<table>
<thead>
<tr>
<th>Young Children with Developmental Delays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Handouts</td>
</tr>
</tbody>
</table>
Glossary

**Child Find.** The Individuals with Disabilities Education Improvement Act (IDEA) mandates each state to lead efforts to identify young children in need of special education services.

**Etiology.** The cause of a disease or condition.

**Global developmental delay.** Developmental delays across several or all developmental areas.

**Intraventricular hemorrhage.** Bleeding into the fluid-filled areas (ventricles) inside the brain; there are four types ("grades") based on the degree of bleeding.

**Medical home.** Coordinated system of care providers that have the main focus of supporting the medical and non-medical needs of infants, toddlers, and their families.

**Red flag.** Red flags are behaviors that should warn a provider to stop, look, think, and then observe and document. Providers would look for patterns or clusters of a behavior across a variety of situations in their settings.

**Transient developmental delay.** Delay in one or more areas that is short term when provided with appropriate services and practices; a young child who is slow to achieve millstones, but will catch up.
6 Month Milestones

If you have concerns about a child's development and think a child might need extra help, don't hesitate to refer a child. There may be services available to help your family, so don't be afraid to ask for help.

Highlights:
- Roll over to sit directions
- Begin to sit with a stable help
- Cross, stand, grasp, reach, lift
- Observe whether hands are a sign of stress (remember to wash your hands)
- Listen to the sound of the world
- Transfer objects from hand to hand

What is Help Me Grow?

Help Me Grow is an intensive initiative of the State of Minnesota Department of Education, Departments of Health, and Department of Human Services partnering with local service agencies.

Supported and Shared Milestones

FINANCED BY:

The Region 11 Interagency Early Intervention Committee

Funded by:

Special Education

Eligibility:

Ages 0 to 3

For more information, visit helpmegrowmn.org
### Additional handout

**Excerpt from PACER**

<table>
<thead>
<tr>
<th><strong>SAY:</strong></th>
<th><strong>INSTEAD OF:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child with a disability</td>
<td>Disabled or handicapped</td>
</tr>
<tr>
<td>Person with cerebral palsy</td>
<td>C.P., or spastic</td>
</tr>
<tr>
<td>Person who is deaf or hard of hearing</td>
<td>Deaf and dumb</td>
</tr>
<tr>
<td>Person with a cognitive disability</td>
<td>Mentally retarded; intellectual retard</td>
</tr>
<tr>
<td>Person with epilepsy or person with a seizure disorder</td>
<td>Epileptic</td>
</tr>
<tr>
<td>Person who has ... from, victim</td>
<td>Afflicted, suffers</td>
</tr>
<tr>
<td>Without speech, nonverbal</td>
<td>Mute, dumb</td>
</tr>
<tr>
<td>Developmental delay</td>
<td>Slow</td>
</tr>
<tr>
<td>Emotional disorder, or mentally ill</td>
<td>Crazy, insane</td>
</tr>
<tr>
<td>Uses a wheelchair</td>
<td>Confined to a wheelchair</td>
</tr>
<tr>
<td>With Down Syndrome</td>
<td>Mongoloid, retard</td>
</tr>
<tr>
<td>Has a learning disability</td>
<td>Is learning disabled</td>
</tr>
<tr>
<td>Nondisabled</td>
<td>Normal, healthy</td>
</tr>
<tr>
<td>Has a physical disability</td>
<td>Crippled</td>
</tr>
<tr>
<td>Congenital disability</td>
<td>Birth defect</td>
</tr>
<tr>
<td>Condition</td>
<td>Disease (unless it IS a disease)</td>
</tr>
<tr>
<td>Seizures</td>
<td>Fits or spells</td>
</tr>
<tr>
<td>Cleft lip</td>
<td>Hare lip</td>
</tr>
<tr>
<td>Mobility impaired</td>
<td>Lame</td>
</tr>
<tr>
<td>Medically involved, or has a chronic illness</td>
<td>Sickly</td>
</tr>
<tr>
<td>Paralyzed</td>
<td>Invalid or paralytic</td>
</tr>
<tr>
<td>Has hemiplegia</td>
<td>Hemiplegic</td>
</tr>
<tr>
<td>Has quadriplegia</td>
<td>Quadriplegic</td>
</tr>
</tbody>
</table>
This article can be downloaded from the internet at:


PURPOSE

The purpose of this policy statement is to set a vision and provide recommendations to States, local educational agencies (LEAs), schools, and public and private early childhood programs, from the U.S. Departments of Education (ED) and Health and Human Services (HHS) (the Departments), for increasing the inclusion of infants, toddlers, and preschool children with disabilities in high-quality early childhood programs.¹

It is the Departments’ position that all young children with disabilities should have access to inclusive high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations. This joint ED and HHS policy statement aims to advance this position by:

- Setting an expectation for high-quality inclusion in early childhood programs;
- Increasing public understanding of the science that supports meaningful inclusion of children with disabilities, from the earliest ages, in early childhood programs;
- Highlighting the legal foundations supporting inclusion in high-quality early childhood programs;
- Providing recommendations to States, LEAs, schools, and early childhood programs for increasing inclusive early learning opportunities for all children; and
- Identifying free resources for States, programs, early childhood personnel², and families to support high-quality individualized programming and inclusion of children with disabilities in early childhood programs.

Excerpt from full document
Tip Sheets

IDEA Part C Primary Referral Source: Child Care

“Congress finds that there is an urgent and substantial need...to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first 3 years of life...”

Infant or toddler with a disability is defined as an individual under 3 years of age who needs early intervention services because the child is experiencing a developmental delay in one or more area or the child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (such as Down syndrome).

IDEA (Individuals with Disabilities Education Act) Part C
IDEA is the federal law for special education. Part C is the part of the law describing the early intervention services for infants and toddlers.

- Within Part C, Child Find identifies infants and toddlers who may need early intervention services.
- Primary referral sources are named under Part C.
- Primary referral sources include child care and early learning programs.

How Does the Referral Process Work?
Once child care or early learning programs make a referral to the local early intervention program:

- The family is contacted to arrange for a screening or evaluation to determine if the child is eligible for infant and toddler intervention or preschool special education services.
- Prior to any screening, evaluation, or provision of services, parental consent is required.
- Parents will receive a call to walk them through services and systems and gather more information.
- When parent consent is given the child will go through the screening and evaluation process to determine qualification for services, depending on the delay.

Parents may ask you questions about services and if their child has to leave your program to receive them. You can let parents know that Part C services for infants and toddlers are provided in natural environments which can include services provided within the child care setting.

“One of the ways in which professional caregivers can be most helpful to parents of newborn or newly identified children is to encourage and support parents as parents. Such reinforcement does as much as anything else to build a parent’s self-confidence as a parent, as a decision maker, and as a partner in the care and nurturing of the child.” --J. Gallagher
Communicating to Parents about your Role as a Primary Referral Source: Steps to Success

Communicate to parents up front that you are required to make a referral for screening if developmental concerns arise. You can inform them by putting a statement in your parent handbook. An example of a script is:

As a child care provider, we continually monitor the development of all children in our care through ongoing observation and recording. We want the best outcomes for all children. Child care providers are considered a primary referral source for early intervention under federal IDEA special education law. We are required to refer a child in our program who has been identified as having developmental concerns or a risk factor that warrants a referral as soon as possible, but in no case more than seven days after the identification. While this is a mandate, we want to keep open communication with parents and caregivers about their child and any concerns we have before a referral is made. We can assist the parent with the referral or partner with them in the referral process.

Additional Tip Sheets Related to this Topic (found at www.inclusivechildcare.org/tipsheets):
- Sharing Concerns with Families
- Red Flags and Referral
- Addressing Educational Concerns: IDEA

For more information on IDEA Part C and referring children with special needs, visit our Learning Center at www.inclusivechildcare.org.

Copyright © 2013 Center for Inclusive Child Care, Concordia University, 1282 Concordia Ave, Saint Paul, MN 55104. These materials may be freely reproduced for educational purposes.

Funding provided by the Minnesota Department of Education.

Minnesota Department of Education
help me GROw

How to Make a Referral
- Make an online referral at: http://www.helpmegrowmn.org/
- Call your local early intervention/ECSE office