

The Right to Submit a Complaint
If you feel your early intervention provider or a state agency has ignored or violated a federal or state regulation regarding services to your child and family, you can write a letter of complaint to the FIT Program manager (see address at right). After receiving your written complaint a staff person will be assigned to investigate and gather information from you and others concerned. The FIT Program office will review all of the information and reach a decision about your complaint within 60 days. The chart below illustrates the variety of options you have within the FIT Program to have your concerns addressed.

WAYS TO HANDLE YOUR CONCERNS …

<table>
<thead>
<tr>
<th>I have a concern about my child’s records or right to confidentiality.</th>
<th>LOCAL LEVEL &gt;&gt; FERPA Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call your early intervention provider about your concerns and request a FERPA hearing.</td>
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<table>
<thead>
<tr>
<th>I want someone local to help me resolve my concern informally.</th>
<th>LOCAL LEVEL &gt;&gt; Informal Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call your Family Service Coordinator or the manager of your local early intervention program to help you resolve your concern.</td>
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<table>
<thead>
<tr>
<th>I want someone local to help me resolve my concern formally.</th>
<th>LOCAL LEVEL &gt;&gt; Provider Complaint Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact the manager of your local early intervention program and request assistance with filing a complaint with their organization.</td>
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<tr>
<th>I want someone at the state to help me resolve my concern formally.</th>
<th>STATE LEVEL &gt;&gt; Informal Complaint Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call the Family Infant Toddler Program toll-free at (877) 696-1472 and ask for the staff person assigned to your local early intervention program.</td>
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<table>
<thead>
<tr>
<th>I have a disagreement with my early intervention provider and would like to enter into mediation.</th>
<th>STATE LEVEL &gt;&gt; Mediation Process</th>
</tr>
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<tbody>
<tr>
<td>Send your request for mediation in writing to the FIT Program manager.</td>
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<tr>
<th>I have a disagreement with my early intervention provider and would like to request a hearing.</th>
<th>STATE LEVEL &gt;&gt; Due Process Hearing</th>
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<tbody>
<tr>
<td>Send your request for a hearing in writing to the FIT Program manager.</td>
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<table>
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<tr>
<th>I believe a Federal or State Regulation has been ignored or violated.</th>
<th>STATE LEVEL &gt;&gt; Complaint Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send your complaint in writing to the FIT Program manager.</td>
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</tr>
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</table>
Assistive Technology — Equipment, devices and/or products, including those acquired commercially, modified or customized, that increase the functional abilities of children with developmental delays (such as a communication device or seating chair).

Audiology — Testing a child’s hearing and other auditory services (including hearing aids or specific training regarding amplification needs).

Child’s Record — The file that includes evaluations, reports, progress notes and the child’s IFSP, and is maintained by the Family Service Coordinator.

Consultation — Meetings between IFSP team members for the purpose of integrating and planning effective early intervention strategies.

Co-visit — When more than one service provider provides early intervention services to enable them to coordinate strategies when working with your child.

Development — The process of learning and mastering new skills over time; includes ability to move, communicate, think, see, hear and play with toys or other people.

Developmental Instruction — The design of and consultation on developmentally appropriate activities that families and caregivers can include in the child’s typical day; may include activities within all developmental areas.

Due Process Hearing — A hearing involving a hearing officer who rules on evidence related to a disagreement between a parent and an early intervention provider.

Early Intervention — A collection of services provided by public and private agencies and mandated under law to support eligible children and their families in enhancing a child’s potential growth and development from birth to age three.

ECO (Early Childhood Outcomes) — Three outcomes that are assessed when a child reaches age three and exit early intervention. These outcomes focus on skills and abilities children use to be successful in everyday activities and routines in their home, community and their future school settings.

Eligibility — Requirements your child must meet in order to receive early intervention services from the New Mexico Family Infant Toddler Program.

ERAP (everyday routines, activities and places) — Settings where your child typically lives, learns and plays. This may include your home, a childcare setting, recreation centers or other community settings, and your child’s typical daily routines such as playtime, bath time and bedtime.

Evaluation — Determining your child’s eligibility by gathering information about your child from records, assessments and using professional judgment.

Family Service Coordination — Assistance families through the intake, evaluation and eligibility determination process, and facilitating the IFSP process. Family Service Coordinators also provide information about and make referrals to other community resources, and coordinate and ensure the delivery of all services.

Family Service Coordinator — A person who works with your family to help coordinate the evaluation, the IFSP and early intervention services as well as other community supports and resources for your child and family over the course of the IFSP.

Family Therapy, Counseling and Training — Services provided, as appropriate, by licensed social workers, family therapists, counselors, psychologists and other qualified professionals to help the parent(s) understand the special needs of their child and support the parent-child relationship. They will also offer other services to the parent(s) in support of their parenting as they guide their child’s healthy development.

FIT (Family Infant Toddler) Program — The program at the Department of Health that oversees the delivery of early intervention services in New Mexico through a network of public and private providers.

Fully Informed Consent — Families recognize their authority and responsibility in making decisions about their child’s involvement.

Functional Outcomes — Statements of changes you want for your child and family that are documented in your IFSP.

Health Services — Helping a child benefit from other services, including clean intermittent catheterization, tracheostomy care, tube feeding, changing dressings or ostomy collection bags, and consultation with service providers concerning special health care needs.

ICC (Interagency Coordinating Council) — A council of members appointed by the governor to advise and assist the Department of Health’s Family Infant Toddler Program in planning and promoting the implementation of a coordinated and family-centered service system in order to address the needs of infants and toddlers with or at risk of developmental delays, and their families.

IDEA (Individuals with Disabilities Education Act) Part C — The federal legislation that determines the implementation of early intervention by states.

IEP (Individualized Education Program) — The plan for services in public school special education programs for children with disabilities that may begin when a child reaches age three.

IFSP (Individualized Family Service Plan) — A written plan for your child’s and family’s desired functional outcomes and strategies to meet those functional outcomes during your time in the FIT Program.

IFSP Team — A team that includes you, your Family Service Coordinator and other professionals involved in providing ongoing services to your family and anyone else you’d like included (i.e., other family members, childcare staff, pediatrician).

Intake — Your first meeting with your Family Service Coordinator where he or she explains your rights, describes the IFSP program and helps plan your child’s evaluation.

Mediation — A way to settle a conflict so that both sides win. Parents and other professionals discuss their differences and, with the help of a trained and independent mediator, reach a settlement that both sides accept.

Medical Services — Diagnostic or evaluation services provided by a licensed physician — used to determine a child’s medical status and how it may affect development.

Natural Environments — Settings that are natural or normal for the child’s age peers who have no disabilities and include the home, childcare and other community settings.

Nursing Services — Health assessments and nursing education to prevent health problems or improve functioning and administration of treatments.

Nutrition Services — Provided by a dietician or nutritionist who evaluates the child’s nutritional needs.

Occupational Therapy — Helping children gain skills needed for play and daily living activities, designing and providing adaptive and assistive devices, as well as addressing the child’s sensory motor and fine motor needs.

Ongoing Assessment — An ongoing process including the use of observation and tools to identify your child’s or family’s needs and strengths.

OSEP (Office of Special Education Programs) — The federal agency that oversees all state Part C programs. OSEP is dedicated to improving results for infants, toddlers, children and youth with disabilities ages birth through 21 by providing leadership and financial support to assist states and local districts.

Parent — Includes the biological parent(s), guardian, acting parent (including foster parents) or surrogate parent (assigned by the state in situations where there is no other person to act as parent at the IFSP).

Physical Therapy — Helping families and caregivers to enhance the child’s movement abilities (including sitting, standing, walking and balance) through therapeutic activities, appropriate positioning and with adaptive and assistive devices that can be incorporated into the child’s typical day.
Intervention of Early ABCs

Teaching sign language, cued language and S—individuals. that is provided by specially trained service that may be available to give R intervention services and makes contact that a child may benefit from early (with the parent’s permission) thinks — When a parent or professional child’s learning. are challenging, as well as activities during the day that can be used to enhance your child’s learning.

Referral — When a parent or professional (with the parent’s permission) thinks that a child may benefit from early intervention services and makes contact with CMS (Children’s Medical Services) or a local early intervention provider agency.

Respite — An additional family support service that may be available to give parents a break from the day-to-day care of their child. It is a “childcare” service that is provided by specially trained individuals.

Sign and Cued Language Services — Teaching sign language, cued language, and oral/oral language.

Social Work Services — Assessing a child within the family setting, counseling and developing social skill-building activities for a child.

Special Education — Specially designed instruction and services to meet the education needs of children over the age of three. Provided by the local school district for children who are eligible in preschool or other settings.

Speech-Language Therapy — Helping families and caregivers enhance the child’s understanding of language and develop communication skills, which may include speech, sign language and gestures.

Strategies — The methods and activities developed to achieve functional outcomes. Strategies are written into the IFSP.

Transdisciplinary Team — A team that works across disciplines (areas of specialty) to meet the needs of the child and family through aligning strategies and ongoing consultation and co-visits.

Transition — The process of planning for supports and services for when your child will leave the FIT Program, or if you move to a new community.

Vision Services — Evaluation and assessment of vision, visual and mobility training, as well as referral for medical and other professional services necessary.

New Mexico

ABCs of Early Intervention

Prior Written Notice (PWN) — Parents have the right to understand all information and reports about their child’s development. Parents also have the right to give or refuse consent for all early intervention service activities. This consent must be documented on a Prior Written Notice form.

Psychological Services — Counseling, psychological and developmental testing and analysis, and interpretation of a child’s behavior.

RBI (Routine-Based Interview) — A conversational interview with a member of your transdisciplinary team to discuss your family’s daily routines and activities. The goal of the RBI is to help you and your team identify areas of the day that are challenging, as well as activities during the day that can be used to enhance your child’s learning.

National

The Arc of the United States
1825 K Street NW, Suite 1200 • Washington, DC 20006
(800) 333-1140 (Toll-Free) • (202) 314-3700
info@thearc.org • www.thearc.org

A national organization of and for people with mental retardation and related developmental disabilities, and their families.

Birth Defect Research for Children
976 Lake Baldwin Lane, Suite 104 • Orlando, FL 32814
(407) 895-0802
www.birthdefects.org

Providing parents and expectant parents with information about birth defects and support services for their children. They have a parent-matching program that links families who have children with birth defects and a national birth defects registry.

Center for Parent Information and Resources
c/o Statewide Parent Advocacy Network
35 Halsey St., Fourth Floor • Newark, NJ 07102
www.parentcenterhub.org

The Center for Parent Information and Resources serves as a central resource of information and products to the community of Parent Training Information Centers and the Community Parent Resource Centers, so that they can focus their efforts on serving families of children with disabilities. This website houses much of the information previously available through the National Information Clearinghouse for Children and Youth with Disabilities website. www.nichcy.org.

Office of Special Education Programs and Rehabilitation Services
US Department of Education
400 Maryland Ave SW • Washington, DC 20202
(202) 245-7459
www2.ed.gov/about/offices/list/osers/osep

OSEP has primary responsibility for administering programs and projects relating to the free appropriate public education of all children, youth and adults with disabilities, from birth through age 21.

TASH
2011 H Street NW, Suite 715 • Washington, DC 20006
(202) 549-9020
www.tash.org

TASH is an international association of people with disabilities, their family members, other advocates and professionals fighting for a society in which inclusion of all people, in all aspects of society, is the norm.

ZERO-TO-THREE
National Center for Infants, Toddlers and Families
1325 23rd St NW, Suite 350 • Washington, DC 20037
(202) 636-1144
www.zerotothree.org

An organization dedicated to advancing current knowledge; promoting beneficial policies and practices; communicating research and best practices to a wide variety of audiences; and providing training, technical assistance and leadership development.