

Lower Columbia College Head Start/EHS/ECEAP
Disabilities
Table of Contents

1. Group of Qualified Professional/IEP Meetings

- a. Group of Qualified Professionals Meeting Policy and Procedure *(Revised 04/2020)*
- m. Initial Individual Educational Plan/Individual Family Service Plan Meeting Policy & Procedure *(Revised 04/2020)*
- n. Implementation and Documentation of IEP/IFSP Services Policy & Proc. *(R: 04/2020)*

2. Referral and Evaluation

- a. Referral and Evaluation Policy and Procedure *(Revised 05/2026)*
- a1. EHS Referral and Evaluation Procedure *(Revised 11/25)*
- b. Head Start/ECEAP Disabilities Staffing Form *(Revised 09/25)*
- b1. *Vacant*
- b2. EHS Disabilities Staffing Form *(C: 06/21 R: 10/25)*
- c. Teacher Assessment Summary Form Procedure *(Revised 10/2025)*
- d. Teacher Assessment Summary Form *(Revised 09/2025)*
- e. *Vacant*
- e1. *Vacant*
- e2. *See EDUC 1b1 and EDUC 1b1a*
- f. Request for IEP Records from School District *(Revised 07/25)*
- g. Records Request from Progress Center *(Revised 07/25)*
- h. *Vacant*
- i. Monthly Special Education Service Log Procedure *(Revised 10/2025)*
- j. Special Education Services Log *(Revised 10/2025)*

**Lower Columbia College Head Start/EHS/ECEAP
Group of Qualified Professionals Meeting Policy & Procedure**

Policy

Evaluation information is shared to determine initial eligibility for special education. Decision must include assessment information, evaluation findings and recommendations, observations and parent reports.

Procedure

This procedure may be combined with the Initial IEP/IFSP Meeting.

1. An invitation to the IEP meeting will be sent to the Parent. The Disabilities Specialist will notify Head Start/EHS/ECEAP staff of the upcoming meeting.
2. Multi-disciplinary Team should include Parents(s), Teacher/EHS staff, Teacher/Family Advocate, LEA Specialist/Part C Specialist from the various disciplines based on referral concerns for each child, Supervisor, and others as appropriate.
3. Evaluations data must be from more than one procedure. It is important that tools used are not racially or culturally biased. Test and/or materials should be in the child's native language whenever feasible.
4. GQPM meeting includes:
 - Review of pertinent records related to child's current health status and medical history.
 - Sharing preliminary results of evaluation.
 - Determination of eligibility, fill out appropriate eligibility form, whether or not child is found eligible.

Eligibility Categories and guidelines:

- Eligibility of Child with Developmental Delays
5. DST/EHS staff will document Eligibility Meeting and outcome on the Case management Form.

Policy complies with Head Start Performance Standard 45 CFR Section 1304.21, 1308.19

**Lower Columbia College Head Start/EHS/ECEAP
Initial Individual Educational Plan/Individual Family Service Plan Meeting**

Policy

A meeting to develop an Individual Educational Plan/Individual Family Service Plan will be held for each child found to have a disability and in need of special education services within 30 calendar days of determination of eligibility.

Procedure

1. A Group of Qualified Professionals Evaluation Team determines whether a child meets eligibility criteria using evaluation findings, recommendations, assessments, parent input, and observations.
2. A Group of Qualified Professionals Team Evaluation will use above information to ensure comprehensive approach to develop IEP/IFSP.
3. An invitation to the IEP/IFSP meeting will be sent to the Disabilities Specialist and Parent. Invitation may include: Parents, LEA/Part C representative, DST/EHS Staff, Disabilities Specialist and School District/Part C representative and other pertinent individuals as appropriate.
 - Parents are notified in advance of meeting to explain purpose, attendees, time and location of meeting.
 - DST/EHS Staff and/or LEA/Part C will make every effort to assure that parents understand the purpose and proceeding and encourage them to provide information about their child and their desires for the child's program.
 - Head Start/EHS/ECEAP/LEA/Part C will work together to provide interpreters if needed and offer parents a copy if the IEP/IFSP in their native language.
4. Local Educational Agency/Part C Representative will facilitate the meeting.
5. The IEP/IFSP will include:
 - (1) A statement of the child's present level of functioning in the social-emotional, motor, communication, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming.
 - (2) A statement of annual goals, including short- term objectives for meeting these goals.
 - (3) A statement of services to be provided by each Head Start/EHS/ECEAP component that are in addition to those services provided for all Head Start/EHS/ECEAP children, including transition services.
 - (4) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head

Start/EHS/ECEAP program. This includes services provided by other agencies and non-Head Start/EHS/ECEAP professionals.

(5) The identification of the personnel responsible for the planning and supervision of services and for the delivery of services.

(6) The projected dates for initiation of services and the anticipated duration of services.

(7) A statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.

(8) Family goals and objectives related to the child's disabilities when they are essential to the child's progress.

6. Identify frequency, intensity, location and methods (strategies of service delivery).
7. Discuss how the team will work together, how information will be shared, who will be included in the meetings, etc.
8. Transition planning should be included in the discussion. A plan should be written any time that the team is aware of a significant upcoming transition.
9. Plan annual review of IEP/IFSP.
10. Services must begin as soon as possible after the IEP/IFSP is developed.
11. *(Head Start/ECEAP only)* Head Start/ECEAP staff is then responsible to track services monthly for each child on an IEP. The Special Education Service Log Tracking forms are to be kept in the consultant notebook located in an accessible place in the classroom. (See Implementation and Documentation of Individual Education Plan Services Policy and Procedure)
12. *(Head Start/ECEAP only)* Special Education Service Logs are to be copied by the Teacher and a copy included with the end of month report submitted to Area Manager. All originals are to be placed in the Special Needs Section of Site File.
13. *(EHS only)* Disability Specialist/EHS staff will work in conjunction with Part C agency to best meet the child's individual needs.

Policy complies with Head Start Performance Standard.

LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Implementation and Documentation of
Individual Education Plan (IEP) Services/Individual Family Service Plan (IFSP) Services

Policy

The Individual Education Plan (IEP)/Individual Family Service Plan (IFSP) will be implemented as soon as possible after the IEP/IFSP meeting by modifying the child's program in accordance with the IEP/IFSP and arranging for the provision of related services.

Approved by Policy Council September 28, 2001

Procedure

1. After parent has filled out an application for Head Start/EHS/ECEAP, a staff member will review the application with the parent to make sure all information is included. Staff will pay particular attention to questions regarding parents' concerns about their child's physical/social/emotional development, and if their child has attended a special education/early intervention program. Staff will give examples of these programs to make sure the parent understands the question.
2. During intake, if it is found that the child has been served on an IEP or IFSP, the staff completing intake will have the parent sign a Parent Release Form, and inform the Disabilities Specialist of the need to request information from the previous special education/early intervention program. The parent will be advised to contact the LEA district/Part C they live in to ensure service will continue.
3. If a child enters the Head Start/ECEAP program with an IEP/IFSP completed within two months prior to entry, services must begin within the first two weeks of the program attendance. If we do not have a current IEP/IFSP, the Disabilities Specialist will send a letter requesting records. (See Letter of Request)
4. All IEP/IFSP meetings and staffings with LEA/Part C will be noted in Case Management. LEA services will be noted in the Special Education Service Log.
5. The Local Education Agency (LEA)/Part C will provide copies of all required paperwork to the Head Start Disabilities Specialist. If the teacher/EHS staff receives the Eligibility Summary and/or IEP/IFSP from the LEA/Part C, the teacher/EHS staff is to send it to the Disabilities Specialist.
6. The Disabilities Specialist will enter the information onto ChildPlus.
7. The Disabilities Specialist will ensure the necessary papers are in place and will send to the Direct Service/EHS staff to place in the child's site file.
8. The Disabilities Specialist will give a monthly report to the Director to track the referral process and meeting dates.

9. *(Head Start/ECEAP only)* The Disabilities Specialist will provide consultant notebooks and calendars to each site with tabs for each child receiving special education services. The DST is responsible for updating and keeping the consultant notebook in a consistent location allowing for accessibility to the consultant/specialist.
10. *(Head Start/ECEAP only)* A Monthly Special Education Service Log will be completed by the Teacher, Teacher/Family Advocate after each date of service (See monthly Special Education Service Log Procedure).
11. Additional LEA/Part C specialist notes may be placed in the child's site file at the end of each month.
12. The Teacher, Teacher/Family Advocate is responsible for individualizing weekly for the child utilizing the IEP/IFSP goals/objectives as a guideline. This will be reflected weekly on the Lesson Plans/Home Visits/Socializations.

Policy complies with Head Start Performance Standards 1308.4(h), 1308.19, 1304.40

Lower Columbia College Head Start/EHS/ECEAP Referral and Evaluation

Policy

Children will be referred to the Local Education Agency (LEA of Part C) for evaluation as soon as the need is evident.

Procedure

1. The ASQ 3 will be completed by the parent within 45 days for each child at enrollment and ongoing throughout the year as the child is enrolled. (See Developmental Screening Policy and Procedure)
2. The ASQ SE Screening will be completed by the teacher within 45 days.
3. The screening and scoring will be completed by the teacher within a 45 calendar day period.
4. ASQ 3 and ASQ SE will be available in English or Spanish. For other languages, the DST will contact the interpreter to assist with the screening.
5. The ASQ 3 and ASQ SE is scored by the teacher and the ASQ Information Summary Sheet will be uploaded to ChildPlus by the Health Coordinator. The School Readiness Specialist will monitor referrals.
6. Developmental Screening Summary Form (EDUC 4g) is completed by the staff and reviewed with parent(s) at the parent/teacher conference.
7. The Teacher will email the School Readiness Specialist and Health Specialist with a list of children who may need to be staffed with the LEA.
8. If School Readiness Specialists make a determination for LEA staffing, the teacher will complete the Teacher's Assessment Summary (DISA 2d), then send DISA 2d and attachments to the Health Coordinator.
9. The screening results for children who scored with developmental concerns will be discussed at an initial Disabilities Staffing with the LEA or Part C.
 - DST will notify the parent.
 - Disabilities Staffing Team will consist of the Teacher, Home Visitor, LEA or Part C representative, Family Advocate, Area Manager, Content Area Specialist(s), or Operations Manager (whenever possible).
 - Teacher will send Head Start/ECEAP Disabilities Staffing Form (DISA 2b) data to the Health Coordinator prior to the staffing date.
 - Possible actions include:
 - No action needed
 - Refer for evaluation in specified area
 - Monitor and re-staff if needed (decide on a timeframe)
 - Accommodations for Individual Care Plan
10. Information from the Disabilities Staffing is shared with the parent(s) by staff and/or identified LEA/Part C staff.
11. The Disabilities Staffing Form (DISA 2b or 2b2) is given to the Health Coordinator for databasing and then forwarded to DST to place in the site file.
12. If the decision is made to monitor a child rather than refer for further evaluation, the School Readiness Specialist and Area Manager will confer with the teacher and/or review at Child Coordination to determine next steps.
13. If further evaluation is indicated, the LEA or Part C will begin this process.
14. LEA or Part C will notify the parent and obtain permission for Evaluation.

15. LEA or Part C works with staff in scheduling meeting with parents. The LEA or Part C provides parents with information about IFSP/IEP's and their rights under the Individual with Disabilities Act. Staff support the family throughout the entire process.
16. If the child does not qualify (DNQ) for LEA or Part C services, Teacher plans individualization with relevant content area specialist(s) for identified needs and provides relevant community resources to the parent(s) (i.e. mental health, private speech services, medication referrals, etc.) If community services are utilized by parent(s), staff seek permission to partner with outside providers in order to support goals. An Individual Care Plan may be created for accommodations being made in the classroom to support full participation.
17. All Special Education paperwork is to be placed in the Special Needs section of the site file. The ChildPlus Database Disabilities tab is to be utilized for all the initial staffing, IEP and/or any meetings regarding child's progress. When entering data, note the following information: What event you are discussing? (i.e. evaluation, IEP meeting); The result of the meeting (whether the child qualified or not); What support the teacher is going to need in the classroom to individualize for the student; Next steps or follow-up required.

Lower Columbia College Early Head Start EHS Referral and Evaluation Procedure

Developmental screenings of all children enrolled in Early Head Start are to be conducted within 45 calendar days of entry into the program using the Ages and Stages Questionnaire-3/ASQ-3.

In addition, the Ages and Stages Social Emotional/ASQ-SE2 will be completed within 45 days of entry into the program. Early Head Start staff will assist parents/guardians with the completion of these.

If child is showing concerns in the area of Social Emotional, EHS staff will discuss concerns with Mental Health Specialist, EHS Manager and School Readiness Specialist.

The following process will occur when Early Head Start staff or parent/guardian has a concern about a child or when screenings indicate an area of concern. When a child's score in one or more domains is at or below the standardized "cutoff", or when a child's score in two or more domains is borderline (refer to ASQ-3 and ASQ-SE2 for follow-up actions):

1. EHS staff will discuss the screening results with the families and share appropriate resources and discuss follow-up actions including making a referral to the Progress Center.
 - a. After these options are discussed with the family, document the conversation in case management under the education tab in Child Plus. An action would be created for every conversation under the screening event. This should tell the story of where we are in the process.
 - b. If parents/guardians agree to the referral, they sign a release of information for the early intervention agency, Part C Agency (Progress Center), or other EI agencies, if they have not signed one at intake.
 - c. EHS staff are available to educate parents/guardians about the Individualized Family Service Plan (IFSP) and their rights under the Individual with Disabilities Act (IDEA).
 - d. If a family declines a referral, a meeting with the EHS Manager will occur, which will ensure that families receive the support they need.
2. EHS staff completes EHS Disabilities Staff form (DISA 2b2) and sends it to Area Manager and School Readiness Specialist.
3. School Readiness Specialist and Area Manager will schedule staffing with EHS Staff.

4. With parent consent, School Readiness Specialist or Area Manager completes and sends requested information with EHS Disabilities Staffing Form (DISA 2b2) and attachments to the Part C Agency (Progress Center).

**LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Head Start/ECEAP Disabilities Staffing Form – Part 1**

Child's Full Name: _____
 Child's Start Date: _____ Birth Date: _____
 Child's Ethnicity: _____ Birth Place: _____
 Primary Language: _____
 Parent(s): _____ Teacher: _____
 Address: _____
 Phone: _____ Head Start/ECEAP Location: _____
 AM / PM / SD

Dates of Staffing with School District: _____

Reason for Staffing child (Write in a brief summary/list area of concerns/check the boxes that are applicable.):

Parent Request Doctor Referral Teacher Request

Information Attached:

Staff provides to Health Coordinator, at least 2 weeks before the staffing:

_____ Teacher Assessment Summary (DISA 2d)
 _____ Vision and Hearing
 _____ Sensory Profile (if applicable)
 _____ TS Gold Documentation (Observations and/or Assessment Date Reports)

Health Coordinator uploads to Google drive/shares with School District:

_____ ASQ 3 (all pages)
 _____ ASQ SE-2 (all pages)
 _____ DIAL-4: _____
 _____ DIAL-4 Teacher Questionnaire
 _____ DIAL-4 Parent Questionnaire
 _____ Health History
 _____ Parental Release of Information
 _____ Behavior Incident Report (only if social/emotional referral)
 _____ Other

Head Start/ECEAP Disabilities Staffing Form – Part 2

(to be completed at the staffing)

Decision:

Monitor:

Specialist Observes (SLP, OT, PT, Special Education Teacher or School Psychologist)

Teacher Collects the Following Data: _____

Child Needs More Exposure

Review at LCC HS/ECEAP Child Coordination Meeting

Other: _____

Re-Staff on: _____

Date of School District Referral to Evaluate: _____

Evaluate in the following area(s):

Adaptive/Self-Help

Communication: _____
(E=Expressive, R=Receptive, B=Both)

Cognitive

Fine Motor

Gross Motor

Social-Emotional

Sensory

No Action Needed

Comments: _____

**LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
EHS Disabilities Staffing Form**

Child's Start Date: _____ LOC ID: _____

Child's Full Name: _____ Date of Birth: _____

(Adjusted Age per ASQ-3, when child was born pre-mature): _____

Date of Staffing: _____ Date of Referral: _____

Reason for Staffing child (Provide summary, for example: Parent is concerned about child's speech and that he falls a lot):

Birth – 3 Developmental Area of Concern:

- _____ Adaptive
- _____ Cognitive
- _____ Fine Motor
- _____ Gross Motor
- _____ Social-Emotional
- _____ Speech

Information Attached:

- _____ ASQ-3 Screening (all pages)
- _____ ASQ-SE2 Screening (if there are concerns)
- _____ Parental Release of Information (ROI)
- _____ Other

Comments:

**Lower Columbia College Head Start/ECEAP
Teacher's Assessment Summary Procedure**

The goals of the Teacher's Assessment Form is to provide referral information to various school districts. The form will be included in the referral packet given to the school district after a decision to further evaluate a student has been made.

1. Complete heading and identifying information.
2. Answer questions 1-3 on Teacher's Assessment Summary (DISA 2d) for each area circled.
3. Complete all information as requested.
4. Sign form and scan to Health Coordinator.

Information Attached:

Staff provides to Health Coordinator, at least 2 weeks before the staffing:

- _____ Teacher Assessment Summary (DISA 2d)
- _____ Vision and Hearing
- _____ Sensory Profile (if applicable)
- _____ TS Gold Documentation (Observations and/or Assessment Date Reports)

Health Coordinator uploads to Google drive/shares with School District:

- _____ ASQ 3 (all pages)
- _____ ASQ SE-2 (all pages)
- _____ DIAL-4: _____
- _____ DIAL-4 Teacher Questionnaire
- _____ DIAL-4 Parent Questionnaire
- _____ Health History
- _____ Parental Release of Information
- _____ Behavior Incident Report (only if social/emotional referral)
- _____ Other

Teacher's Signature

Distribution: Original: site file Scan to: Health Coordinator

**Lower Columbia College Head Start/ECEAP
Special Education Process between Head Start/ECEAP & Longview School District**

At the IEP Meeting

1. The Head Start/ECEAP staff will fill out with the assistance of the Longview School District staff the “IEP at a Glance” form (*DISA 2e1*). The purpose of this form is as follows:
 - To put into lay terms the over arching “big idea” of the specific year-long goals stated in the IEP.
 - To break down the areas into smaller steps in areas of social/emotional; cognitive; communication; and/or fine motor depending on the area of services.
2. This process will occur as follows:
 - During the IEP meeting the Longview School District and Head Start/ECEAP staff will discuss with the parent what they see as the child’s strengths and what the parent would like to see their child improve or accomplish this program year in the area the child was assessed.
 - Head Start/ECEAP staff and the Longview School District staff will discuss with the parent family strategies and ways the program will support the goal.
 - Match the IEP goals/objectives to the Teaching Strategies Gold for easy documentation.

SAMPLE**“IEP at a Glance”****SAMPLE**Child: *Jean Jones*Teacher/Session: *Terrific Teacher*IEP Date: *9/14/06*Team Members: *Janette, Jori, Janet, Julie, Joan, Jaecksch, Junker*Review Date: *9/13/07*

Areas of Development	Target Goal: <i>participate independently in classroom routines</i>	Target Goal: <i>participate w/o assistance in group activities</i>	Target Goal: <i>use age level expressive & receptive language to communicate</i>	Target Goal: <i>sort and classify objects</i>	Target Goal: <i>identify objects by size, shape, and length (point to, name)</i>
Social/Emotional objectives:	<i>* work towards following arrival routine w/ picture supports</i>	<i>* imitate physical actions</i>			
Cognitive objectives:				<i>* sort by two colors</i>	<i>* “big” and “little”</i>
Communication objectives:			<i>* indicate wants/make requests using one or more words</i>		
Fine Motor objectives:					



LOC ID# _____

Date: _____

Date of Birth: _____

Child's Name: _____

Parent/Guardian Name: _____

Dear _____:
(School District)

Your patient is currently enrolled in the Lower Columbia College Head Start/EHS/ECEAP Program. At this time, program staff and I are requesting the following:

- Parent Consent for Evaluation
- Evaluation Summary (DOE)
- IEP Meeting Invitation
- IEP Records
- IEP At A Glance

Included with this letter is a completed Release of Information form signed and dated by the child's parent/guardian. Please send the requested information to my attention at:

**LCC Head Start/EHS/ECEAP
P.O. Box 3010
Longview, WA. 98632**

OR

**Fax to (360) 442-2819
email: headstart.info@lowercolumbia.edu**

Your time and assistance regarding this matter are greatly appreciated. I look forward to your reply.

Sincerely,

LCC Head Start/EHS/ECEAP
Education Staff

LOWER COLUMBIA COLLEGE HEAD START/ECEAP
Monthly Special Education Service Log Procedure

The Monthly Special Education Service Log is designed to track, month by month, all disabilities services being provided to an individual child. Upon completion, the form provides evidence that the services have, or have not occurred.

1. A Monthly Special Education Service Log will be completed for each child by the Specialist and/or Teacher after each date of service and will be kept in a Special Education Services notebook in the classroom.
2. The Area Manager and/or Teacher will complete the heading and identifying information at the IEP meeting before services begin.
3. Enter the specialist's first and last name and the service provided one time.
4. Specialist and/or Teacher shall insert their **initials & time** in the days the services were provided.
5. If services are not provided on a scheduled day, indicate the reason according to the legend.

A = Child Absent
NS = Therapist No Show
S = Therapist Sick
L = Therapist Arranged Leave
T = Therapist Testing
E = IEP Exit
WD = Withdrawn

6. The original is to be sent to the Area Manager who will review and forward to the Health Coordinator. A copy will be placed in the child's site file in the Special Needs section.
7. The Health Coordinator will upload to the school district shared Google drive and forward the original to the Fiscal Specialist.
8. The Fiscal Specialist will record for In-Kind records.

**Lower Columbia College Head Start/ECEAP
Special Education Services Log**

Child's Last Name										Child's First Name										Month				Year							
Teacher's Name										Center										Loc ID #											
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Specialist/Service (ex: Jane Doe/SLP)	<u>Specialist:</u> Please write your initials on the day you provide service.																														
Consultation																															
IEP Date:	IEP Service Time: Weekly Direct and/or Group Instruction through Special Education Services and Classroom Instruction																														

Legend: A = Child Absent NS = Therapist No Show S = Therapist Sick L = Therapist Arranged Leave T = Therapist Testing WD = Withdrawn
E = IEP Exit

Head Start/ECEAP Staff Signature	Date	Total Time
----------------------------------	------	------------

Legend: A = Child Absent NS = Therapist No Show S = Therapist Sick L = Therapist Arranged Leave T = Therapist Testing WD = Withdrawn
E = IEP Exit

*Original: Area Manager for Review; Area Manager forward to Health Coordinator; Health Coordinator to Fiscal Specialist Copy: Child's Site File
(C: 09/00; R: 10/2025)*