

Unsiloiing the Systems:

Navigating between EHDI, Early Intervention, and School-Age Teams

EHDI System

Early Intervention

Education System





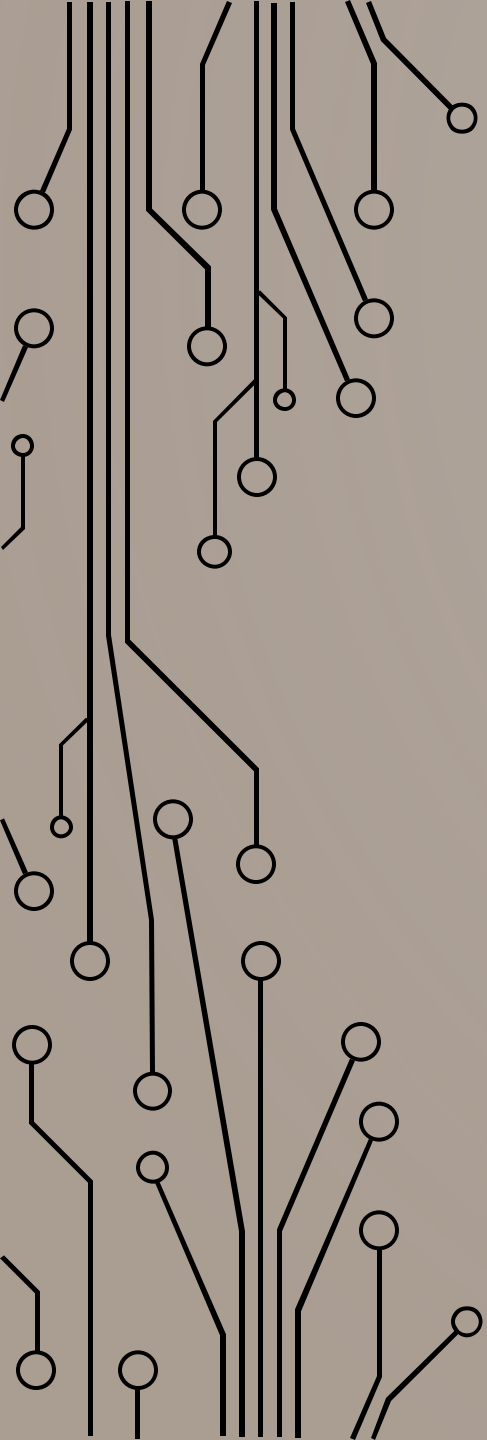
Agenda

- Background: WHY are we discussing this?
- The Ohio EHDI System
- The Foundation of EI + the IFSP
- The Bridge over Transition Processes
- Tool(s) in the Education System
- Action Steps + Closing: Practical Takeaways and Discussion

Learner Outcomes:

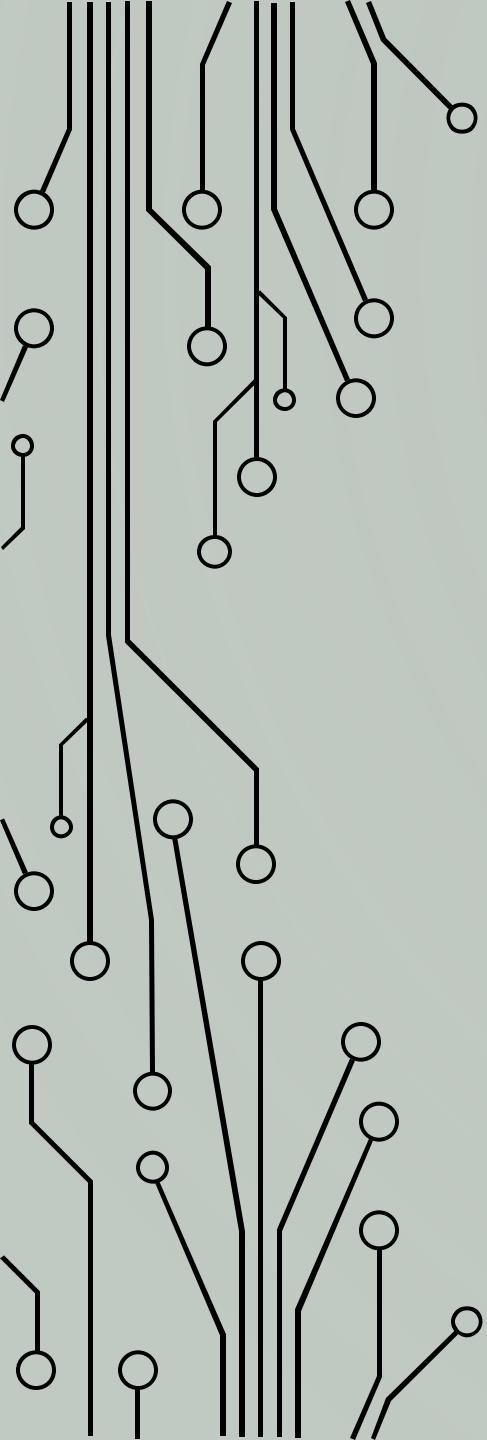
By the end of this session, participants will be able to:

1. List some key timelines and documents required to transition a D/HH child from an IFSP to an IEP in Ohio.
2. Identify key professionals across disciplines to include when building a collaborative family roadmap.
3. Describe at least two practical strategies to improve communication between EHDI, early intervention, and school-age teams.



ACRONYM ROUNDUP

- D/HH = D/deaf; hard of hearing
- EHDI = Early Hearing Detection and Intervention
- HSP = Hearing service provider
- EI = Early Intervention
- DCY = Department of Children and Youth (formerly Office of Early Learning and School Readiness)
- DEW = Ohio Department of Education and Workforce (formerly Ohio Department of Education)
- IDEA = Individuals with Disabilities Education Act
- Part C = Under IDEA, Ohio's statewide system of coordinated services from birth TO 3.
- Part B = Under IDEA in Ohio, special education services, rights, and funding.
- IFSP = Individualized Family Service Plan
- EISC = Early intervention service coordinator
- DS = Developmental specialist
- PSP = Primary service provider
- SSP = Secondary service provider
- TPC = Transition planning conference
- LEA = Local education agency



Why are we discussing this?

- Changes in Ohio Early Intervention over the last 10-12 years.
- Operating in SILOS – from diagnosis, through clinical experiences, EI, and school district.
- Associated risks of this disconnect =
 - Miscommunication(s)
 - Unclear picture (i.e., missing audiological data, delayed services)
 - Poor handoff/transitions
- Belief in the SHARED MISSION for optimal experiences and outcomes for D/HH children AND their families

Your Baby's Newborn Hearing Screening

Be Prepared, Be Informed, and Communicate!



What is the Newborn Hearing Screening?

Hearing Screening is a simple way to know if your baby can hear or if more testing is needed. Your baby may have one or both types of the below screening tests. Both tests are quick, simple, and safe for your baby and are done by a trained hospital employee while your baby sleeps.

Learn More About Why, How, and What May Come After the Newborn Hearing Screening!

Scan the QR Code to the right for a brief video:



Your Baby's Hearing Screening Results

Hearing Screening #1		Left Ear		Right Ear	
OAE	ABR	Pass	Non-Pass	Pass	Non-Pass
Hearing Screening #2 (if needed)		Left Ear		Right Ear	
OAE	ABR	Pass	Non-Pass	Pass	Non-Pass

What Do My Baby's Screening Results Mean?

➡ **Pass Results in Both Ears:** This means your baby has passed the hearing screening. There is no additional testing recommended to you at this time.

➡ **Pass with Risk Factor(s):** This means your baby has passed the hearing screening but may be at risk for developing hearing loss. A hearing test should be scheduled before your baby is 9 months of age. If you have concerns about your baby's hearing, talk to your baby's doctor about scheduling a hearing test.

➡ **Non-Pass Results in One or Both Ears:** Your baby did not pass the hearing screening and more detailed testing, called a Diagnostic Audiology Evaluation, is recommended. This should be completed before your baby is 3 months old. Not passing the screening does not automatically mean that something is wrong, but we want to make sure we have answers as soon as possible.

** See the back of this handout to learn more about the Diagnostic Audiology Evaluation and how to schedule.**

EHD(I) to EARLY INTERVENTION BREAKDOWN



- The current process does not operate on a feedback loop.
- There are many processes in place, but limited communication between each other!

Referral for Services

Making a referral to Help Me Grow is the first and easy step for parents or caregivers who have questions or concerns about their infant or child. One referral to Help Me Grow opens the door to many programs that support families including Early Intervention, Home Visiting, Family Connects Ohio, and the WIC Program.

If you are not the child's parent, you may still make a referral. Help Me Grow will first contact the child's parent or caregiver before proceeding.

Referral Source

*Required Field

Who is making the
referral: *

-- Select One --

Caregiver Contact Information

*Required Field

Primary Caregiver First
Name: *

Primary Caregiver Last
Name: *

Primary Caregiver
Relationship to
Child(ren): *

-- Select One --

Primary Caregiver DOB:



**At least one contact method is required (email, phone, or address)

Primary Phone Number: **

Best Contact Time:

-- Select Time --

Street Address: **

City: **

Zip: **

County: *

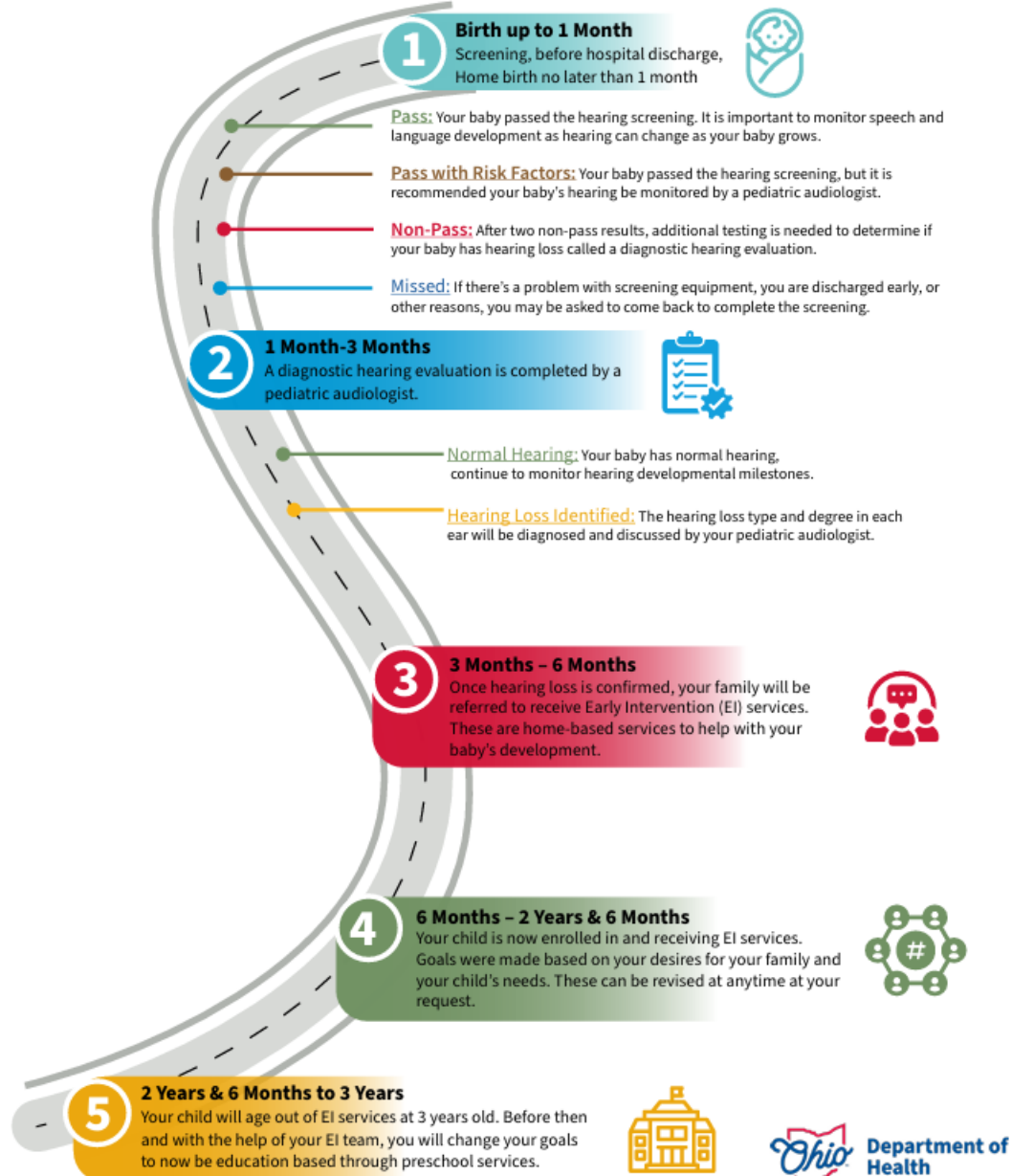
-- Select County --

EHDI



PART C

Infant Hearing Program Roadmap for Families



EHDI

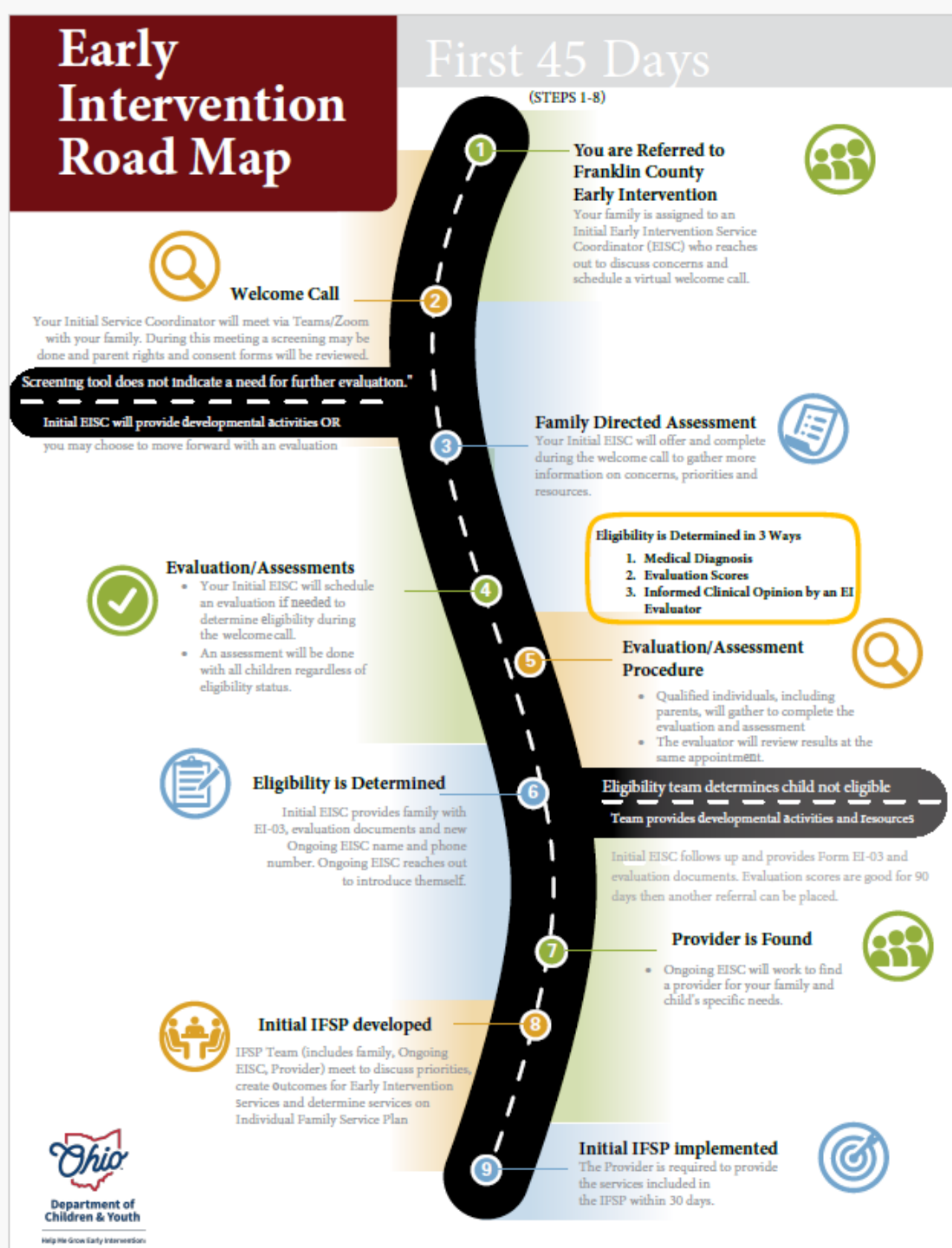
(Part C)

EARLY INTERVENTION & Communication Plan



May 2024

PART C





Form EI-04 Individualized Family Service Plan (IFSP)



Department of
Children & Youth

Help Me Grow Early Intervention

IFSP type
and date

☐ Initial

☐ Annual

☐ Periodic

☐ Periodic

☐ Periodic

☐ TPC

ETID number

Section 1: Child and Family Information

Child's first name	Last name	Nickname	Date of birth
Languages spoken with child		Interpreter needed? ☐ Yes ☐ No	Child's race and ethnicity
Parent name		Address	Child lives with? ☐ Yes ☐ No
Relationship to child if not biological or adoptive parent		Phone: Cell (C); Home (H); Work (W)	
Email address	Preferred contact method ☐ Call ☐ Email ☐ Text	Preferred contact times	
Parent name	Address	Child lives with? ☐ Yes ☐ No	
Relationship to child if not biological or adoptive parent		Phone: Cell (C); Home (H); Work (W)	
Email address	Preferred contact method ☐ Call ☐ Email ☐ Text	Preferred contact times	

Other important family information

(anything you want your team to know about your family's culture, spiritual beliefs, or living arrangements)

Coaching is an interactive process that promotes a caregiver's ability to support a child's participation, learning, and development in everyday experiences and interactions across settings.

(Rush & Shelden, 2011).

(From Cari Ebert presentation)



Knowing
this, how
may this
impact
families'
experiences?

Shelden + Rush Identify 5 KEY CHARACTERISTICS for coaching:



1. Joint Planning

collaboratively set goals
and activities



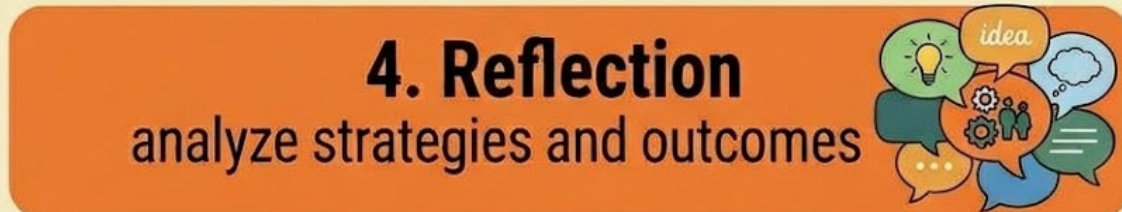
2. Observation

review the coachee's
actions in context



3. Action/Practice

apply new or refined strategies
in real situations



4. Reflection

analyze strategies and outcomes



5. Feedback

provide evidence-based, affirming,
and informative input

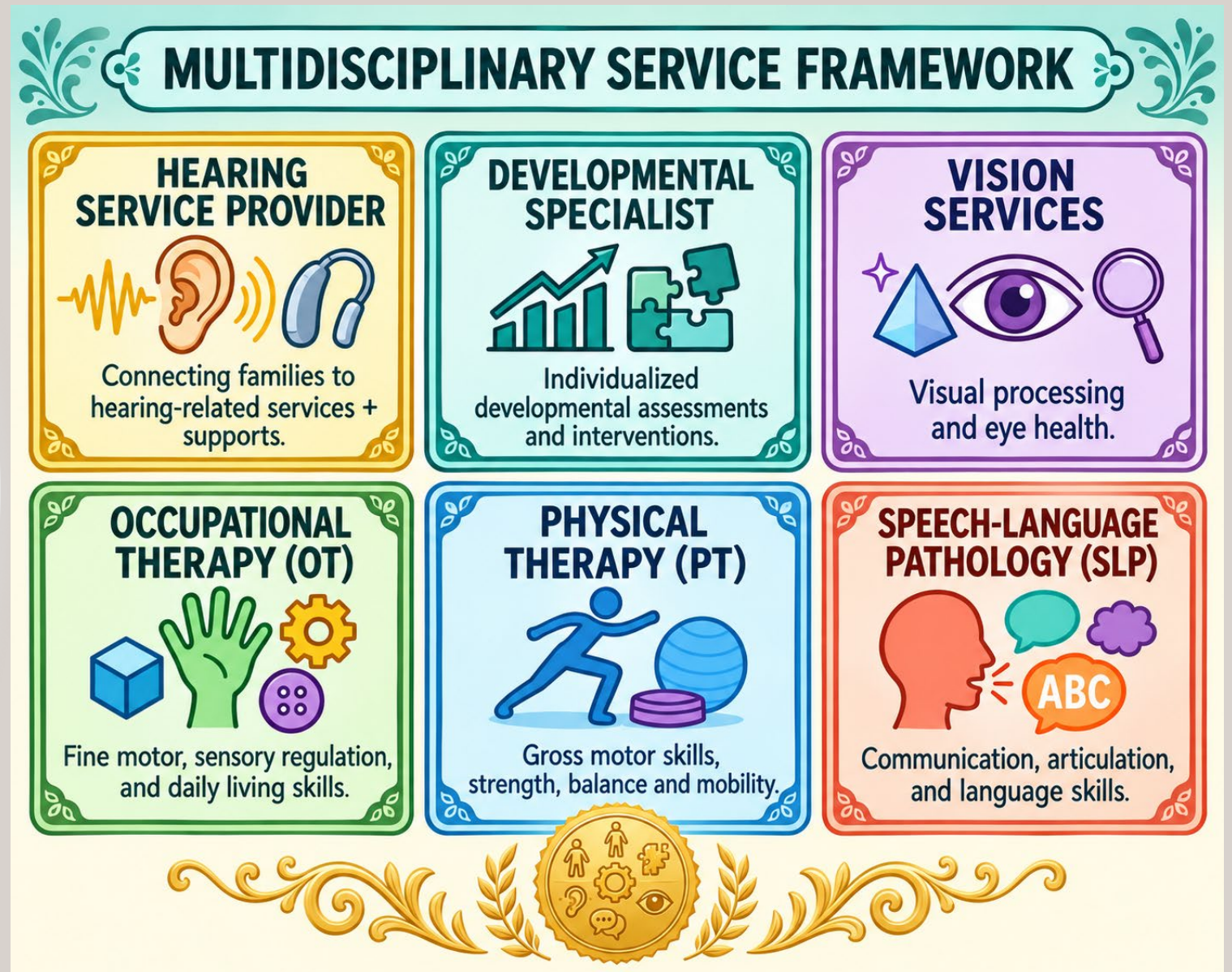
IFSP OVERVIEW

- Develop OUTCOMES
 1. Functional + measurable
 2. Individualized to the child + family
 3. Aligned with assessment data
 4. Time-bound
 5. Family-centered
 6. Compliance with federal + state law
- Professionals involved (as part of the TEAM to the FAMILY)
 - Service Coordinator (EISC)
 - PSP / SSP
 - DS
 - PT
 - OT
 - SLP
 - HSP
 - Vision specialist (TVI/OMS)
- Others
 - Social worker
 - Behavioral specialist
 - Other early intervention service providers



TRANSDISCIPLINARY TEAMING

- Truly collaborative approach where professionals from different disciplines work on a TEAM
 - Cross traditional boundaries
 - Share roles
 - Cross-train
- Must operate this way for the PSP model to be successful.
 - Interventions are to be delivered through this integrated plan with specialists working together.



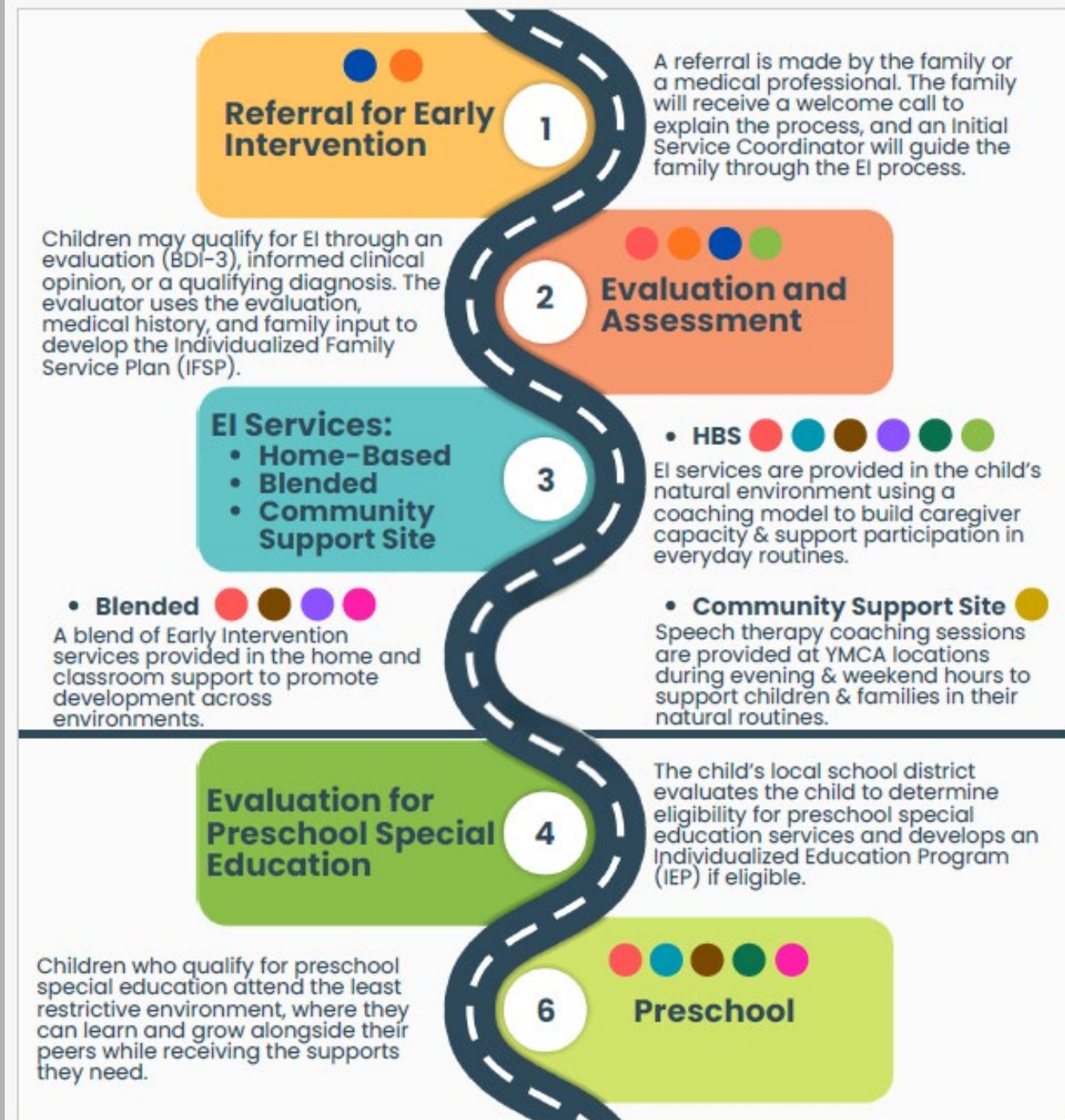
HANDHOLDING A FAMILY THROUGH THE EARLY INTERVENTION & IFSP PROCESS



PART C



PART B



PART C



PART B

Form EI-07

Today's date

Child's name

Child's DOB

ETID number

Consent for Transition Planning Conference (TPC)

Before your child turns three (3) and you leave Early Intervention, a transition planning conference is helpful in planning how we may assist you in making the transition from Early Intervention to the services and supports your child may be eligible to receive at age 3. This conference must occur at least 90 days, but no sooner than 9 months, before your child's 3rd birthday. Prior to scheduling this meeting, you and your EI team may identify others, including any community service providers, you want to invite to this meeting.

☐ I give consent to scheduling a TPC

☐ I do not give consent to scheduling a TPC

If your child may be eligible for preschool special education services, your local school district will be responsible for providing those services. It is beneficial to invite your school district representative who will explain the process for determining "Part B" special education preschool eligibility. Other community service providers may also be invited to this meeting.

☐ I give consent to inviting the school district representative to my TPC

☐ I do not give consent to inviting the school district representative to my TPC

If you, with your EI team, believe your child is NOT potentially eligible for preschool special education services OR you do not want to invite your school district, we can schedule a transition planning conference with any other community service providers you have identified as potential resources.

Parent name(s)

Parent signature(s)

Date



**Department of
Children & Youth**
Help Me Grow Early Intervention

PART C



PART B

Form EI-08

Today's date

Child's name

Child's DOB

ETID number

Consent to Refer Child to Local Educational Agency and the Ohio Department of Education and Workforce (DEW)

Ohio Early Intervention (EI) has recently received a referral for your child. Because EI is a program for children with developmental delays and disabilities from birth until age three, your child is too close to the age of three for EI to determine your child's eligibility. However, if you suspect your child may have a developmental delay or disability, your child may be eligible for preschool special education services under Part B of the Individuals with Disabilities Education Act.

You may contact your school district yourself to make a referral.

If you would like EI to contact your school district to make a referral, we are required to obtain your consent. With your consent, we will use this form to provide your contact information and your child's name and date of birth to your school district, which is responsible for your child's education, and to ODEW.

I have been fully informed of and understand that my contact information and my child's name will be shared with my local school district and with ODEW. I have received a copy of the Ohio Early Intervention Parent Rights brochure (ohioearlyintervention.org/printed-materials) with this form. I understand that I have dispute resolution options if I have an EI complaint. I consent to EI giving my child's name and date of birth and my contact information to my school district and ODEW.

Parent name(s)

Parent signature(s)

Date

Parent street address

Parent email address

Parent phone number

Parent city, state, ZIP code

*After parent signature is obtained, this signed form must be emailed to EI@childrenandyouth.ohio.gov to ensure the referral is complete.



Department of
Children & Youth

Help Me Grow Early Intervention

PART C



PART B



Transition from Part C to Part B Guidance Document

PART C – ETR/IEP

What are some key differences in the IEP meeting (compared to clinical appointment or EI)?

IEP Individualized Education Program

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN SECTION 4 EXTENDED SCHOOL YEAR SERVICES

DISTRICT: _____

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____

STREET: _____ GENDER: _____ GRADE: _____

CITY: _____ STATE: OH ZIP: _____

DATE OF BIRTH: _____

DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____ DISTRICT OF SERVICE: _____

Is the child in preschool? YES ☐ NO ☐

Will the child be 14 years old before the end of this IEP? YES ☐ NO ☐

Is the child younger than 14 years of age but has transition and postsecondary goal information? YES ☐ NO ☐

Is the child a ward of the state? YES ☐ NO ☐
If yes, provide the name of the surrogate parent: _____

IEP by third birthday? (If transitioning from Part C services) YES ☐ NO ☐

PARENT/GUARDIAN INFORMATION

NAME: _____

STREET: _____

CITY: _____ STATE: OH ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

NAME: _____

STREET: _____

CITY: _____ STATE: OH ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION

MEETING INFORMATION

MEETING DATE: _____

MEETING TYPE:

- ☐ INITIAL IEP
☐ ANNUAL REVIEW
☐ REVIEW OTHER THAN ANNUAL REVIEW

☐ AMENDMENT

☐ OTHER: _____

IEP TIMELINES

ETR COMPLETION DATE: _____

NEXT ETR DUE DATE: _____

IEP EFFECTIVE DATES:

START: _____

END: _____

NEXT IEP REVIEW: _____

IEP FORM STATUS

(Check when complete)

- ☐ 1. FUTURE PLANNING
☐ 2. SPECIAL INSTRUCTIONAL FACTORS
☐ 3. PROFILE
☐ 4. EXTENDED SCHOOL YEAR SERVICES
☐ 5. POSTSECONDARY TRANSITION SERVICES
☐ 6. MEASURABLE ANNUAL GOALS
☐ 7. SPECIALLY DESIGNED SERVICES
☐ 8. TRANSPORTATION AS A RELATED SERVICE
☐ 9. NONACADEMIC AND EXTRA CURRICULAR
☐ 10. GENERAL FACTORS
☐ 11. LEAST RESTRICTIVE ENVIRONMENT
☐ 12. STATEWIDE AND DISTRICT TESTING
☐ 13. EXEMPTIONS
☐ 14. MEETING PARTICIPANTS
☐ 15. SIGNATURES

PART C



Communication Planning Guide for Students Who Are Deaf or Hard of Hearing

SECTION

1

LANGUAGE AND COMMUNICATION MODALITY

"Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode" (Operating Standards for the Education of Children with Disabilities, 3301-51-07 (L)(1)(b)(v)).

1A. The child's/student's primary language is one or more of the following:

Check all that apply.

Expressive	Receptive	
☐	☐	English
☐	☐	American Sign Language
☐	☐	Other native language (Spanish, Somali, etc.); specify the language: _____ Is that language spoken or signed? specify: _____
☐	☐	Combination of several languages
☐	☐	Minimal language skills, no primary language Comments: _____

1B. The child's/student's primary communication mode is one or more of the following.

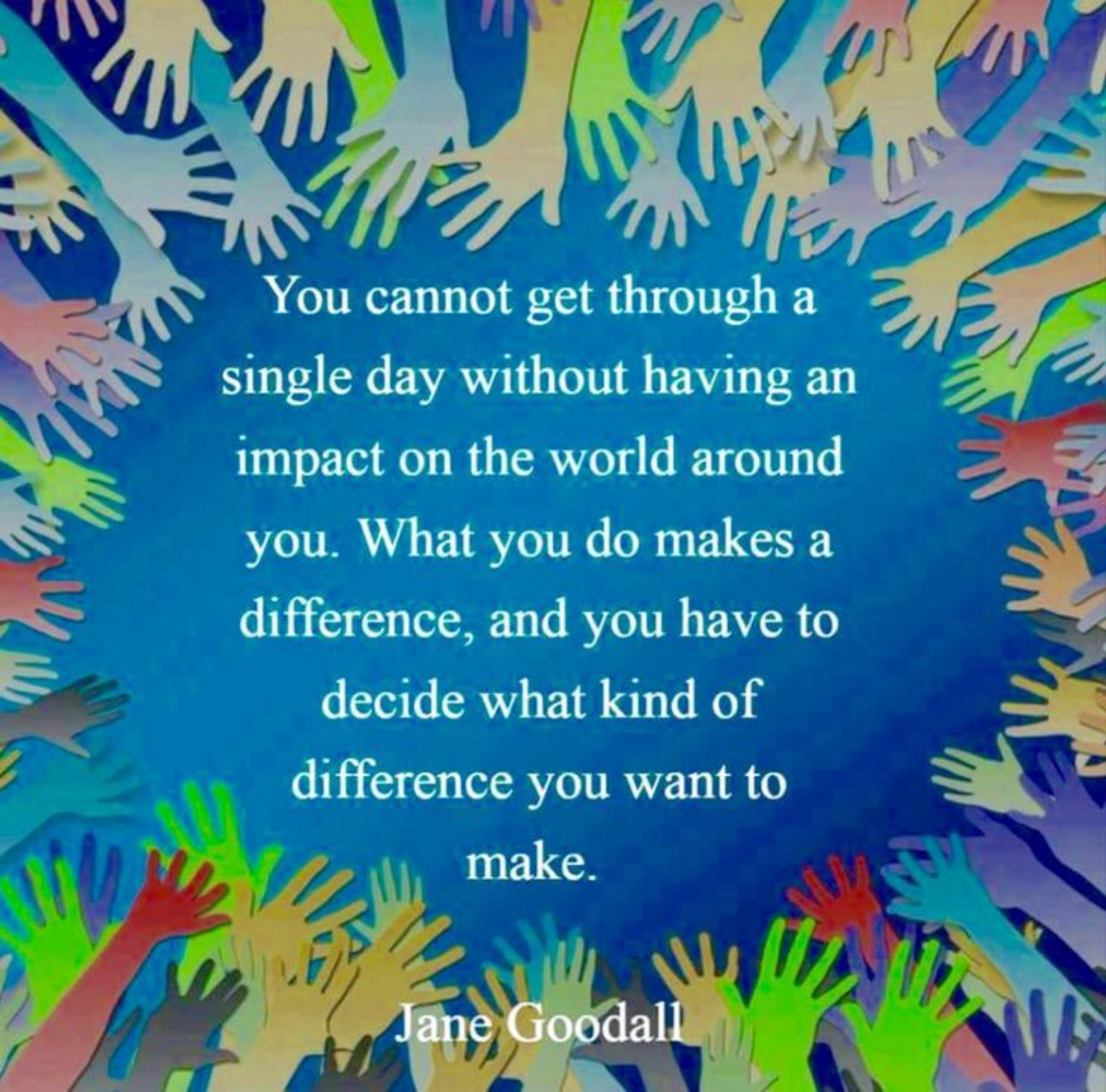
Check all that apply and if more than one applies, explain.

Expressive

☐ Spoken language	☐ Cued Speech/Cued English
☐ Fingerspelling	☐ Gestures
☐ Tactile/objects	☐ Picture symbols/pictures/photographs
☐ Home signs	☐ Manually coded English (Signing Exact English, etc.)
☐ American Sign Language	☐ Conceptual signs (e.g., Pidgin Signed English, Conceptually Accurate Signed English)
☐ Written	
☐ Other: please explain Comments: _____	

Action Steps + Closing: Practical Takeaways and Discussion

Action Steps + Closing: Practical Takeaways and Discussion



You cannot get through a single day without having an impact on the world around you. What you do makes a difference, and you have to decide what kind of difference you want to make.

Jane Goodall

Thank you!



Lauren Keller, Au.D.
Audiologist

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