

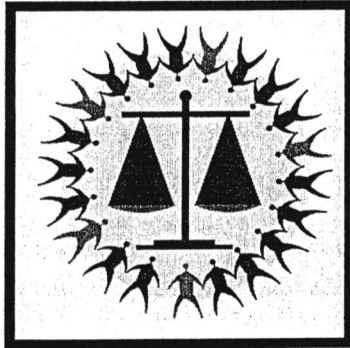
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*EARLY INTERVENTION AND PRESCHOOL
SPECIAL EDUCATION PROGRAM*

Implementing Professional Boundaries

*A Code of Ethics for
Early Childhood Service Providers
Working in the Home*



Nassau County Department of Health
Office of Children with Special Needs

Adopted from:
Suffolk County Department of
Health Services
Division of Services for Children
with Special Needs
(with additions emphasized)

*With special thanks to the members of the Professionalism and Ethics
Subcommittee of the Suffolk County CPSE Issues Committee:*

*Laurie Baumann, M.S., BCBA, Bilinguals, Inc. Child and Parent Services
James Ciaravino, Ph.D., West Islip School District
Barbara Falkman, Public Relations Specialist
Michelle Gentile, M.A., OTR/L, Achievement Therapies, LLC
Susan Gerweck, Ph.D., William Floyd School District
George Heintz, M.S., Preschool Coordinator
Kathy Junior, Ph.D., Metro Therapy, Inc.
JoAnn Scanlon, M.S., BCBA, Marion K. Salomon Agency
Meryl Zaglin, Ed.D., Director*

February 2011

**WHY DO WE HAVE A PROFESSIONAL BOUNDARIES
CODE OF ETHICS FOR
EARLY CHILDHOOD SERVICE PROVIDERS?**

In the field of services for children with special needs, service providers are constantly faced with new challenges and new opportunities. This can be unsettling, and it is not always clear how to respond in certain situations or where the professional boundaries lie.

This Code is designed to support the values and foundations of early childhood education and to help each of us to live those values as we work in this field. It is a practical and clear guide to the behavior that is expected of each early childhood professional. Although our primary focus is on ethical standards as applied to the professional who provides services in the home environment, the setting is not exclusive. The Code deliberately sets consistent and high standards for all service providers no matter where services are being provided.

The Code should help guide and inform our everyday decisions as we work together toward the continued excellence of the early childhood special service programs in Suffolk County.

Our Responsibilities

Each one of us working with young children with special needs must carefully read and understand the Code, as we are all individually responsible to follow both it and New York State Department of Health and New York State Department of Education policies.

We must hold ourselves and our peers accountable for following the rules. Being accountable means we each must take a proactive approach to ethical, legal and compliance concerns by identifying, reporting and addressing them as necessary.

By doing this, we can all play a part in meeting expectations of excellence.

Meryl J. Zaglin
Director

It is human nature to empathize with others; the problem is when objectivity is lost. A desire to support the family may conflict with the service delivery responsibility as noted in the early intervention IFSP or school district IEP.

WHY IS IT DIFFICULT TO ESTABLISH AND MAINTAIN PROFESSIONAL BOUNDARIES?

Adapted from Kelly Wolf,
CASA of Santa Cruz County

Difficulties may arise when there is a:

- ◆ **DUAL RELATIONSHIP**—The service provider and the family know each other in a personal context from another setting or develop a personal relationship during the delivery of services.
- ◆ **CONFLICT IN VALUES AND JUDGEMENT** — The family's choices, history, relationships, feelings, lifestyle and/or life circumstances conflict with the service provider's values and judgments.
- ◆ **LOSS OF OBJECTIVITY** — The service provider may lose objectivity with the family due to the development of personal attachments.
- ◆ **OVER IDENTIFICATION** — The family's experiences may cause some level of reactive symptoms in the service provider. The service provider may over-identify with the family due to his or her own personal history.
- ◆ **ROLE PLAYING OF THE "HERO"** — The service provider may be playing the hero role and feel the need to rescue the child and family.
- ◆ **EXHIBITING POOR TEAMWORK** — The service provider may believe that he or she can provide services better than other team members or other agencies can. The service provider undermines the role of the other team members or other agencies isolating the parent from other points of view.

Due to a family's very special needs and life circumstances, a service provider working closely with a family may find that the role of the professional is difficult to maintain.

**SIGNS THAT PROFESSIONAL BOUNDARIES ARE NOT
BEING MAINTAINED BETWEEN
THE SERVICE PROVIDER AND THE FAMILY**

Adapted from Kelly Wolf,
CASA of Santa Cruz County

- ◆ The family and service provider refer to each other as friends.
- ◆ The service provider offers to assist the family (e.g. babysitting, shopping, driving) in ways that are not appropriate.
- ◆ The service provider receives gifts from or gives gifts to the family.
- ◆ The family asks for personal information from or about the service provider.
- ◆ The service provider reveals personal information to the family.
- ◆ The family asks or expects the service provider to socialize outside of professional settings (e.g. attending social events or parties).
- ◆ The service provider is unable to sleep due to anxiety related to the child or family situation.
- ◆ Discussions regarding work dominate the service provider's social interactions with friends and family.
- ◆ The service provider is "venting" with the family about other service providers on the team.

CODE OF ETHICS FOR EARLY CHILDHOOD
SERVICE PROVIDERS

All service providers must observe and comply with the following standards of conduct:

**1. PROFESSIONAL ETHICAL CONDUCT, PRACTICES
AND PERFORMANCE**

Standard 1.1 The service provider shall comply with state regulations, written local school board policies, county standards and other applicable State and Federal laws.

The service provider must know and comply with the Early Intervention Program and Preschool Special Education Program policies and New York State and Nassau County policies and procedures.

The service provider has a professional obligation to address unethical behavior demonstrated by colleagues or families and to report concerns to the program director.

The service provider has a professional obligation to address illegal behavior demonstrated by colleagues or families and to report concerns to the responsible authorities.

The service provider should only make recommendations for service at the CPSE meeting that can be substantiated and documented in terms of developmental appropriateness and educational necessity.

The service provider should discuss the child's progress in relation to the IFSP or IEP goals with the family. Specific recommendations for services (including frequency and duration) should be deferred to the IFSP meeting or the CPSE meeting when all members including the parent and provider are present.

Standard 1.2 The service provider must avoid engaging in deceptive practices.

The service provider must operate within the boundaries established by education, training and credentials.

The educational decisions for preschool children are made by the CPSE. THE SERVICE PROVIDER IS THERE TO PARTICIPATE IN THE DISCUSSION.

The therapeutic decisions for a child enrolled in the Early Intervention program are made at the IFSP meeting. Decisions about programs, placement or services should not be determined prior to the meeting.

The service provider must truthfully represent his or her services, professional credentials, and qualifications. The service provider must inform families of the scope and limitations of his or her credentials.

Standard 1.3 The service provider shall follow the guidelines of his or her profession with regard to continued education and professional development.

The service provider should remain proficient in professional practice by reading appropriate literature, attending conferences, participating in workshops and maintaining credentials.

Standard 1.4 The service provider shall avoid using a professional relationship with a family for personal advantage. Specifically, if the service provider is contracted with and being paid for by Nassau County to provide services, the provider cannot augment income by providing additional professional or therapeutic services.

Financial relationships between the service provider and family members of children enrolled in the program are prohibited.

Standard 1.5 The service provider shall not accept gratuities, gifts, or favors .

This standard prohibits the acceptance of gifts offered and accepted from students, parents or other persons or organizations in recognition of or appreciation for service.

Standard 1.6 The service provider shall not falsify records or direct or coerce others to do so.

The service provider must keep true records and accurate documentation.

Standard 1.7 The service provider shall deliver services during authorized time periods.

The preschool service provider must be aware of the service calendar of the school district and must verify the days services are to be delivered. The preschool service provider must alert the agency or school district if the IEP is missing specific components or necessary information. For example,

the IEP must include service information: start and end dates for service provision, frequency and duration of services, location of service, goals and objectives and the service calendar to be followed. BE AWARE, START AND END DATES ALONE DO NOT EXPLAIN SERVICE INTERRUPTIONS DUE TO HOLIDAYS AND VACATION DAYS. The preschool service provider should verify holidays and vacation days at the CPSE meeting.

The service provider must be aware of the start and end dates of the authorized service for a child who is receiving Early Intervention services.

Standard 1.8 The service provider shall refrain from providing services when his or her personal circumstances compromise delivering services to the best of his or her abilities.

The service provider must not provide direct service while impaired due to the use of illicit drugs or alcohol or due to the effects of medication.

Standard 1.9 The service provider shall adhere to appropriate dress codes.

Standard 1.10 The service provider shall not “friend” any past or present family on any social media site.

2. ETHICAL CONDUCT TOWARDS PROFESSIONAL COLLEAGUES

Standard 2.1 The service provider shall not reveal confidential health or personal information concerning colleagues unless disclosure serves lawful professional purposes or is required by law.

Standard 2.2 The service provider shall not knowingly make false statements or share personal opinions about a colleague or the school system.

3. ETHICAL CONDUCT TOWARD CHILDREN AND FAMILIES

Standard 3.1 The service provider shall not reveal confidential information concerning students unless disclosure serves lawful professional purposes or is required by law.

The service provider must maintain the confidentiality of families served by the program in accordance with all applicable Federal, State and local laws and regulations.

Service providers are required to report suspicions of child abuse, maltreatment, and neglect.

Standard 3.2 The service provider shall treat a student in a manner that positively affects the student's learning, physical health, mental health and safety.

The service provider should make every effort to follow regular scheduled appointments.

The service provider must inform his or her agency or the school district if he or she is going to be absent for an extended period of time, i.e. absence of five or more consecutive sessions.

The service provider must make timely efforts to make up missed services.

The service provider shall not engage in non-emergency cell phone conversations during service provision. The focus should be solely on the child.

The service provider must ensure that the student's legal guardian or an adult over the age of 18 is present in the home at the time of service provision.

Standard 3.3 The service provider shall not exclude a student from participation in a program, deny benefits to a student, or grant an advantage to a student on the basis of race, color, gender, disability, national origin, religion, or family status.

The service provider must not refuse to provide services for which he or she is credentialed solely on the basis of gender, race, socioeconomic status, ethnicity, color, religion, national origin, disability, sexual orientation, or political affiliation.

Standard 3.4 The service provider shall not solicit or engage in sexual conduct or a romantic or intimate relationship with family members of children enrolled in the program.

Standard 3.5 The service provider shall not furnish alcohol or illegal/unauthorized drugs to any child or knowingly allow any child to consume alcohol or illegal/unauthorized drugs in the presence of the service

COMMUNICATING BOUNDARIES

Educators of infants and toddlers can be so willing to please families that they fail to convey clear messages about the parameters of their professional relationship—these are called **professional boundaries**. This can easily happen because of the intimate nature of infant and toddler work.

Having empathy for families and even sharing the joys and disappointments of raising children are essential elements of the professional partnership. However, we need to learn how “to be a participant in the family social system, while avoiding entangling alliances,” suggest Irene and Herbert Goldenberg (1996, p. 367). It is for the benefit of everyone that these boundaries are set and reinforced when necessary.



Accept that you are emotionally engaged with each toddler or preschooler and her family, but recognize that the engagement should not disengage you from acting with professionalism.

The following suggestions might be helpful when setting professional boundaries.

- Try to separate your home life and your professional role.
- Communicate to families the appropriate times and methods for exchanging ideas, concerns, and other information.
- Mention the parameters for confidentiality — and stick to them yourself.
- Discuss the professional role in group meetings with families.
- Identify elements of the family member's role as they become necessary; for example, explain that they seek medical advice directly from their doctor or that they are responsible for various

supplies, such as diapers and sunscreen.

- Show empathy for feelings, but avoid introducing your own family issues.
- Avoid leading a family member to think that you can offer therapeutic help. Instead, refer the individual to helpful resources.
- Respect the family's background, religious beliefs, and political persuasion, but do not discuss issues outside your professional role.
- Help families to solve their own problems rather than provide answers for them.
- Keep conversation within the range of your professional competence (apart from general pleasant remarks).
- While you might think of family members as more than acquaintances, they are not your friends or potential clients—for cosmetic sales, for inclusion at your own family gatherings, to use for marketing purposes as potential customers, as supporters of political parties or for fundraising, or as potential converts to a religion.
- Identify situations that are outside your experience, training, or professional responsibility, and refer families to experts and suitable resources.
- Offer child care advice based on your own experience, but label it as just that—"In my experience . . ."
- Families expect professional behavior, so be sure that you behave in an ethical manner.
- Say "I don't know" when you do not know an answer to a question, but then try to access resources that can help.
- Refer them to the staff member concerned or, if necessary, the center's supervisor if they try to engage you in conversation about other staff.
- Accept that you are emotionally engaged with each toddler and her family, but recognize that the engagement should not disengage you from acting with professionalism.
- Open communication helps with boundary-setting.

*Reprinted with permission from the authors, 2009:
Martin, Sue; and Berke, Jennifer E., See How They Grow:
Infants and Toddlers, Resource Companion Book, published
by Delmar Cengage Learning.*

**VIOLATIONS OF THE SERVICE PROVIDER
PROFESSIONAL BOUNDARIES
CODE OF ETHICS**

- ◆ Violations of the standards outlined above relating to the Code of Ethics are subject to the provider agency's disciplinary procedures.
- ◆ The agency must complete a Code of Ethics Incident Report and maintain a copy for inspection by Nassau County Department of Health Services, Office of Children with Special Needs upon request.

Selected Resources on Professional Behavior and Ethics:

THE NEW YORK STATE EARLY CARE AND EDUCATION CORE BODY OF KNOWLEDGE FRAMEWORK *Essential Areas of Knowledge Needed In Working Effectively with Young Children, Birth through Age 8 , Developed and Published by The Career Development Initiative of New York State, Second Edition, 2001*
<http://www.earlychildhood.org/pdfs/CoreBody.pdf>

NYS Code of Ethics for Educators, Educator Resources, NYSED Office of Teaching Initiatives, New York State Code of Ethics for Educators, Statement of Purpose: The Code of Ethics is a public statement by educators that sets clear expectations and principles to guide practice and inspire professional excellence. Educators believe a commonly held set of principles can assist in the individual exercise of professional judgment. "Educator" as used throughout means all educators serving New York schools in positions requiring a certificate, including classroom teachers, school leaders and pupil personnel service providers.
<http://www.highered.nysed.gov/tcert/teachethers/codeofethics.html>

The Council for Exceptional Children (CEC), Arlington, VA 22201
CEC is the largest international professional organization dedicated to improving the educational success of individuals with disabilities and/or gifts and talents.

www.cec.sped.org

CEC Code of Ethics for Educators of Persons with Exceptionalities and CEC Ethics and Practice Standards

<http://www.cec.sped.org/Content/NavigationMenu/ProfessionalDevelopment/ProfessionalStandards/EthicsPracticeStandards/default.htm>

American Occupational Therapy Association Code of Ethics

As per the Preamble of the Occupational Therapy Code of Ethics (2005), "this commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community." (AJOT reference page)
<http://www.aota.org/Consumers/Ethics.aspx>

American Physical Therapy Association Core Ethics Documents, including Professional Conduct, Professional Development, Ethics and Legal Resources
<http://www.apta.org>

American Speech-Language-Hearing Association, Code of Ethics and Ethics Education, access at <http://www.asha.org/practice/ethics/>

American Sign Language Teachers Association Code of Ethics
<http://www.aslta.com/>

National Association of the Deaf (NAD) and the Registry of Interpreters for the Deaf, Inc. (RID)

NAD-RID Code of Professional Conduct

<http://www.rid.org/UserFiles/File/pdfs/codeofethics.pdf>

Code of Ethics of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly

<http://www.socialworkers.org/pubs/code/code.asp>

*American Association of Psychologists
APA Ethical Principles of Psychologists and Code of Conduct*
<http://www.apa.org/ethics/code2002.html>

*Psychologists (Clinical & School): Code of Professional Responsibility in
Educational Measurement, Prepared by the NCME Ad Hoc Committee on the
Development of a Code of Ethics*
http://www.natd.org/Code_of_Professional_Responsibilities.html

*School Psychologists: NASP Professional Conduct Manual, Principles for
Professional Ethics & Standards for Provision of School Psychol. Services*
<http://www.nasponline.org/standards/ProfessionalCond.pdf>

**BEHAVIOR ANALYST CERTIFICATION BOARD® Guidelines for responsible
Conduct For Behavior Analysts (August 2004)**
http://www.bacb.com/Downloadfiles/BACBguidelines/40809_BACB_Guidelines.pdf

*The NAEYC Code of Ethical Conduct : A Position Statement of the National
Association of the Education of Young Children Position Statement NAEYC
Guidelines for Responsible Behavior in the Education of Young Children, Power-
Point Presentation, based on activities from the NAEYC publication, Teaching the
NAEYC Code of Ethical Conduct.*
<http://www.naeyc.org/files/naeyc/file/ecprofessional/EthicsCodeGeneralSession.ppt>

Professional Ethics: Applying the NAEYC Code
<http://www.naeyc.org/files/naeyc/file/ecprofessional/ProfessionalEthicsCase.pdf>

NAEYC's Position Statement References to Professional Development
<http://www.naeyc.org/files/naeyc/file/ecprofessional/Microsoft%20Word%20-%20Professional%20Development%20references%20in%20NAEYC%20position%20stateme.pdf>

*Winton, P., & Catlett, C. (1999), What we have learned about preparing personnel to
serve children and families in early childhood intervention, Chapel Hill, NC: Frank
Porter Graham Child Development Center, University of North Carolina.*
<http://www.fpg.unc.edu/~scpp/pdfs/factoids.pdf>

*Resource Guide; Selected Early Childhood/Early Intervention Training
Materials, Resources in 184 page downloadable reference guide*
<http://www.fpg.unc.edu/~scpp/pdfs/rguide.pdf>

*Ethical Issues in Clinical Supervision, Syracuse University's School of Education,
Department of Counseling and Human Services*
[http://soe.syr.edu/academic/counseling_and_human_services/modules/
Common_Ethical_Issues/default.aspx](http://soe.syr.edu/academic/counseling_and_human_services/modules/Common_Ethical_Issues/default.aspx)

*The National Staff Development and Training Association (NSDTA) Code of Ethics
for Training and Development Professionals in Human Services: Case Scenarios and
Training Implications, National Staff Development and Training Association
American Public Human Services Association, 2004, 44 page manual*
http://nsdta.aphsa.org/PDF/Code_Ethics.pdf



Edward P. Mangano
Nassau County Executive

Lawrence E. Eisenstein, M.D., FACP
Commissioner

Linda D. Rennie
Director

Nassau County Department of Health Services
Office of Children with Special Needs

www.nassaucountyny.gov/agencies/health

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www.health.ny.gov/guidance/oph/cch/bei/99-2.pdf

NASSAU COUNTY DEPARTMENT OF HEALTH

60 Charles Lindbergh Blvd., Suite 100

Uniondale, NY 11553-3683

FAMILY ASSESSMENT

Child's Name _____

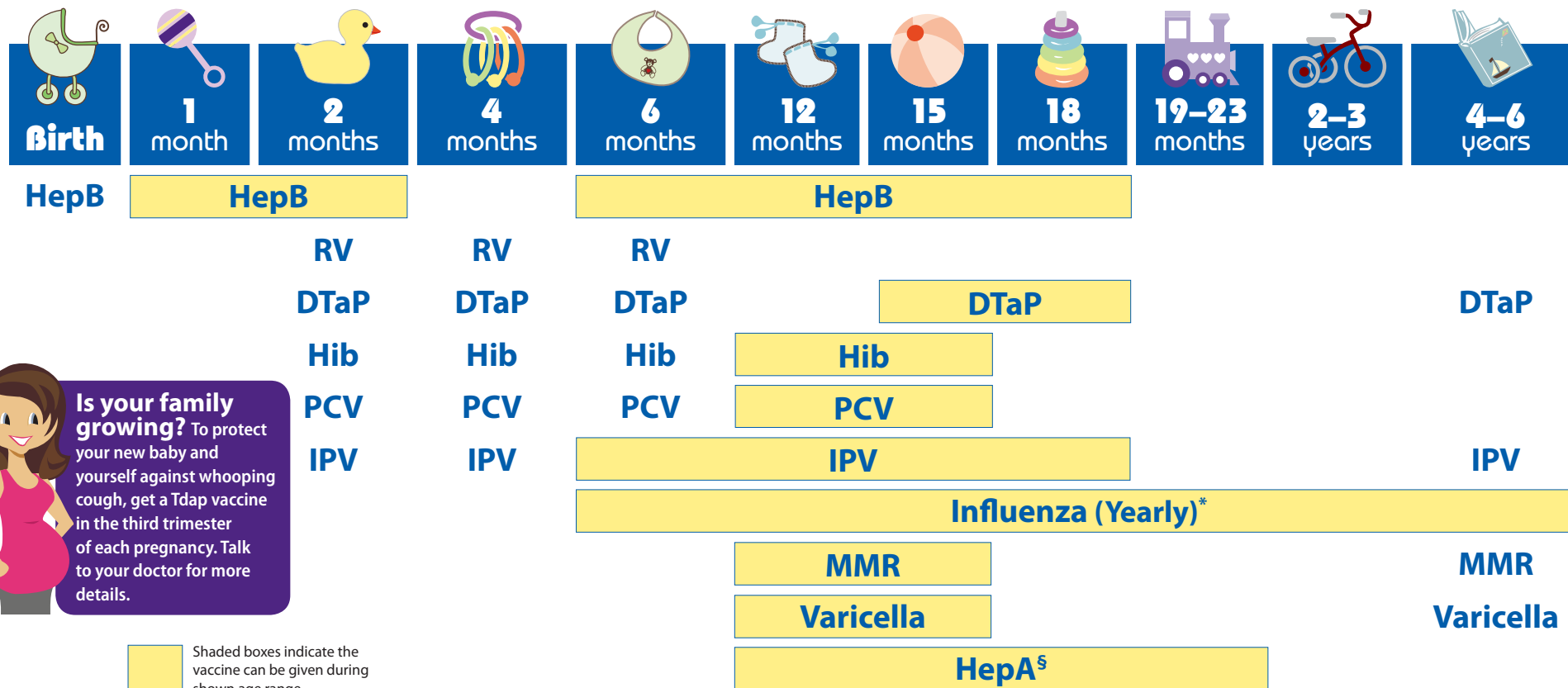
Date of Birth ____/____/____

1. Why did you refer your child to Early Intervention?
2a. If you need help, who can you ask?
2b. What do you need help with in providing for your child? (For example, health insurance or a pediatrician.)
3a. What areas of your child's development concern you?
3b. What are your immediate priorities in obtaining help for your child?
4. What would you like your child to achieve through the Early Intervention Program?

Completed by _____
(Signature and Title)

Date ____/____/____

2014 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES: * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Confirmation of Early Intervention Services

Confirmation of Ongoing Service Coordinator

FAX NUMBER: 516.227.8663

Child Name: _____ D.O.B. _____

Family Contact Phone Number: _____

Name of EIOD: _____

Initial IFSP From: _____ To: _____

Type of Service (s)	Provider Agency	Freq/Duration	Location	Therapist's Name (If known)	Effective Date (DOH use)

Ongoing Service Coordinator Name: _____

Agency: _____

If services are not in place within 30 days, state reason (s):

Signature of Agency/OSC making confirmation: _____

Date: _____

Nassau County Department of Health Early Intervention Program Make-Up Policy & Billing Regulations

Child's Name: _____

DOB: _____

REPORTING ABSENCES

Providers

The service provider should report, in writing, to the child's on-going service coordinator (OSC), any absences of five (5) consecutive sessions. The OSC will communicate with the family to find out the cause of the absences and determine if adjustments to the child's services are indicated. Any changes to the child's services must be discussed with and approved by the EIOD, and documented by an amendment to the child's IFSP.

Parent/Caregiver

Parents/Caregivers should notify the provider of service as soon as an illness is recognized in order for the service provider to rearrange her/his schedule. Please be advised that if the service provider arrives at your home and the session is cancelled at the door; **the provider will not be reimbursed.**

If your child is attending a center based program you must notify both the agency and the bus company that your child will not be attending school that day. You must call the bus company as soon as possible.

MISSED INDIVIDUAL SESSIONS

The IFSP team will discuss the appropriate number of makeup sessions indicated for each individual child/family. Individual sessions, which are missed for the following reasons: illness of child/family member, illness of therapist, inclement weather, therapist vacation time; may be made up **only within two weeks of the missed session.** There are no make-up sessions for family vacations and scheduled agency closings (agencies must provide a calendar prior to initiation of services.) If a family discharges a therapist (s), any missed sessions that result will NOT be made up. Make-ups are subject to provider availability and are NOT mandatory.

EXTENDED ABSENCES

Extended absences must be discussed with the OSC/EIOD. The municipality may close a child's IFSP during extended absences. Upon the child's return a meeting will be held and a new IFSP will be developed. The municipality will assign service providers. **NOTE: The assigned providers will not necessarily be the same therapists who previously worked with the child.** The municipality may request an additional MDE if eligibility is questionable.

SCHEDULING OF MAKE-UP SESSIONS

When scheduling this type of session, the therapist and family must keep in mind the Early Intervention Billing Regulations:

- 1) Children receiving Early Intervention services may not have more than one (1) session of the same discipline on the same day; therefore, make-up session may not be held on the same day as a regularly scheduled session of the same discipline.
- 2) Children receiving Early Intervention services may not receive more than three (3) different individual home/community based services or three (3) individual office/facility based services in one (1) day.
- 3) Regularly scheduled Early Intervention therapy sessions may not be extended for the purpose of making up a missed session.
- 4) Make ups for missed Early Intervention sessions (individual or group) must be clearly indicated as such on the Attendance Sheet for the child in order for the provider to receive payment.
- 5) The week in Early Intervention starts on Sunday and runs through Saturday.
- 6) No make-ups may be scheduled prior to a missed session.
- 7) No make-ups may be scheduled prior to the actual date of initiation of services.
- 8) Make-ups cannot carry over to a new IFSP period.

Parents/Caregivers will be asked to sign attendance sheets to verify the dates and times therapists are in your home; please always verify what you are signing, as this is a legal document. By signing this document you are affirming the accuracy of the attendance sheet. If you have questions or concerns about your attendance sheet, please contact either your on-going service coordinator or the EIOD.

This policy has been reviewed with me on: _____

Parent/Caregiver Signature

Initial Service Coordinator /EIOD Signature

NASSAU COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRAM
60 Charles Lindbergh Blvd., Suite 100
Uniondale, NY 11553-3683

(Please Type) 6 MONTH PROGRESS REPORT

Date of Report ____/____/____

OSC: _____
EIOD: _____

PLEASE CHECK IFSP PERIOD						
<input type="checkbox"/>]6 Mo	<input type="checkbox"/>]12 Mo	<input type="checkbox"/>]18 Mo	<input type="checkbox"/>]24 Mo	<input type="checkbox"/>]30 Mo	<input type="checkbox"/>]36 Mo	<input type="checkbox"/>]Discharge

Child's Name: _____	Therapist: _____
D.O.B.: ____/____/____ Age: ____ Adjusted Age: ____	License #: _____
IFSP Period: ____/____/____ to ____/____/____	Discipline/Service: _____
Frequency/Duration: _____	Agency: _____

1. Progress Summary (includes):

a) Strategies and treatment used to address current IFSP goals – (Note if they have been attained, are emerging or not yet reached.) -

b) When & how do you communicate with team members & how often

c) Formal assessments of child's current level of functioning; (include test results) -

2. Therapeutic Plan:

a) Outcomes/long term goals -

b) *Measures of success/short term objectives – report on data and programming.*

3. Family/Caregiver Plan:

a) *Specific suggestions/recommendations for family/caregiver to facilitate attainment of goals -*

b) *Describe family/caregiver involvement –*

(If applicable)

Date of discharge: ____/____/____

Therapist Signature _____

Date: ____ / ____ / ____

Signature & Title _____

(Person Reviewing Report)

Date: ____ / ____ / ____

Positive Connections from EI to CPSE

What happens when my child turns 3?



Nassau County Department of Health

This brochure was developed by the Transition Committee of the Nassau County Local Early Intervention Coordinating Council (LEICC). Information is accurate as of 01/08.

What types of programs and services are available through CPSE?

- Related Services only
- Special Education Itinerant Teacher
- Related Services in combination with a Special Education Itinerant Teacher
- Special Class in an Integrated Setting
- Special Class

The CPSE must always consider delivering services in the Least Restrictive Environment (LRE) appropriate to the child. This means children with disabilities should be educated with children who are non-disabled, as much as possible.

What is an Individual Education Program (IEP)?

If it is determined that your child is eligible for pre-school special education program or services, an IEP will be developed by the CPSE. The IEP specifies the goals and objectives, and special education programs and services necessary to meet the unique needs of your child. It also specifies the frequency and duration of services.

Will my child be labeled?

Your child, if eligible for preschool special education services, will be classified as a "Preschool Student with a Disability." If your child no longer needs services, he/she will be declassified.

EI5311.P 01/08

When will my child's IEP be reviewed?

Your child's IEP must be reviewed at least annually. In addition, you, the school district or the service provider may request a meeting at any time to review or change the IEP.

When are services through the CPSE provided?

CPSE services are 10 months, September through June, unless the child meets New York State Education criteria for 12 months, which includes July and August.

What happens when my child turns age five?

If children continue to need special education services when he/she turns five years of age, they may be referred to the Committee on Special Education (CSE) within your school district.

For further information on the transition process contact your service coordinator at:

Nassau County Department of Health

Early Intervention Program

60 Charles Lindbergh Avenue

Uniondale, NY

(516) 227-8661

Or

Nassau Early Childhood Direction Center

(516) 364-8580

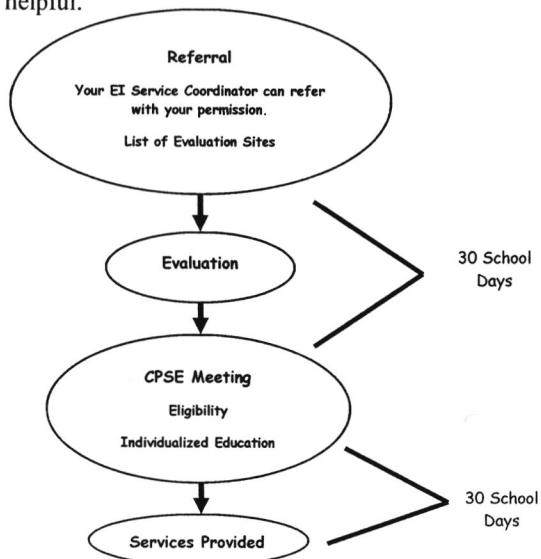
What is Transition?

Currently your child is receiving services through the Early Intervention Program (EIP). When your child approaches age three, the determination of his/her program and where services are provided become the responsibility of your school district through the Committee on Preschool Special Education (CPSE). Transition is the process that may include changes in the location, and types of programs, therapists, and priorities for your child. Your EI Service Coordinator will help facilitate this transition. Please keep in mind that this transition must be completed within the specified time in order to prevent a gap in services for your child. Once this transition is complete your EI Service Coordinator will no longer be working with your family.

What is CPSE?

Each school district in New York State must have a Committee on Preschool Special Education (CPSE) with a chairperson. If you suspect your child may have a problem, you can refer your child to the CPSE.

Preschool special education includes evaluation and a variety of special services. There are many choices about where and how special services can be provided. **You have a say in what happens.** The special services your child receives are developed by the CPSE. The Committee consists of you, the chairperson from the school district, a representative from the county where you live, someone who evaluated your child or can interpret the evaluation, teachers and an appointed parent from your district. You can bring along anyone else you think can be helpful.



The CPSE, upon receiving your written consent, will arrange for a comprehensive evaluation for your child. Once the evaluation for your child is completed, the CPSE Chairperson will convene a meeting to determine whether or not your child is eligible for preschool special education services and, if eligible, an **IEP** will be written. At least five days prior to the meeting you will receive an invitation to attend. If you are unable to attend you can request that the meeting be rescheduled at a time when you will be able to attend. If you decide you do not wish to attend the meeting it will still be held. If your child is found eligible for preschool special education services, you may elect to have your child remain in the EIP until your child ages out. If your child is found ineligible for preschool special education services, your child's EI services will end the day before your child's third birthday.

Who may be present at the CPSE meeting?

- You the parent/caregiver and anyone you wish to invite
- The CPSE Chairperson
- A parent member
- A representative from Nassau County
- Your EI Service Coordinator Representative
- A regular education teacher

What if I disagree with the CPSE?

You have legal rights called "due process." Your CPSE Chairperson will provide you with a written description of these rights.

What is a CPSE evaluation?

Evaluation refers to a careful examination of a child's skills, strengths and weaknesses to determine current levels of functioning and how best to plan for the child. The evaluation consists of gathering information through observation, family interviewing, and standardized testing.

Testing: The assessment includes all areas of development:

Motor-moving, using his/her body

Cognition-thinking, problem solving, pre-academics

Speech/language-talking, understanding, communicating

Adaptive-self-help in areas like dressing and eating

Social/emotional-getting along with others, coping, play skills

Physical-general health overview.

The evaluation should give a clear idea about how a child is functioning in the key areas of development. What can he/she do? What do you as a parent want for him/her?

The initial CPSE evaluation is comprehensive. It includes a psychological evaluation, social history, observation of child in classroom or other social setting and other evaluations necessary to determine your child's eligibility for services. Your school district will provide you with a list of approved evaluators.

Where can preschool children receive their services?

- Home
- Nursery School/Day Care
- Therapy Office
- Special Education Preschools

If your child is eligible, there are service options available for preschoolers with a disability. The IEP, as written by the CPSE committee, will choose from the following:

1. Related Services:

The therapist works with the child a specified number of times each week, and also interacts with the family and the staff of any typical program the child might attend. The therapy(ies) (such as physical, speech or occupational) can be provided at any of the sites above.

2. Special Education Itinerant Teacher (SEIT):

This option provides a child with the services of a special education teacher. The SEIT will work with the child and family or program at least 2 hours each week. Some children in this model also receive other related services.

3. Special Class in an Integrated Setting (SCIS):

In this model, a child with special needs is placed in a class that contains both typical children and other children with special needs. There is a special education teacher, a regular preschool or day care teacher and assistants involved with the children throughout their educational program. Usually there are between 15-20 children in the class. The related service staff are involved as required by the **IEP**.

4. Special Class:

This is a class of no more than 12 children, all of whom have special needs. It is staffed by a special education teacher and one or more assistants. Related services staff meet with each child as prescribed in his/her **IEP**.

**NASSAU COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRAM**

60 Charles Lindbergh Blvd., Suite 100
Uniondale, NY 11553-3683

APPENDIX J

EIOD:

**APPLIED BEHAVIORAL ANALYSIS
TEAM LEADER 6 MONTH PROGRESS REPORT**

(Please Type)

Date of Report ____/____/____

PLEASE CHECK IFSP PERIOD

6 Mo 12 Mo 18 Mo 24 Mo 30 Mo 36 Mo Discharge

Child's Name: _____ Team Leader: _____

D.O.B.: ____/____/____ Age: ____ Adjusted Age: ____ License #: _____

IFSP Period: ____/____/____ to ____/____/____ Discipline/Service: _____

Frequency/Duration: _____ Agency: _____

1. Progress Summary (includes):

a) Describe teaching methodologies used to address current IFSP goals – (Note if they have been attained, are emerging or not yet reached.):

b) When & how do you communicate with team members & how often – include interaction w/related service providers:

APPLIED BEHAVIORAL ANALYSIS
TEAM LEADER 6 MONTH PROGRESS REPORT

Team Leader Name:	Child's Name:
	EIOD:

c) *Formal assessments of child's current level of functioning (include test results):*

2) Therapeutic Plan:

a) *Outcomes/long term goals:*

b) *Measures of success/short term objectives – report on data and programming:*

(If applicable)

Date of Discharge: _____ / _____ / _____

Team Leader's Signature: _____

Date: _____ / _____ / _____

Signature & Title: _____

Date: _____ / _____ / _____

Person Reviewing Report

**NASSAU COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRAM**

60 Charles Lindbergh Blvd., Suite 100
Uniondale, NY 11553-3683

APPENDIX J

EIOD:

**APPLIED BEHAVIORAL ANALYSIS
TEAM LEADER PROGRESS REPORT
FAMILY TRAINING**

PLEASE CHECK IFSP PERIOD

6 Mo 12 Mo 18 Mo 24 Mo 30 Mo 36 Mo Discharge

(Please Type)

Only Original Forms will be Accepted

Date of Report:

Child's Name	Date of Birth:	CA:	AA:
IFSP Period:	FREQ/DURATION:		
Provider/(Agency Name) & Discipline:			
Team Leader Name/Title:	License #		
Team Leader Signature:			

Family/Caregiver Plan:

a. *Specific suggestions/recommendations for family/caregiver to facilitate attainment of goals:*

b. *Describe family/caregiver involvement:*

(If applicable) Date of Discharge: _____ / _____ / _____

Signature & Title: _____

(Person Reviewing Report)

Date: _____ / _____ / _____

**NASSAU COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRAM**

60 Charles Lindbergh Blvd., Suite 100
Uniondale, NY 11553-3683

APPENDIX J

EIOD:

APPLIED BEHAVIORAL ANALYSIS
TEAM MEMBER PROGRESS REPORT

PLEASE CHECK IFSP PERIOD

6 Mo 12 Mo 18 Mo 24 Mo 30 Mo 36 Mo Discharge

(Please Type)

Only Original Forms will be Accepted

Date of Report:

Child's Name	Date of Birth:	CA:	AA:
IFSP Period:	FREQ/DURATION:		
Provider/(Agency Name) & Discipline:			
Name/Title of Person Completing Report:		License #:	
Signature of Person Completing Report:		<input type="checkbox"/> Team Leader	

PROGRESS TO DATE (What is specific to your sessions; include behavioral observations and interaction with family.)

Signature and title of person reviewing report _____

NASSAU COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRAM

APPENDIX J

60 Charles Lindbergh Blvd., Suite 100
Uniondale, NY 11553-3683

(Please Type)

6 MONTH PROGRESS REPORT

Date of Report ___/___/___ OSC: _____

OSC Phone: _____

EIOD: _____

PLEASE CHECK IFSP PERIOD

6 Mo 12 Mo 18 Mo 24 Mo 30 Mo 36 Mo Discharge

Child's Name: _____ Therapist: _____

D.O.B.: ___/___/___ Age: ___ Adjusted Age: ___ License #: _____

IFSP Period: ___/___/___ to ___/___/___ Discipline/Service: _____

Frequency/Duration: _____ Agency: _____

1. Progress Summary (includes):

a) Strategies and treatment used to address current IFSP goals – (Note if they have been attained, are emerging or not yet reached.) -

b) When & how do you communicate with team members & how often

c) Formal assessments of child's current level of functioning; (include test results) -

2. Therapeutic Plan:

a) *Outcomes/long term goals -*

b) *Measures of success/short term objectives – report on data and programming.*

3. Family/Caregiver Plan:

a) *Specific suggestions/recommendations for family/caregiver to facilitate attainment of goals -*

b) *Describe family/caregiver involvement –*

(If applicable)

Date of discharge: ____/____/____

Therapist Signature _____

Date: ____ / ____ / ____

Signature & Title _____

(Person Reviewing Report)

Date: ____ / ____ / ____