

# Haywood County Schools Exceptional Children's Preschool Program



Eunice Ledford – EC Preschool Coordinator

HCS Exceptional Children's Preschool Program provides special education services for children ages 3-5 with a variety of special needs.

These services include:

- Special Instruction
- Speech /Language Therapy
- Occupational Therapy
- Physical Therapy



# Child Find

- CDSA Infant Toddler Program
- Private Preschool/Childcare Programs
- HeadStart
- Parents
- Department of Social and Human Services
- Private Therapy Providers
- Physicians



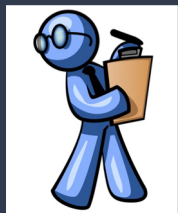
# Referral and Evaluation Process

- Notification
- Screening
- Screening indicates whether or not there is a need for further evaluations
- Initial referral meeting to discuss referral concerns
- Evaluation completed (if recommended)
- Evaluation results
- Determine eligibility and if eligible under NC eligibility guidelines develop an Individualized Education Program





# Evaluations



- **Speech Language Evaluation**

- Receptive and Expressive Language skills
- Articulation/Sound Development
- Pragmatics/Social Skills
- Voice/Resonance/Fluency

- **Comprehensive Evaluation**

- Psychological - including cognitive and social/emotional measures
- Educational skills
- Speech/Language skills
- Motor skills

- **Transdisciplinary Play-based Assessment**

- Sensory Motor Development
- Cognitive Development
- Emotional and Social Development
- Conceptual Development
- Communication Development

- **Autism Evaluation (One or more)**

- Autism Diagnostic Observation System-2nd Edition
- Child Autism Rating Scale- 2nd Edition
- Autism Symptoms Rating Scale

# North Carolina Eligibility Guidelines

- **Speech/Language Impairment Eligibility Criteria:**

- Language: Testing indicates that the child has difficulty understanding and/or expressing ideas and/or concepts to such a degree that it interferes with the child's social-educational progress.
- Articulation: Two or more speech sounds errors/ and or patterns of sound errors not expected at the child's age or developmental level.

- **Developmental Delay Eligibility Criteria:**

- Delayed/Atypical development in one or more of the following areas: physical, cognitive, communication social/emotional or adaptive:
  - 25% delay in two or more areas or 30% delay in one area.

- **Autism**

- Impairment in the following areas: (must demonstrate impairment of at least 3 of 4)
- Communication, Social Interaction, Sensory Responses/Experiences, restricted, repetitive or stereotypical patterns of behavior, interests, and or activities

- \* **Educational vs Medical Model**

# Individualized Education Program (IEP)

- Develop IEP with present levels of performance and goals
- Required IEP team members
  - Parent (#1 member)
  - LEA (Local Education Agency)
  - Regular Education Teacher
  - Special Education Teacher
  - Related Service Provider (ST, PT, OT)



# Location of Services

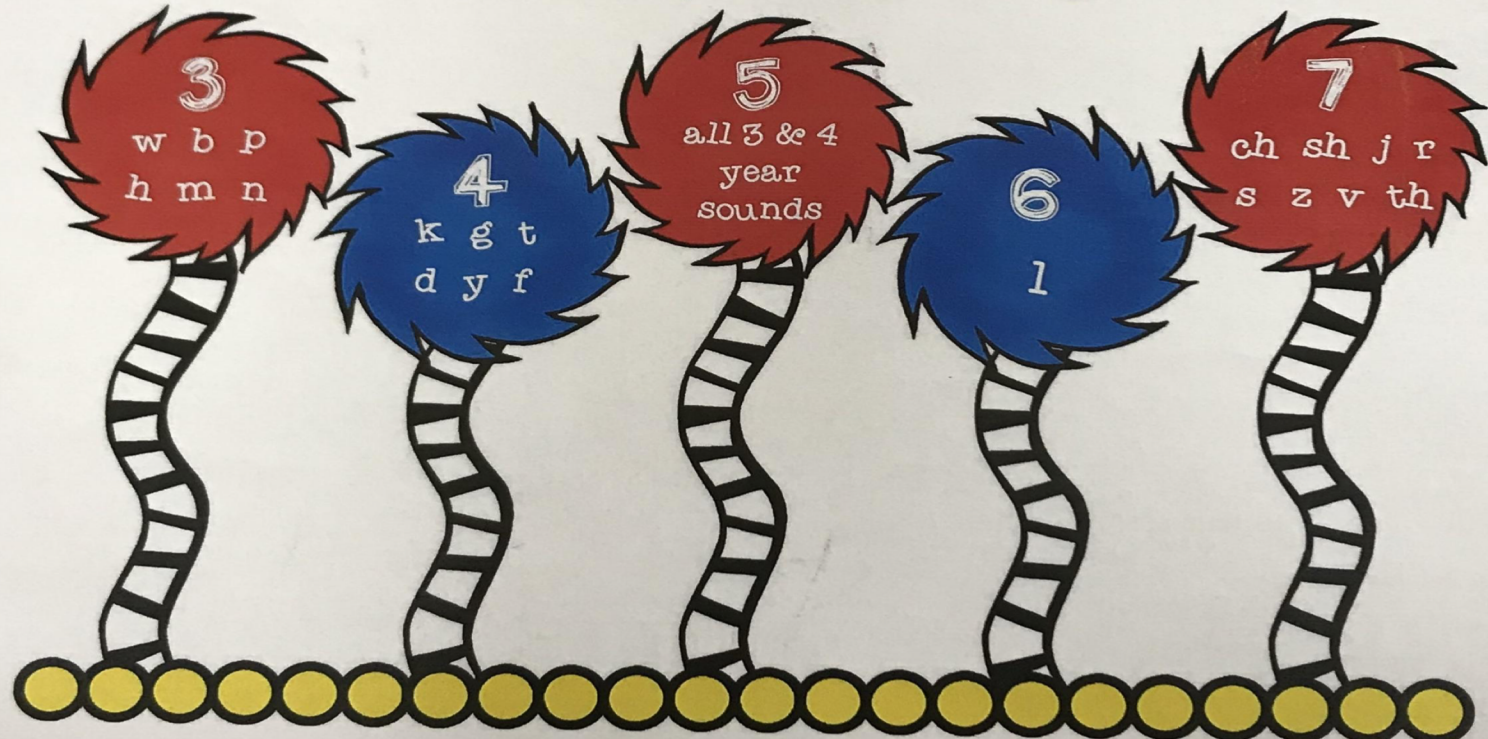
- HCS currently serves **1302** students with special needs
- HCS Preschool currently serves **106** students with special needs
- Private Preschool/Child Care
- Head Start Program
- NCPK Classrooms
- Preschool Office Playgroup





# Sound Development Ages

Ages listed are the latest age speech sounds should appear.  
Many sounds may develop at earlier ages.





## Speech-Language Checklist for Notification

<b>Skill</b>	<b>Yes</b>	<b>No</b>
Has a vocabulary of less than 50 words		
Use of 3-4 word phrases/sentences		
Answers who, what and where questions		
Follows simple directions		
Understands descriptive words (big, little, soft, hard etc.)		
Uses words to request, protest, and express wants and needs		

Notification to the school system is recommended if the child is missing 2 or more skills.

## Haywood County Schools/ Exceptional Children Notification Form for Preschool

Please complete this form for notification of a child to Haywood County Schools Exceptional Children Program (Part B). Also, please indicate the feedback that you want to receive from Haywood County Schools in response to your notification. Diagnosis of a specific condition or disorder is not necessary for a notification.

### Parent/Child Contact Information

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Primary Language \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Reason(s) for Notification to Exceptional Children Program

- Identified condition or diagnosis (i.e. Spina Bifida, Down Syndrome)
- Suspected developmental delay or concern (circle areas of concern):

Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other: \_\_\_\_\_

- At Risk (Describe risk factors): \_\_\_\_\_
- Other (Describe): \_\_\_\_\_

### Notification Source Contact Information

Person Making Notification: \_\_\_\_\_ Date of Notification: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Release of Information Consent

I, \_\_\_\_\_ (Print name of parent or guardian), give my permission for \_\_\_\_\_ (print agency name), to share any and all pertinent information regarding my child, \_\_\_\_\_ (print child's name), with Haywood County Schools Exceptional Children Program.

Parent/Legal Guardian Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax or email completed form to (828) 452-1190; [eledford@haywood.k12.nc.us](mailto:eledford@haywood.k12.nc.us)

Attn: Eunice Ledford

Phone: (828) 452-1833