

Baby Steps

A Guide for Parents to
Infant-Toddler Programs – (birth to under age 3)
through Part C of IDEA

Revised September 2020



TOGETHER We Make a Difference

Parent Information Center

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“It’s a Boy” or “It’s a Girl”. . . .

These words can strike joy in any parent’s heart. I know for me, the three most memorable moments of my entire life were the births of my three children.

As a parent, I worried I would never love a child more than I loved my firstborn, a daughter born in 1982. Then, when the doctor said, “It’s a boy!” upon the birth of my son in 1985, my life was complete, and my heart expanded ten times over with love for my newborn son.

Only weeks later, my husband’s and my hopes and dreams for our son were shattered with the doctor’s words, “Your son has Down Syndrome.”

Within days of that diagnosis, we were scheduled to meet with an early intervention specialist at our local developmental center, who would introduce us to the world of special education with these words: “There’s this law--called PL 94-142 (now known as IDEA, the Individuals with Disabilities Education Improvement Act)--and it will make a huge difference in your son’s life.” Little did I know how true those words would come to be!

It has been a long journey, filled with multiple health problems and surgeries, doctors and health care providers, teachers, therapists, and service providers we never knew existed. Yet, it has been a wonderful learning opportunity, filled with warm and caring friends and family, terrific teacher and aides, amazing medical professionals, and service providers.

We hope this booklet will help you understand and find appropriate services and support as you begin your life’s journey with your child. We have learned that some days are better than others, and we just need to take it one day at a time, in baby steps.

So that the words... “It’s a boy” or “It’s a girl,” continue to be joyful memories in your heart!

*From Ted’s mom,
Terri Dawson, Parent*

TOGETHER *We Make a Difference*



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Programs for Infants and Toddlers

“When I approach a child, he inspires in me two sentiments: tenderness for what he is, and respect for what he may become.”

Louis Pasteur

Our responsibility as parents is to do all that we can to help our children grow up to be happy, healthy, independent, and involved members of society. This is a wonderful challenge, which begins the moment a baby is born and continues until the child is an adult—or longer! Some parents are going to have more challenges than others because of delays in their child’s **development** or because of their child’s physical or **cognitive disabilities**.

The months between birth and three years of age are times of great **development** for babies. They grow and change physically, intellectually, socially, morally, and spiritually. Each child develops at his or her own rate. Some children encounter delays in their **development** in one or more areas. Children who are growing and developing at a slower rate benefit from early **evaluations** and interventions such as therapy, support services, and programs. All of these can help spark or stimulate their **development** and help them either to overcome or compensate for their **developmental delays**.

As a parent, you want what is best for your child, and you are willing to do whatever it takes to make sure your child gets the best start possible in life. If you have concerns about your child’s growth and **development**, you need to look for help to decide if your child would benefit from services provided by the state of Wyoming and your local agencies (see “Resources” page 33)

This booklet will provide you with information about:

- laws regarding **Part C** infant-toddler programs,
- who is **eligible** for services,
- what services are available,
- where to get these services,
- the importance of getting help early,
- what choices parents have, and
- many other things you’ll need to know.

Parents are under no obligation to enroll their children in any programs. The purpose of this booklet is to inform you of what help is available for your child and your family. Many studies have proven that “children with disabilities who receive **early intervention services** show significant developmental progress a year later and families report increased confidence in their ability to deal with their child.” (Source: US Department of Education 24th Annual Report to Congress)



What Are the Laws for Children with Special Needs and Developmental Delays?

Both federal and state laws guarantee services to children with special developmental needs.

The Individuals with Disabilities Education Improvement Act of 2004, (typically called **IDEA**), provides supports and services to children from birth to 21 years old, who qualify as a child with a **disability**.

Part C of the **IDEA** specifies that all **eligible** children from birth through age two (up to age 3) who have or who are at risk for **developmental delays** have access to **early intervention services** through Infant-Toddler programs. In Wyoming, it is called “the Infant-Toddler Program, **Part C**.” This booklet will only focus on the **Part C** section of the law.

Part C services are offered to **eligible** families in order to help them learn how to better care for their child with a **disability** or **developmental delay**. **Part C** requires **early intervention services** be provided *at no cost to families*.

The State of Wyoming has selected the Wyoming Department of Health, Behavioral Health Division - Developmental Disabilities as the **lead agency** responsible for providing services to infants and toddlers with **developmental delays**. Wyoming has 14 regional child developmental centers across the state to provide **early intervention services** for children from birth through five. (To find the agency in your local area, see “Regional Child Developmental Centers” page 34, and “State Resources” page 33)

Preschoolers 3-5 years old

Part B of **IDEA** (also called the Developmental Preschool Program) ensures that support services are available to children ages 3 thru 5. See Parent Information Center's (PIC) "Keys" handbook for detailed information about children 3 – 5 and older who have special needs, and PIC's "Early On: Differences in Part C and Part B Services" booklet, available at <http://www.wpic.org/publications.html>

What Does "Early Intervention" Mean?

Most of an infant or toddler's needs are met by his or her parents and family. However, when a child has a developmental delay or other **disability**, it is often necessary to add to what the family can do by getting help and support from professionals like doctors, nurses, teachers, and therapists.

Early intervention is a term that often is used to describe specific agencies, programs, services, and resources.

Early intervention applies to children who have or are at risk of developing a disabling condition that may affect their **development**. Early intervention may focus on the child alone, or on the child and the family together. Early intervention may begin at any time between birth and school age; however, there are many reasons for it to begin as early as possible.

Getting outside support and assistance early may help to reduce the child's delays and allow him or her to develop at a more typical rate, while building on the child and family's strengths. The first five years of a child's life are very important learning years. For children with special needs, early learning becomes even more necessary. Timing of intervention can be very important when a child runs the risk of falling behind in his or her learning.



What Are the Benefits of Early Intervention?

- The sooner early intervention begins; the sooner the child's growth and **development** can be enhanced.
- Early intervention is intended to help children and families get off to a good, solid start and can increase a child's ability to reach his or her expected **development**.
- When children's needs are met in their natural environment (everyday settings), **outcomes** are better and parents can learn ways to address their concerns about their child's **development**.
- Early intervention can lessen the need for educational support services and specialized therapy later in life.
- Parents get information about their child's **development** through **evaluations** and **assessments**, and can connect with other parents through various networking opportunities.



Early intervention services are provided at *no cost to families, regardless of their income level*. Services are funded by federal, state, and local dollars, and through private donations or other fundraising efforts by your regional child development center.

Who is Eligible to Receive Early Intervention Services?

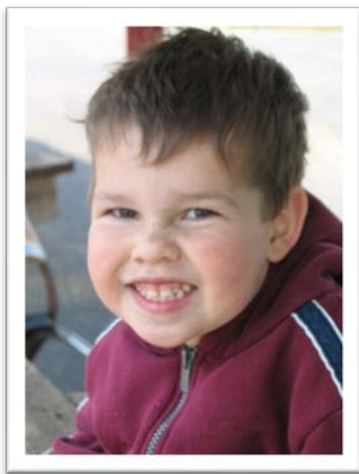
In Wyoming, an infant or toddler is **eligible** for **early intervention services** when he/she is experiencing a **developmental delay** in one or more of the following areas:

- thinking and learning skills (**cognitive** development),
- moving, seeing, and hearing including health status (physical development),
- understanding and using sounds, gestures, and words (communication development),
- responding to and developing relationships with other people (social or emotional development), or
- taking care of one's self when doing things like feeding or dressing (adaptive development).

Having a diagnosed physical or mental condition that has a high probability of resulting in a **developmental delay** can also qualify an infant or toddler for **Part C** services.

How Are Children Identified for Early Intervention Services?

In Wyoming, there is a slogan of “1 before 2,” meaning your child needs to have one developmental **screening** before the age of two. Ideally, he or she should have one before two and then another one



before the age of five. These developmental **screenings** are free and are quick check-ups to see if your child is on track developmentally. If the **screening** shows your child has some delays in **development**, then a more in-depth **evaluation** will be done. Many parents wait until their children enter school to have them screened. However, by then, a lot of learning may have already been missed. In fact, 90% of brain **development** occurs before the age of three.

A developmental **screening** from your regional child development

development center is a painless procedure that could improve your child's life forever. All developmental services are free, *so the only thing you can NOT afford to do is wait.*

Developmental Stages

What Are “Typical” Stages in a Child’s Development?

As you watch your baby’s growth, keep in mind that babies develop at different rates. Some babies develop quickly in some areas, but not as quickly in others. While no two babies are exactly alike, there are certain “typical” stages of growth as they reach different ages. The following ages and stages may serve as a basic guide to what your baby or toddler may be doing at a particular age.

Table 1 Developmental stages ages 0-2 months and 2 months

Development	0 – 2 Months	2 Months
Physical	<ul style="list-style-type: none">*Barely lifts head to clear surface*Keeps hands tightly fist*Recognize and turn to mother/father voice*Bats at overhead objects	<ul style="list-style-type: none">*Lifts head while lying on stomach*Has smooth motions*Relaxes fist/ unfolds fingers*Waves hands and kicks feet when on back
Communication	<ul style="list-style-type: none">*Coos and makes grunting sounds*Babbles	<ul style="list-style-type: none">*Coos and gurgles, especially when “talking” to someone*Cries differently for different needs
Social/ Emotional	<ul style="list-style-type: none">*Sleeps a lot*Cries a lot*May have irregular sleeping and feeding patterns*Quiets in response to parent’s face and voice	<ul style="list-style-type: none">*Begins to smile, show excitement and distress*Turns to familiar voices*Quiets when held*Enjoys being tickled*May suck thumb to quiet self
Cognitive (thinking & learning)	<ul style="list-style-type: none">*Observes surroundings briefly*Gazes at faces*Focuses on high contrast items	<ul style="list-style-type: none">*Combines two actions (e.g. sucking and looking around)*Visually follows people and things past midline (center of body)

Table 2 Developmental stages ages 4 months and 7 months

Development	4 Months	7 Months
Physical	<ul style="list-style-type: none"> *Can see across a room *Sits up when supported *Rolls from tummy to back *Reaches for toys *Holds objects *Reaches for feet and brings them to mouth *Turns head toward sounds *Follows people with eyes 	<ul style="list-style-type: none"> *Sits up by self for a short time *Holds toys and feeds self pieces of food *Stands when held up *Reaches for objects and transfers from hand to hand *Begins teething, which may disturb sleep
Communication	<ul style="list-style-type: none"> *Laughs and squeals *Coos and babbles *Says “ooh” and “ahh” 	<ul style="list-style-type: none"> *Combines vowel sounds *Imitates sounds *Responds to “no” and own name *Uses body language to initiate interaction
Social/ Emotional	<ul style="list-style-type: none"> *Loves to play with own feet *Sees colors rather than black and white *Fusses when wanting to be picked up and held *Can tell the difference in family members *Reaches out hands and arms to play 	<ul style="list-style-type: none"> *Plays alone *Plays longer with people and toys *Enjoys other children *Grows more receptive to sounds *Withdraws from strangers, clings to familiar caregivers

Table 3 Developmental stages ages 10 months and 12 months

Development	10 Months	12 months
Physical	<ul style="list-style-type: none"> *Crawls using different crawling styles *Crawls over objects *May stand leaning against an object *Picks up small objects with thumb and finger 	<ul style="list-style-type: none"> *Begins to change from a crawl to a tottering walk with legs wide apart *Feeds self finger foods *May begin to use a spoon
Communication	<ul style="list-style-type: none"> *Says “no,” “bye-bye,” “dada,” & “mama” *Uses voice to get attention 	<ul style="list-style-type: none"> *Uses “Dada” and “Mama” to refer to specific persons *May have 3 to 10 “real” words in his or her vocabulary *Adds gestures to own body language
Social/ Emotional	<ul style="list-style-type: none"> *Is becoming more independent—may be more interested in playing alone than being held *Imitates hand and facial gestures *Crawls around to look for parents *Crawls to you when name is called *Likes to play “peek-a-boo” *Turns handfuls of pages in books and magazines *Likes to play sound games *Waves “bye-bye” *Understands simple directions 	<ul style="list-style-type: none"> *Loves an audience *Scribbles with crayons *Has more variety in play *Exhibits stronger likes and dislikes *Flirts with and kisses self in mirror *Plays with dolls and stuffed animals *Points to objects in books and identifies them *Understands simple words and phrases like “Come to Daddy.”

Table 4 Developmental stages ages 15 months and 18 months

Development	15 Months	18 Months
Physical	<ul style="list-style-type: none"> *Stands and walks alone *Uses a spoon to feed self *Picks up things from a walking position *Points, gestures, or makes sounds to indicate wants and needs 	<ul style="list-style-type: none"> *Runs stiffly *Uses whole arm when playing ball *Feeds self, eats with a spoon, tries a fork *Takes off shoes, hat, mittens *Loves to lug, tug, dump, push, and pull *Goes up and down stairs without help
Communication	<ul style="list-style-type: none"> *Uses simple words and phrases *Says some words spoken by parents 	<ul style="list-style-type: none"> *Knows names of objects *Uses personal pronouns (me, mine, you, etc.)
Social/ Emotional	<ul style="list-style-type: none"> *Likes to listen to music and dance to rhythms *Says “no” and refuses foods *Is more aware of surroundings *Is growing more independent *Is very active 	<ul style="list-style-type: none"> *Loves to explore *Often refuses foods *Tries to comfort others in distress *Shows affection and annoyance
Cognitive (thinking & learning)	<ul style="list-style-type: none"> *Examines small objects *Repeats acts that have produced interesting effects *Remembers location of hidden items (e.g. remote control) 	<ul style="list-style-type: none"> *Uses trial and error to solve problems *Places round and square shapes into round and square shape sorter *Overcomes simple obstacles

Table 5 Developmental stages ages 24 months and 36 months

Development	24 Months	36 Months
Physical	<ul style="list-style-type: none"> *Dresses/undresses self with some help *Handles a cup well *Takes things apart and puts them together again 	<ul style="list-style-type: none"> *Swings and climbs *Jumps in place *Walks backwards *Peddles tricycle
Communication	<ul style="list-style-type: none"> *Speaks more clearly *Replaces “baby talk” with short sentences *Likes to talk to self *Repeats words others say besides parents *Combines words and actions 	<ul style="list-style-type: none"> *Talks in short sentences, uses plurals *Sings short songs *Language is understood by others *Says own name *Increasingly uses “no” *Announces fears and dislikes
Social/ Emotional	<ul style="list-style-type: none"> *Identifies with surroundings *Enjoys helping Mommy and Daddy *May enjoy cleaning up after playing *Is very active *May have periodic temper tantrums *Can point to named body parts 	<ul style="list-style-type: none"> *Feeds self well with spoon & fork *Sips from a straw *Strings large beads *Dresses self well *Begins to identify gender roles *Explores environment outside of home

(Source: “An Infant Development Guide for Parents of Children, Birth to Three Years.” Maryland State Department of Education)

Screening and Evaluation

The previous chart provides typical development in infants and toddlers. If you have concerns about your child's **cognitive**, physical, communication or social/emotional growth, talk about those concerns with your family doctor, pediatrician, public health nurse, or regional child development center. If your baby or toddler is not yet doing most of the things expected for his or her age, **DON'T WAIT!** Talk with your family doctor or contact the developmental center to make an appointment for a developmental **screening** and to receive information about early intervention.



What is a Screening and What Should You Expect?

Screening is the process of quickly looking at a child's **development** to find out if there are any developmental areas of concern. A **screening** will provide broader, general information to determine whether or not your child is developing age-appropriately. If there are any suspected delays, your child will be referred for a further **evaluation**. Some things to remember about **screenings** are:

First, within a few days of your call to request a **screening**, someone from your regional child development center should call you to discuss your concerns and to make arrangements to meet with you and your child. You will be asked questions about what your child can and cannot do and why you are concerned.

Second, you and developmental center staff will decide when to do the **screening**. You must provide written permission (called **parental consent**) before the **screening** can begin.

Third, during the **screening**, a developmental checklist may be used to determine your child's strengths and needs. Additionally, your child may be asked to complete some engaging, active types of activities that would look like play to your child.



Forth, all results of the **screening** should be reviewed with you by someone from the developmental center. They may show that your child is developing typically. If your child is not suspected of having a **disability**, or is **NOT eligible** for **early intervention services**, then you must be provided with written notice of that. If this is the case, you may wish to ask for information about other resources in your community. You might also discuss doing another **screening** in the near future to make sure that your child is still on track. Getting a developmental **screening** every

12-months is a good idea for all children.

Fifth, even if the **screening** does not indicate delays, you have the right to request a full **evaluation** at any time.

What, then, is the Evaluation Process?

If you choose to request an **evaluation**, or if the **screening** shows that your child may benefit from **early intervention services**, then a more detailed, complete **evaluation** is the next step.

- 1.** You will need to give your permission (called parental **consent**) before your child can be evaluated by signing a **consent** form before the **evaluation** or any **assessments** can take place.
- 2.** A copy of your rights and procedural safeguards will be given to you so that you can be fully informed (see “Procedural Safeguards” page 27).
- 3.** Once your child has been referred, all **evaluations** must be completed and a meeting held within 45-calendar days of the referral when the child is between the ages from birth to three.
- 4.** *As parents, you must have extensive input into the information gathering process.* You know your child best, so you must be involved with the **evaluation** from the very beginning. Some of the detailed information you need to share about your child should include a full history of your child, a

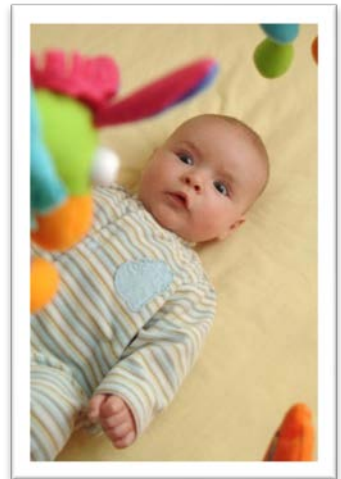
review of medical, educational, and other records. Such information might include:

- problems with pregnancy or birth;
- the ages at which your child crawled, walked, talked, etc.;
- specifics about your child’s personality and temperament (easy-going, easily upset, etc.);
- how your child behaves at home and in other settings;
- any medical problems or issues (allergies, disorders, etc.);
- what concerns you have about your child;
- what kind of help you think your child needs;
- reports from any outside checkups (vision, hearing, neurological exams, etc.); and
- any additional information that would help the professional team to better understand your child.

5. Various tests and **assessments**, including observations, will be used to evaluate your child’s **development** and if there are any delays. These tests will tell where your child is in his or her **development**: smiling, babbling, sitting up, walking, talking, etc. Again, your child’s skill level will be measured against what is considered normal or typical **development** for a particular age.

6. No single measure or one single person can decide whether or not your child is **eligible** for **early intervention services**. Persons who work with and provide **evaluations** for infants and toddlers in **Part C** of **IDEA** must be certified professionals in their particular areas. Some of the professionals who might be part of your child’s in-depth **evaluation** may include the following:

- audiologist
- special educator
- speech and language pathologist



- **occupational therapist**
- psychologist
- **physical therapist**

7. Once the **evaluation** is completed, a written report will be prepared and provided to you. The report should:
- explain why the child was referred;
 - describe the kinds of **evaluation** tools used;
 - describe the delay or the developmental steps/areas the child was not able to meet; and
 - propose a plan for any needed services.
8. The results of the **evaluation** must be explained to you in understandable terms and in a language they understand.

9. *Parents have the right to copies of the **evaluation** results.*

10. The **evaluation** may show that your child is developing typically and may not need **early intervention services** because his/her delays are not significant enough to need any services. If so, then you must be provided with written explanation or notice of this decision- usually called a “**determination.**” If you disagree with the **determination**, you can dispute it using the methods outlined in the procedural safeguards (see “Parental Rights” page 27).



What Should You Learn from Your Child’s Evaluation?

The **evaluation** should help you better understand:

- your child’s strengths;
- whether or not your child has a **disability** or **developmental delays**;
- whether or not your child is recommended to receive **early intervention services**;

- whether or not your child needs **related services**, such as **physical therapy, occupational therapy**, speech therapy, or transportation supports to access these services;
- what kind of aid or supports will be most helpful to your child; and
- whether or not your child needs intervention at home with your family.

If the team’s **evaluation** of your child concludes that your child is **eligible** and recommended to receive **early intervention services**, you will be asked to attend a meeting with the professionals who will be providing those services to your child. Typically, this meeting is held at your local child development center/ preschool. It will include you, the **Family Service Coordinator** and other professionals such as:

- the **special education** director, or representative of the developmental center,
- a developmental early intervention or preschool teacher,
- physical therapist; occupational therapist, and/or speech language pathologist,
- nurse or health care professional,
- members of the **assessment team**, and
- other individuals you may invite (e.g., a grandparent, caregiver or other support person).

This team of you and service providers will develop an Individualized Family Service Plan (**IFSP**), which will be the guide for your child’s therapy and instruction.



Please note: if you need an interpreter, or someone who can translate from one language to another, you can request one through the Family Service Coordinator. **Evaluations** should always be done in the native language of you and/or your child.

You never have to share information that you are not comfortable sharing.

You can ask questions, too!

Giving permission for the evaluation does not mean that you are giving permission for your child to receive services. You can review the results of the evaluation before making that decision.

Information I want to share. . .

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Questions I want to ask. . .

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

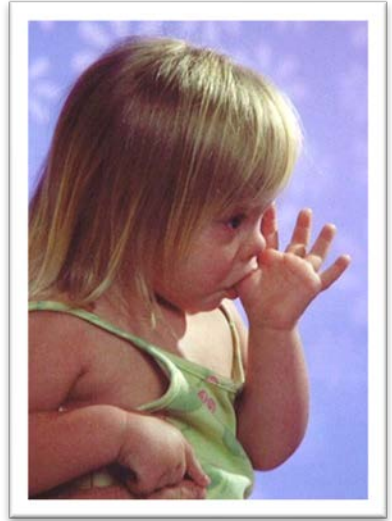
Important Notice of Parent Consent:

Since **Part C** services are “payor of last resort” under the state’s system of payment for early intervention, documentation of a parent’s consent or refusal of their consent must be obtained **before the use of a public benefits or insurance and/or private insurance** that could cost them. See WY Policies and Procedures at <https://health.wyo.gov/wp-content/uploads/2019/02/CHAPTER-8-FINAL-Rules.pdf> or call the WY Department of Health, Behavioral Health Division, Developmental Disabilities at (307) 777-7115.

Now That My Child is Eligible, What Services are Available for Early Intervention?

“Early intervention” means free, comprehensive, coordinated, family-centered support. Services may include therapy, **special education**; family training and home visits; **assistive technology**; and case management/coordination.

Usually services are provided in the places where your child typically lives, learns, and plays. This can be your home, a child care setting or other family member’s homes. The early intervention staff will give you ideas of how to incorporate some of the learning activities into your child’s daily learning routines, such as playtime, meals, and bath time. You will decide which routines you can adjust to accommodate the intervention ideas.



Early intervention allows for a wide range of possible supports and services to build on your child’s strengths and abilities and your family’s strengths. They should address areas of need, including:

- special instruction,
- parent and family education and **counseling** services,
- speech pathology and audiology services (including sign language and cued language),
- **occupational** and/or **physical therapy** services,
- psychological services,
- social work services,
- health services necessary to benefit from **early intervention services**
- nutrition services,
- vision services,
- **assistive technology** devices and services, and
- transportation and related costs.

What Is an Individualized Family Service Plan (IFSP)?

The **IFSP** is the written plan that describes what supports and services (information and help) you will receive focused on meeting the developmental needs of your child. The **IFSP** is how successful early intervention is provided according to **Part C** of IDEA. The **IFSP** should include the resources, strengths, and needs of your family. It will



spell out the services your child and your family can expect. It will be a map to guide you and the professionals working with you.

Through the **IFSP** process, family members and service providers work as a team to plan, carry out, and evaluate services adapted to the family's concerns, priorities, and resources. This means your child should be provided supports and services as it relates to your family and your family's needs.

Parents are their children's first and best teachers, and babies do most of their early learning within the family. When children have special learning and developmental needs; however, parents look for help from professionals with experience in particular areas. Even though special services may be provided by experts outside of the family, the infant or toddler remains within the family. Any services that are provided must be offered within the structure or framework of the family, and build upon the strengths of each individual family.

What Must an IFSP Include?

According to IDEA, the **IFSP** shall be in writing and contain:

- the child's present levels of physical development, **cognitive** development, communication development, social or emotional development, and self-help development;

- the family’s resources, priorities, and concerns as they relate to improving the **development** of their child with a **disability**;
- the measurable results or **outcomes** expected to be achieved for both your child and your family, including pre-literacy and language skills as developmentally appropriate for your child;
- the criteria, procedures, and timelines used to decide if your child is progressing or reaching the results or **outcomes**;
- whether modifications or revisions of the results, **outcomes**, or services are necessary;
- specific **early intervention services** necessary to meet the special needs of your child and family, including how often, how much, and in what ways services will be provided;
- the natural environments (everyday settings where your child typically lives, learns and plays) where services will be provided, including an explanation of why any of the services will not be provided in a natural environment;
- the expected dates for when services will begin and how long they will be provided;
- the type of service provider who will be responsible for carrying out the plan and coordinating with other agencies and persons, including **transition** to preschool programs; and
- the description of the appropriate **transition** services for the child to attend the developmental center or other appropriate services.



An addendum can be made to the **IFSP** anytime. An addendum is a change that can be made to the **IFSP**, if any team member asks for it, *if ALL of the IFSP team members agree.*

U.S. Department of Education rules require that non-**Part C** services needed by a child, including medical and other services, are also described in the **IFSP**. However, those other services are not necessarily covered financially by the developmental center or **Part C**.

*Parental **consent** is required before any service can be provided.* The contents of the **IFSP** must be fully explained to the parents in a language they understand, and *informed written consent from the parents* must be obtained before any **early intervention services** are provided.

If you do choose not to **consent** to some *particular* early intervention supports and services, you can still receive *other* supports and services that you do want and give your written permission. In other words, this is not an “all or nothing” kind of program. You can approve of certain services and refuse other services if you feel that it is best for you and your child.

The **IFSP** is intended to provide assistance to you and to support you with your child’s growth and **development**. The **IFSP** also specifies an individual to serve as the **Family Service Coordinator** for the family. **IFSP** meetings are held at least every six months or more often if needed, in locations and at times that are convenient for all those involved.

What is a Family Service Coordinator (FSC)?

A **Family Service Coordinator**, your main contact with the Infant-Toddler Program, is a person on your early intervention team who works with you to find services to meet you and your child’s needs. Federal and state laws require that children and families served by the Infant-Toddler Program have a **Family Service Coordinator**. Most families start working with a **Family Service Coordinator** as soon as their child is referred to the Infant-Toddler Program.



The **Family Service Coordinator** will:

- help your family identify its strengths and needs;
- make sure that the rights of your child and family are protected.
- support you in making informed decisions about your child’s needs, what services will be provided, and how those services will be delivered;
- follow-up to see that appropriate services are being provided;

- find answers to questions you have about your child and help you to talk effectively with specialists and related service providers;
- help you decide how you want to receive information about your child, how much information you want, and how you want to get it (through mail, e-mail, hard copies of information, online references, etc.);
- find resources, including funding sources that may be helpful for your child and family;
- make appointments for services and help you schedule appointments so they don't interfere with other important activities in your family's life;
- plan for changes in services by talking with you about options;
- help you settle any disagreements with your early intervention team about things like eligibility for services, types of services offered, and fees for services; and
- if applicable, help develop a plan to Part B (the 3-5 preschool program) when your child will be turning three (download PIC's "Early On: Differences in Part C and Part B Services" booklet at <http://wpic.org/early/24-early-on>).

What Can You Do to Get Ready for the IFSP Meeting?

To prepare for the **IFSP** meeting, you need to give careful thought to your hopes and dreams for your child and your family. This important meeting will influence your child's and your family's future, so it is critical that you attend the meeting and take an active part in the **development** of the **IFSP**. After all, this is your child's future. You want everything that can improve his or her quality of life to be in place, and this is the beginning.

First, the developmental center or the team that have been evaluating your child will arrange a meeting at a time and place that is agreeable to all involved.



Second, you will receive a written notice before the meeting, which will include the names of all individuals who will be present. If there are other individuals that you would like to be there, you may invite them; please tell the developmental center that you have done so. For example, you may want to have your child care provider or a grandparent there, too.

Third, planning before the meeting will help you to remember everything that you feel is important to discuss. Make a list of these questions and concerns, and take the list with you to the meeting.

Fourth, make a folder or file for your child's personal records, including:

- medical records,
- all **special education** or other **evaluation** results,
- all of your child's **IFSPs** and behavior programs, if appropriate,
- any reports from the therapists or other professionals who work with your child,
- a list of important phone numbers, and
- all correspondence received or sent about your child.

PACKAGING WISDOM: A FAMILY CENTERED CARE COORDINATION NOTEBOOK

This free notebook is a great resource for families to help organize information regarding your child's health needs. Packaging Wisdom will help make it easier to keep track of health care changes, contacts, and share information with your child's care team, child care, school, and family members. Download at <http://wpic.org/publications/27-packaging-wisdom>

You also might spend some time thinking about what you hope and dream for your child for both the short and long-term, and what needs to happen for those hopes and dreams to come true. For example:

- Independence** (feeding, toileting, doing things without help, etc.);
- Movement** (grasping, creeping, using a motorized wheelchair, etc.);
- Social** (smiling, recognizing parents, having friends, sharing toys, etc.);
- Communication** (understanding words, letting me know he's hungry, etc.)

Why Is Family Involvement So Important in Developing an IFSP?

Family involvement is very important in building a child's developmental program because the family members will become an essential part of the child's team. Infants and toddlers rely on their parents and other family members -- both adults and siblings -- to meet their day-to-day needs. Every person who has daily contact with your child with a **disability** or **developmental delay** may be involved in your child's growth. You, as parents, certainly are involved as primary caregivers and decision-makers in every step, especially in:



- identifying family needs and resources;
- identifying what role you wish to play in your child's evaluation;
- determining the desired **outcomes** on the **IFSP**;
- identifying the role they wish to play in coordinating their child's services;
- determining the schedule for home visits;
- choosing which resource and service options to follow; and
- evaluating your child's progress on **IFSP** goals and deciding on any necessary changes.

How Will You Know if the IFSP is Appropriate for Your Child?

1. Is it written in clear, understandable words?
2. Do you understand what your child will be working on during the year? Are the **outcomes** functional and practical? (Are they meaningful? Do they make sense?)
3. Do you understand the reasons these services will be provided to your child?

4. Do you understand how you will be able to determine if your child is improving or reaching his or her goals?
5. Is the **IFSP** written specifically for your child?
6. Can the **IFSP** be changed if your child's needs change?
7. Are services provided in your child's natural environment, or the place where your child typically spends time living, learning, and playing?



Once the IFSP is completed, you should have a clear understanding of the following:

- your child's specific strengths and needs;
- the expected outcomes and desired changes for your child and family;
- how those outcomes will be reached - what steps will be taken to reach the desired change;
- what services will be provided (e.g., speech therapy);
- who will provide the services (e.g., speech therapist); and
- when services will be provided (clear beginning date, how regularly and for how long).

What if You Disagree with Professionals on the Team?

You may or may not agree with the decisions made by the professionals on the **IFSP** team. If there is disagreement, you should immediately express your concerns to try to work out any problems informally while the members of the **IFSP** team are all present. It is important for you to express your concerns verbally and, with the team, try to find other options to work it out. If, after trying to work it out, the issue is not resolved, then put your concerns in writing and give it to the team. Clearly state what you disagree with, and what you would like to see

happen. If, after that, you and the team cannot come to an agreement, you can:

- ask for another meeting of the **IFSP** team to discuss issues again;
- call the Parent Information Center for support;
- File a State Complaint with the WY Department of Health at 1-800-438-5795 (see PIC’s “How to File a State Complaint” brochure at http://wpic.org/images/PDF/Disability_Brochures/26FilingAComplaint0718.pdf);
- Ask for **mediation** through the WY Department of Health, Behavioral Health Division-Early Intervention and Education Program (307) 777-6972;
- request a due process hearing.

Professional team members want to be helpful; they also want what is best for your child, just as you do. Generally, disagreements are minor and quickly settled.

Parental Rights and Responsibilities

What Rights Do You as Parents Have?

Under **Part C** of IDEA, parents and families have some important rights, called procedural safeguards, that say:

- you must be included in planning services for your child;
- your views must be respected;
- you must receive the information you need to play an active role in your child’s **development**;
- you must give your permission in writing before **screenings, evaluations**, or services begin. Permission must be voluntary, and you must be fully informed about your choices;
- you can say “no.” You can also refuse some services while still accepting other services;
- you can change your mind; and
- you can receive help in resolving problems.

Someone must tell you in writing before an **evaluation** can take place and before services can be added or changed. Again, if you disagree with a decision, you may ask to hold an **IFSP** meeting to discuss the matter or to request that additional **evaluations** take place.



The professionals involved in serving your child must make sure you understand all information about the services your child and family will receive.

You should receive information and help with **transition** planning or moving from **Part C** services to Part B 3-5 year services. A **transition** planning conference or meeting should be held at least 90 days before your child turns 3 years of age.

As a parent whose child is in an early intervention program, you have the right to:

- timely resolution of complaints through **mediation**, state complaints, or due process hearings;
- **confidentiality** of personally identifiable information (written **consent** from parents is required before agencies can share information);
- a copy of each **evaluation, assessment** and **IFSP** as soon as possible after each **IFSP** meeting;
- examine their child's early intervention records within 10 days of a request and to receive an initial copy of the records at no cost;
- prior notice for identification, **evaluation**, placement, or provision of services;
- notification in your native language; and
- continuation of services to the child during a period when action is being taken on a complaint;
- the appointment of a surrogate parent if the parent(s) is not available to represent the child; (see PIC's "Surrogate Parent" brochure at http://wpic.org/images/PDF/Disability_Brochures/08EducationalSurrogateParents0718.pdf).

For more information on your rights and procedural safeguards, see PIC's Procedural Safeguards brochure at http://wpic.org/images/PDF/Disability_Brochures/31ProceduralSafeguards0718.pdf.

What Responsibilities Do You as Parents Have?

In building partnerships with the Infant –Toddler programs that provide services and supports to our children with disabilities, we, as parents have some responsibilities to ensure we are working to the best of our ability to help our children grow to their potential. Some of these are:

- to attend **IFSP** and other team meetings;
- to communicate with providers/ team members;
- to share important information with the team;
- to attend and participate in related service and therapy sessions;
- to notify the center if your child is sick;
- to be an active member of the team; and
- to know your rights under the **IDEA!**

How Can You Be Involved with your Child’s Developmental Center?

Because each developmental center is an independent non-profit organization, you can support the work they do in multiple ways. Some of those ways are to:

- join the Local Interagency Coordinating Council or your developmental center’s Board of Directors;
- volunteer your time and/or resources to the center/program; and
- actively participate in any of the centers’ functions and activities.

Child and Family Outcomes

Under the federal **IDEA** 2004, states are required to measure the effectiveness of **early intervention services** provided under the **Part C** Infant- Toddler Program.

Child Outcomes

Children will be measured in three categories when they begin receiving **Part C early intervention services** and when they exit or **transition** out of the **Part C** Program. Child **Outcomes** measure the child’s ability to:

1. demonstrate positive social-emotional skills, including social relationships;

2. acquire and use knowledge and skills, including early language/communication and early literacy; and
3. use appropriate actions to meet their needs.

Family Outcomes

Family **Outcomes** are measured through the **Part C** Family Survey. This helps measure how well Wyoming **Part C** Infant -Toddler Programs have helped families:

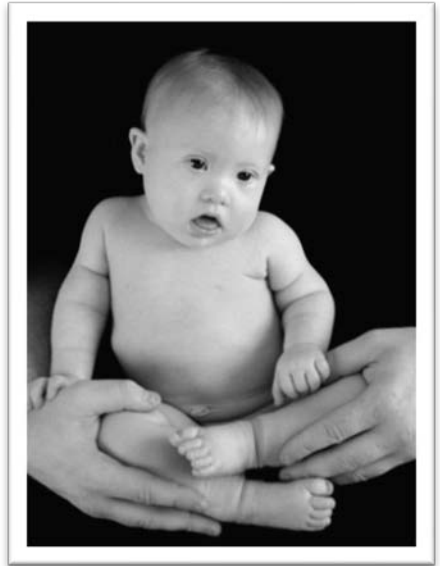
- In their ability to effectively communicate their children's needs;
- Help their children develop and learn; and
- Know their rights under the **Part C** Program.

Why are Child and Family Outcomes Important?

The Child and Family **Outcomes** system is designed to improve programs and supports for all young children birth to three years of age served by the Wyoming Infant-Toddler (**Part C**) Program.

The purpose of implementing this system is to:

- Achieve and maintain a quality statewide system of infants and toddlers and their families participating in the Wyoming Infant – Toddler Program;
- Assist regional child development centers in identifying the effectiveness of program practices;
- Guide the development of local and state policies and procedures;
- Provide data to measure results and the overall effectiveness of the Wyoming Infant -Toddler Program.



How Can You Work Through Your Own Emotional Reactions to Your Child’s Disability or Delayed Development?

Typically, you, as a parent of a child with disabilities might experience many emotions: denial, anger, guilt, depression, and acceptance. In addition, it is normal for parents to feel sad, shocked, worried, heartsick, helpless, or hopeless. However, there *is* hope, and there *is* help.

As a parent of a child with disabilities, you need to understand:

- that you are not alone in your feelings;
- that other parents have experienced very similar emotions;
- that support groups are available in many areas across Wyoming; and
- that compassionate, knowledgeable, and experienced professionals are available to help.

It is normal for you to feel dazed, overwhelmed, and confused when you are first told that your child has a **disability**. You may also deny that anything is wrong with your child. You might not want to believe the doctor’s diagnosis or the caregiver’s suggestion that your child may not be developing at a typical pace.



Once the **disability** is identified, it is also normal for you to feel anger, guilt, and depression. Feelings of anger may be directed toward the doctor or the educational specialist who diagnosed the **disability**; you may also be angry with your spouse even though neither one may be to blame for your child’s **disability**.

You might also feel guilt—by thinking that somehow you are responsible for your child’s **disability**. However, most disabilities have nothing to do with what you have or have not done.

Feelings of sadness and depression are normal. We all dream of having

perfect, healthy, happy children. When the “healthy” part does not come true, there is reason to feel sad. However, feeling sad that your child has challenges will not help him or her. Seeking help for your child and for your family is the first step in improving the situation. Knowing that you are doing something purposeful and focusing on making a good life for your child will bring you closer to accepting your child’s challenges and to seeing his or her unique gifts and strengths.



Parent Support through the Parent Information Center

Other steps you might take to reach acceptance and find encouragement include:

- calling PIC for more information and support, or to attend an **IFSP** meeting with you. PIC can also connect you with other parents who have experience raising a child with disabilities and can identify with your feelings.
- talking with a counselor who can help you sort through your emotions;
- joining a parent support group to meet other parents who have children with disabilities; and
- recognizing that feeling strong emotions is normal, especially at major milestones in your child’s life—times such as **transitions**, prom, graduation, and school meetings.

Early childhood intervention services are intended to support families and enable you to manage all of the demands of raising your child with special needs. **Early intervention services** strive to meet the developmental needs of children to give them the greatest possibility of leading happy, meaningful, and productive lives.

Resources Where You Can Get Help and Have Your Questions Answered

In 1979, the Wyoming Legislature made a commitment to provide a statewide network of infant education and development preschool services for children from birth to age six who are identified as having special needs. Early Childhood Special Education services are provided through the Wyoming Department of Health, Behavioral Health Division-Developmental Disabilities Section (DDD), under the supervision of the Wyoming Department of Education (WDE).

WDE is responsible for monitoring the provision of **special education** services for children three to six years old, or until enrolled in public school, in each of the 14 regional child developmental centers.

Independent of the state system of early childhood **special education** services, the Parent Information Center (PIC) is Wyoming's resource center for parents of children with disabilities under IDEA. PIC has outreach parents across the state who are all parents or families members of children with disabilities and/or special health care needs. We know what it feels like to have faced the additional challenges of having children with special needs. PIC outreach parents also know about many state and national resources and can support families through the maze of service delivery and **special education**.

For further information, contact:

Parent Information Center

2232 Dell Range Blvd, Ste 204

Cheyenne, WY 82009

(307) 684-2277 or

www.wpic.org

Wyoming Department of Health

Behavioral Health Division-

Early Intervention and Education Program Part C Coordinator

(307) 777- 5246

<https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep/infant-and-toddler-part-c-information/>

Wyoming Department of Education, Special Education Programs

(307) 777- 2870

Services for the Deaf/ Hard of Hearing (307) 274-1391

Services for Visually Impaired (307) 857-9267

http://edu.wyoming.gov/Programs/special_education.aspx

Wyoming Department of Health Children's Special Health Program

1-800-438-5795

<https://health.wyo.gov/publichealth/mch/child-health-program-2/>

Regional Child Development Centers

Region One: (Park, Big Horn, Washakie, & Hot Springs Counties)

Children's Resource Center

Cody (307) 587-1331

<http://www.crcwyoming.org>

Region Two: (Sheridan and Johnson Counties)

Child Development Center

Sheridan (307) 672-6610

<http://www.cdcregion2.org>

Region Three: (Weston and Crook Counties)

Weston County Children's Center

Newcastle (307) 746-4560

<http://www.wcccregion3.org>

Region Four: (Teton and Sublette Counties)

The Learning Center

Jackson (307) 733-1616

<http://www.childrenlearn.org>

Region Five: (Lincoln and Uinta Counties)

Lincoln-Uinta Child Development Association

Mountain View (307) 782-6601

<http://www.lucda.org>

Region Six: (Fremont County)

Child Development Services of Fremont County

Lander (307) 332-5508

www.cdsfc.org

- Region Seven: (Sweetwater County)
Sweetwater County Child Development Center
Green River (307) 875-0268
<http://www.sweetwatercdcwy.org>
- Region Eight: (Carbon County)
Project Reach
Rawlins (307) 324-9656
www.wyokids.org
- Region Nine: (Natrona County)
Child Development Center of Natrona County
Casper (307) 235-5097
<http://www.cdccasper.com>
- Region Ten: (Converse, Niobrara, Goshen and Platte Counties)
Wyoming Child & Family Development, Inc.
Guernsey (307) 836-2751
<http://www.wyomingchild.org>
- Region Eleven: (Albany County)
Developmental Preschool and Day Care Center
Laramie (307) 742-6374
www.wyokids.org
- Region Twelve: (Laramie County)
STRIDE Learning Center
Cheyenne (307) 632-2991
<http://www.stridekids.com>
- Region Thirteen: (Campbell County)
Children's Developmental Services of Campbell County
Gillette (307) 682-2392 or 682-7515
<http://www.ccgov.net/139/Childrens-Developmental-Services>
- Region Fourteen: (Wind River Reservation)
Early Intervention Program
Fort Washakie (307) 335-1258

Glossary of Terms

Advocate: a person who speaks up for themselves or others to make things better

Assessment: collecting and bringing together of information about a child's learning needs; it is a process using observation and standardized testing materials to determine an individual's strengths and needs in order to plan his or her educational services

Assessment Team: a group of professionals from different areas of expertise who observe and evaluate a child to find out his or her strengths and needs

Assistive Technology: devices or services that allow or improve independence in daily activities (for example, a curved handle on a spoon for easier self-feeding, wheelchair; communication board or computerized learning program)

Confidential: private; cannot be shared without your permission

Cognitive: a term that describes the processes people use for remembering, reasoning, understanding, and using judgment and learning concepts

Consent: the approval that you give for someone to do something that they could not otherwise do; consent is always voluntary and may be canceled at any time

Co-Payment: the part of the total cost of a medical bill that you are responsible for paying

Counseling: advice or help given by someone qualified to give such advice or help (often psychological counseling)

Determination: the act of making a decision or discovering something while not a legal term, this language is used during **screenings** and/or **evaluations** about whether or not a child is **eligible** to receive **early intervention services** under the IDEA.

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 Assessments: standardized measures of a child's **development** as it compares to the **development** of other children at that age

Developmental Delay: when a child’s growth or skill **development** is slower than that of most other children of the same age

Developmental History: the developmental progress of a child in such skills as sitting, walking, and talking

Deductible: the amount of money that you must pay each year before your health insurance will begin to pay for services

Disability: a condition that limits or slows down one or more kinds of **development**; **IDEA** defines “disability” as a degree of mental disability (mental retardation), a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, a traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities that result in an individual’s need for **special education** and **related services**; disability also means a **developmental delay** for children from birth through age 9

Due Process Procedure: an action that protects a person’s rights; in **special education**, this applies to action taken to protect the educational rights of students with disabilities

Early Intervention Services or Part C Programs: programs or services designed to identify and serve developmental needs as early as possible (especially in children birth through two years)

Eligible: meets the requirements/qualifies to receive **early intervention services** at no cost. In Wyoming, a child meets eligibility requirements for **early intervention services** if:

- (1) They exhibit a delay of 25% or more in at least one of the major areas of **development** (**cognitive**, physical, communication, social/emotional, adaptive), or
- (2) The child has a medical or mental condition that has a high probability of **developmental delays** (Down Syndrome, hearing loss, etc.), and
- (3) Clinical opinion by qualified staff indicates a need for such services.

Entitlement: all **eligible** children will receive services regardless of any other factor (such as family income, birth country, etc.)

Evaluation: the process used to find out if a child qualifies or continues to qualify for early intervention or **special education** services; the process includes finding out the status of the child in several developmental areas (both early intervention and **special education**)

Family Assessment: a family-directed identification of the needs of the family that relate to the growth and **development** of the child

Family Service Coordinator (FSC): A staff of the regional child developmental center who is the single point of contact for families to coordinates the **IFSP** services for children ages birth through two while working in partnership with the family and providers

Free Appropriate Public Education (FAPE): one of the key principles of IDEA; FAPE ensures that **special education** and **related services** (1) be provided at no cost to the parent or child, (2) be under public supervision and direction, (3) meet the standards of the state education agency, (4) include preschool, elementary school, or secondary school education in the state, and (5) are provided in conformity with an Individualized Education Program

IDEA (Individuals with Disabilities Education (Improvement) Act): a federal law that guarantees certain educational rights for children from birth to age 21 (in Wyoming) who have developmental disabilities or delays that includes **Part C** for infants and toddlers ages birth to 3 years old, and Part B for children ages 3 to 21 years old

IEP (Individualized Education Program): a written education plan for children ages 3 to 21 years old that is developed by a team of professionals (teachers, therapists, etc.) and the child's parents outlining specialized instruction, accommodations, modifications, and **related services** which enable the child to participate in and benefit from the general education program

IFSP (Individualized Family Service Plan): a written plan describing what goals parents have for their child and family, the services and supports used to reach those goals, as well as where and when services will take place

Lead Agency: the agency within a state or area in charge of overseeing and coordinating early childhood programs and services; in Wyoming, the state lead agency is the Behavioral Health Division- Developmental Disabilities Section within the WY Department of Health

LEA (Local Education Agency): for **Part C**, the local/regional child development center is considered the LEA, and after child turns six, the LEA would be the local public-school district

LRE (Least Restrictive Environment): a legal term meaning that each child with a **disability** has a right to be educated with his or her non-

disabled peers when appropriate and should remain in a regular education setting unless it is not appropriate to do so

Mediation: a way to settle a conflict so both sides involved have an opportunity to express concerns and offer solutions. Parents and professionals discuss their differences, and, with the help of a trained mediator, reach a settlement that both sides accept

Multidisciplinary Evaluation: having professionals with different kinds of training (for example, a speech pathologist and a physical therapist) assess a child's abilities and needs

Natural Environments: places where a child normally spends time living, learning, and playing (i.e. home, childcare center, library, park, etc.)

OT (Occupational therapy): activities designed to improve fine motor skills (finger, hand, or arm movements), oral-motor abilities (eating, imitation), and visual-motor and sensory processing (how a child relates to the world around him or her)

Outcome: sometimes referred to as a goal, an outcome is the end result or consequence of an expectation that is written in an Individualized Family Service Plans (**IFSP**) or Individualized Education Programs (**IEPs**) that families want for themselves and their children as a result of **early intervention services**.

Parent Training and Information Centers (PTIs): federally funded centers in each state that provide information to parents of children with disabilities about their rights to navigate and access services, work with schools and educators to ensure an appropriate educational **placement** for their child, resolve differences, and make informed decisions about their child's needs. The Parent Information Center is the PTI for Wyoming.

Part C: A section of the **IDEA**, the special education law, that provides supports and services to children with disabilities or developmental disabilities, ages birth to three years old

Personal Care Attendant (PCA): a person usually employed by a home care agency that assists persons who have disabilities with activities of daily living (e.g., dressing, bathing)

PT (Physical therapy): activities designed to improve and prevent loss of gross motor skills (leg, back, or whole body movements)

Placement: the setting or place where **early intervention services** are delivered

Procedural Safeguards Notice: requirement that schools provide full and easily understood explanation of specific procedures that describe parent's legal right to an independent educational evaluation, to examine records, to request mediation and due process under the IDEA.

Psychosocial Development: the psychological development of a child in relation to his or her social-emotional environment

Related Services: services that a child with disabilities requires in order to benefit from **special education**; examples of related services include: audiology, psychological services, physical and **occupational therapy**, recreation, **counseling** services, interpreters for persons who are deaf or hard of hearing, parent **counseling** and education, and medical services for diagnostic and **evaluation**

Screening: the process of quickly looking at a child's **development** to find out if there are any developmental areas of concern

SEA (state education agency): in Wyoming, the SEA is the Wyoming Department of Education

Special Education: specially designed instruction offered at no cost to families for children with disabilities who require such services to benefit from general educational

Speech and Language Services: activities or materials designed to improve a child's ability to understand and express thoughts and information

Strategies: agreed upon activity to help achieve **outcomes** and goals

Transition: moving from one service provider or setting to another. A major transition for children with special needs and their families occurs when the child turns three years of age and is no longer **eligible** for the **Part C** Infant-Toddler Program. The child must then begin receiving services through Part B from the Developmental Preschool Program, if **eligible**, or from other service providers in the community.

Transition Team: professionals from the developmental center who - with the parents - will re-assess the child's personal and educational needs and then determine whether continuing **special education** preschool services after age three is recommended and if an Individualized Education Program (**IEP**) should be developed

Acknowledgements

Materials for this booklet were borrowed from and adapted from the following publications:

“Part C of the Individuals with Disabilities Education Act- Final Regulations: Non-regulatory guidance,” OSEP Nov 2011;
<http://IDEA.ed.gov>

“Families Are Important: An Early Childhood Guidebook for Families of Young Children with Disabilities,” PACER Center, Minneapolis, MN. www.pacer.org

“Notice of Infant/Toddler and Family Rights Under Wyoming Part C Early Intervention Program- WY Department of Health, Developmental Disabilities Division, Cheyenne, WY February 2007
https://health.wyo.gov/wp-content/uploads/2016/04/136-6602_PartCProcSafeguardsFamilyRightsRev207.pdf

“First Steps--A Parent Information Handbook: Infant and Toddler Programs/Preschool Special Education,” PLUK, Billings, MT.
www.pluk.org

“Keys... A Family Handbook,” Parent Information Center, Cheyenne, WY. <http://wpic.org/publications/19-keys>

National Early Childhood Technical Assistance Center, Chapel Hill, NC. www.nectac.org

“A Parent’s Guide to Accessing Programs for Infants, Toddlers, and Preschoolers with Disabilities,” National Information Center for Children and Youth with Disabilities. www.nichey.org

“The Individual Family Service Plan (IFSP),” Educational Resources Information Center (ERIC), Arlington, VA. www.eric.org

“Growth and Developmental Milestones,” Maryland State Department of Education, Maryland Infants and Toddlers Program, Baltimore, MD.

Baby Steps a Guide for Parents to Infant-Toddler Programs – (birth to under age 3) through Part C of IDEA

As a parent, you want what is best for your child, and you are willing to do whatever it takes to make sure your child gets the best start possible in life. If you have concerns about your child's growth and **development**, you need to look for help to decide if your child would benefit from services provided in Wyoming. This booklet will provide you with information about:

- laws regarding **Part C** infant-toddler programs;
- who is **eligible** for services;
- what services are available;
- where to get these services;
- the importance of getting help early;
- how you can best use available services to benefit your child;
- what choices parents have; and
- many other things you'll need to know.

For further information, contact:

Parent Information Center
2232 Dell Range Blvd, Ste 204
Cheyenne, WY 82009
(307) 684-2277
www.wpic.org

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