

The logo for Arizona Child Find is centered on a yellow-to-orange gradient background. The text "Arizona" is in a blue, serif font at the top. Below it, "CHILD" and "FIND" are in a larger, blue, bold, sans-serif font, stacked vertically. The entire logo is enclosed in a thick blue rectangular border.

Arizona CHILD FIND

“The Doctor Said My Child is Fine”

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SAzAEOYC Conference December 7, 2019



www.azed.gov/special-education/az-find

Questions and Answers about Child Find

The Individuals with Disabilities Education Act of 2004 (IDEA '04) and the Arizona Administrative Code (AAC) define child find requirements to ensure eligible infants, toddlers, preschoolers, and school-aged children have access to early intervention or special education and related services.

Responsibilities

- 1. What is a public education agency's (PEA) "child find" responsibility?**
PEAs are required to establish, implement, and disseminate to their school-based personnel and all parents within the PEA's boundaries of responsibility written procedures for the identification and referral of all children with disabilities aged birth through 21, regardless of the severity of their disability.
- 2. What additional child find activities are the responsibilities of a unified school district, elementary school district, or union high school district?**
PEAs will identify, locate, and evaluate all children with disabilities within their geographic boundaries of responsibility who are in need of special education and related services, including children who highly mobile, such as migrant or homeless students, wards of the state, private school and homeschool students, regardless of the severity of their disability, and students who are suspected of being children with a disability and in need of special education, even though they are advancing from grade to grade. For infants and toddlers aged birth to 2 years 10 ½ months, PEAs should use the referral form located on the AZ FIND website to refer the child to the Arizona Early Intervention Program (AzEIP).
- 3. What child find activities are the responsibilities of charter schools?**
For a school-aged child (grades K through 12), the charter school in which the student is enrolled is accountable for child find activities. It is the school's responsibility to identify and evaluate students with disabilities, including children who are suspected of being children with a disability and in need of special education, even though they are advancing from grade to grade. For infants and toddlers aged birth to 2 years 10 ½ months, the charter school should refer the child to AzEIP. For a child aged 2 years 10 ½ months to 5 years, the charter school should refer the child to the child's district of residence. The referral form is located on the AZ FIND website.
- 4. What is the PEA's obligation for students transferring from another PEA?**
The PEA shall review enrollment data and educational performance in the prior PEA. If there is a history of special education for a student not currently eligible for special education or of poor progress, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services.
- 5. Who is responsible for child find activities for school-aged students who attend private schools?**
The school district within whose boundaries the *non-profit* private school is located is responsible for child find activities. The school district responsible for child find activities for students placed by their parents in a *for-profit* private school is the district of residence.

6. Who is responsible for child find activities for preschool-aged children?

All preschool-aged children are referred to the unified or elementary school district of residence for child find services, including children who attend private preschools regardless of where the school is located. Union high school districts and charter schools should use the referral form located on the AZ FIND website to refer the child to the district of residence.

7. Who is responsible for child find activities for the student who is homeschooled?

The school district within whose boundaries the homeschooled student resides is responsible for child find activities.

8. Who is responsible for child find activities for students in secure care facilities?

Minor-aged students in secure care facilities are the responsibility of the secure care facility for all educational needs. Students who are the age of majority and attend an educational program in a secure facility are the responsibility of that secure care facility.

9. Does the PEA have to maintain documentation of child find activities?

Yes, the PEA is required to maintain documentation of identification procedures, dates of entry into school, or notification by parents of concerns regarding developmental or education progress by their child, and dates of screening in the student's permanent records.

10. Are PEAs required to document that all school-based staff have reviewed written child find procedures?

Yes. The PEA will require all school-based staff to annually review written procedures related to child identification and referral. The PEA must maintain documentation of staff review.

Screening

11. Who may refer a child for screening?

Anyone who has concerns about a child's development or academic achievement may refer the student for screening (i.e., parents, family members, or school staff).

12. What are the components of screening?

Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening may also include observations, family interviews, review of medical, developmental, or educational records, or the administration of an instrument identified by the test publisher as appropriate for use as a screening tool. Screening does not include detailed individualized comprehensive evaluation procedures.

13. What is the time frame for conducting screening for possible disabilities?

Screening shall be completed within 45 calendar days after entry into preschool, kindergarten, or for newly enrolled school-aged children without appropriate records of screening, evaluation, or progress in school. Screening is also required after receiving parent notification of a possible disability for children aged 3 through 21 years.

14. Does the PEA have to notify parents of a concern resulting from a screening?

Yes, the parents must be notified of any concern found during screening within 10 school days. Additionally, the PEA must include procedures they will utilize to follow up on the student's needs; consideration of screening results could lead to a full and individual evaluation or provision of other services.

References

1. IDEA '04, Parts B and C (34 C.F.R. §§ 300 et seq., 34 C.F.R. §§ 303 et seq.)
2. A.A.C. R7-2-401 (C)(D)
3. *Letter to Smith* (OSEP) December 1, 2006
4. *Letter to Chapman* (OSEP) August 22, 2007

3/2014

Developmental Screening

FACT SHEET

What is child development?

A child's growth is more than just physical. Children grow, develop, and learn throughout their lives, starting at birth. A child's development can be followed by how they play, learn, speak, and behave.

What is a developmental delay? Will my child just grow out of it?

Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in playing, learning, speaking, behaving, and moving (crawling, walking, etc.). A developmental delay is when your child does not reach these milestones at the same time as other children the same age. If your child is not developing properly, there are things you can do that may help. Most of the time, a developmental problem is *not* something your child will "grow out of" on his or her own. But with help, your child could reach his or her full potential!

What is developmental screening?

Doctors and nurses use developmental screening to tell if children are learning basic skills when they should, or if they might have problems. Your child's doctor may ask you questions or talk and play with your child during an exam to see how he or she learns, speaks, behaves, and moves. Since there is no lab or blood test to tell if your child may have a delay, the developmental screening will help tell if your child needs to see a specialist.

Why is developmental screening important?

When a developmental delay is not recognized early, children must wait to get the help they need. This can *make it hard for them to learn when they start school*. In the United States, 17 percent of children have a developmental or behavioral disability such as autism, intellectual disability (also known as mental retardation), or Attention-Deficit/Hyperactivity Disorder (ADHD).

www.cdc.gov/actearly

In addition, many children have delays in language or other areas. But, less than half of children with problems are identified before starting school. During this time, the child could have received help for these problems and may even have entered school more ready to learn.

I have concerns that my child could have a developmental delay. Whom can I contact in my state to get a developmental assessment for my child?

Talk to your child's doctor or nurse if you have concerns about how your child is developing. If you or your doctor think there could be a problem, you can take your child to see a developmental pediatrician or other specialist, and you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older) for help. To find out who to speak to in your area, you can contact the National Dissemination Center for Children with Disabilities by logging on to www.nichcy.org/states.htm. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families at (www.cdc.gov/actearly). If there is a problem, it is very important to get your child help as soon as possible.

How can I help my child's development?

Proper nutrition, exercise, and rest are very important for children's health and development. Providing a safe and loving home and spending time with your child – playing, singing, reading, and even just talking – can also make a big difference in his or her development.

For other ideas of activities to do with your child, and for child safety information, go to www.cdc.gov/ncbddd/child/ and look in the "developmental milestones" section.



Learn the Signs. Act Early.

Hoja informativa sobre el análisis del desarrollo

¿Qué es el desarrollo infantil?

El crecimiento de un niño no es solo de tipo físico. Desde su nacimiento y durante toda su vida los niños crecen, se desarrollan y aprenden. El desarrollo de un niño se puede seguir por la manera en que juega, aprende, habla y se comporta.

¿Qué es un retraso en el desarrollo?

¿Podrá mi hijo superarlo por sí solo?

Ciertas destrezas como dar el primer paso, sonreír por primera vez y mover la mano para decir adiós se denominan indicadores importantes en el desarrollo. Cada niño alcanza estos indicadores importantes en áreas como el juego, el aprendizaje, el habla, la conducta y el movimiento (gatear, caminar etc.). Un retraso en el desarrollo ocurre cuando su hijo no alcanza estos indicadores importantes más o menos al mismo tiempo que otros niños de su misma edad. Si su hijo no se está desarrollando debidamente hay algunas cosas que puede hacer para ayudarlo. Generalmente los niños no superan los problemas de desarrollo por sí solos pero con su ayuda podrá alcanzar su máximo potencial.

¿Qué es el análisis del desarrollo?

Los doctores y enfermeras analizan el desarrollo para determinar si los niños están aprendiendo las destrezas básicas a su debido tiempo o si tienen problemas. Durante el examen, el doctor de su hijo o pediatra puede hacerle preguntas a usted o conversar y jugar con su hijo para observar su forma de aprender, de hablar, de comportarse y de moverse. Como no existe un análisis de sangre o de laboratorio que indique si su hijo tiene un retraso, el análisis del desarrollo determinará si su hijo necesita ver a un especialista.

¿Por qué es importante el análisis del desarrollo?

Cuando no se identifica en un comienzo el retraso en el desarrollo, los niños deben esperar más tiempo para recibir ayuda, lo cual puede dificultar su aprendizaje al ingresar a la escuela. En los Estados Unidos, el 17% de los niños presenta discapacidades en el desarrollo o la conducta tales como: autismo, discapacidad intelectual (también conocido como retraso mental) o trastorno de déficit de atención con hiperactividad (ADHD por sus siglas en inglés). Adicionalmente, muchos niños presentan retraso en el lenguaje y otras áreas.

www.cdc.gov/pronto

Sin embargo, menos de la mitad de los niños con problemas son identificados antes de entrar a la escuela y por consiguiente no reciben la ayuda necesaria que les podría preparar mejor para el ingreso a la escuela.

Me preocupa que mi hijo pueda tener un retraso en el desarrollo. ¿Con quién hablo en el estado en que vivo para que le hagan a mi hijo un análisis del desarrollo?

Hable con su doctor o enfermera si está preocupado por el desarrollo de su hijo. Si usted o su doctor piensan que existe algún problema, puede llevar a su hijo a un pediatra especializado en el desarrollo u otro especialista entrenado en este campo y puede llamar a su agencia local de intervención temprana (para niños menores de 3 años) o su escuela pública (para niños de 3 años o más) para que le presten ayuda. Para averiguar con quién puede hablar en su área puede comunicarse con el Centro Nacional de Información sobre Niños y Jóvenes con Discapacidades (NICHCY por sus siglas en inglés) ya sea en la página de Internet www.nichcy.org/states.htm. Los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés) también tienen enlaces con información para las familias en el sitio electrónico www.cdc.gov/pronto. Si existe algún problema es de suma importancia buscar ayuda para su hijo lo más pronto posible.

¿Cómo puedo ayudar al desarrollo de mi hijo?

La nutrición, el ejercicio y el descanso apropiados son partes muy importantes en la salud y el desarrollo de los niños. Usted también puede tener una gran influencia en el desarrollo de su hijo si le brinda cariño, un hogar seguro y le dedica tiempo ya sea jugando, cantando, leyendo o simplemente platicando.

Para obtener otras ideas sobre actividades que puede realizar con su hijo, así como información sobre la seguridad infantil, vaya a www.cdc.gov/ncbddd/child/ y busque la sección de indicadores importantes ("developmental milestones").



Aprenda los signos. Reaccione pronto.

Child Find Policy & Procedure

POLICY

Each public agency will ensure that all children with disabilities within the boundaries of the public agency, including children with disabilities who are homeless or wards of the State, and children with disabilities attending private schools or home schools, regardless of the severity of their disability, and who are in need of special education and related services are identified, located, and evaluated.

PROCEDURES

Individuals with Disabilities Education Act (IDEA '04)

34 CFR §300.111 Child Find

1) **Unified School Districts, Elementary School Districts, and Union High School Districts** will identify, locate, and evaluate all children with disabilities **within their geographic boundaries** who are in need of special education and related services.

This must include:

- a) Children who are homeless;
- b) Children who are highly mobile, including migrant children;
- c) Children who are wards of the state; and,
- d) Children who are attending private schools or home schools.

Charter Schools will identify, locate, and evaluate all children with disabilities within their population served who are in need of special education and related services.

2) Child find must also include children who are suspected of being children with a disability and are in need of special education, even though:

- a) They are advancing from grade to grade or
- b) They are highly mobile children, including those who are migrant children.

3) Each public agency will maintain a record of children who are receiving special education and related services.

Arizona Administrative Code (AAC)

R7-2-401.C Public Awareness

1) Each public agency shall inform the general public and all parents within its boundaries of responsibility of the availability of special education services for students aged 3 through 21 years *and how to access those services, including information regarding early intervention services for children aged birth through 2 years.*

2) **Unified School Districts, Elementary School Districts, and Union High School Districts** are responsible for public awareness and child find for private schools within their geographic boundaries.

AAC R7-2-401.D Child Identification and Referral

1) Each public agency shall establish, implement, and disseminate to its school-based personnel and all parents written procedures for the identification and referral of all children with disabilities aged birth through 21 years.

Unified School Districts, Elementary School Districts, and Union High School Districts must include children with disabilities attending private schools and home schools, regardless of the severity of the disability.

- 2) Each public agency will require all school-based staff to review the written procedures related to child identification and referral on an annual basis and will maintain documentation of the staff review.
- 3) Identification (screening for possible disabilities) shall be completed within 45 calendar days after:
- a) Entry of each preschool or kindergarten student and any student enrolling without appropriate records of screening, evaluation, and progress in school; or
 - b) Parent notification of concern regarding developmental or educational progress by their child aged 3 through 21 years.
- 4) Screening procedures shall include vision and hearing status and consideration of the following areas:
- a) Cognitive or academic;
 - b) Communication;
 - c) Motor;
 - d) Social or behavioral; and
 - e) Adaptive development.
- 5) For a student transferring in to a school, the public agency shall review enrollment data and educational performance in the prior school. If there is a history of special education for a student not currently eligible for special education or of poor progress, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services.
- 6) If a concern about a student is identified through screening procedures or review of records, the parents of the student shall be notified of the concern within 10 school days and informed of the public agency's procedures to follow up on the student's needs.
- 7) Each public agency shall maintain documentation of the identification procedures utilized, the dates of entry into school or notification by parents of a concern, and the dates of screening. The dates shall be maintained in students' permanent records.
- 8) If the screening indicates a possible disability, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services. A parent or a student may request an evaluation of the student. For parentally placed private school students, the school district within whose boundaries the nonprofit private school is located is responsible for such evaluation.
- 9) If, after consultation with the parent, the public agency determines that a full and individual evaluation is not warranted, the public agency shall provide prior written notice and procedural safeguards notice to the parent in a timely manner.

Childhood Skills Checklist

By 3 months a child usually can

- look toward bright colors and lights
- move eyes in the same direction together
- react to bottle or breast
- react to loud noises or voices
- make a fist with either hand
- grasp hair or toy
- wiggle and kick
- lift head and chest when on stomach
- smile in social interaction
- vocalize and coo

By 6 months, a child usually can

- turn over from stomach to back
- follow moving objects with eyes
- distinguish mother from others
- turn toward source of normal sound
- pick up toy with one hand
- transfer objects from one hand to the other
- play with toes
- help hold bottle during feeding
- recognize familiar persons
- babble

By 9 months, a child usually can

- sit without support
- feed self cracker or cookie
- push away things not wanted
- reach for familiar persons
- roll from back to stomach
- make wide range of vocalizations
- react when called by name

By 12 months, a child usually can

- crawl on hands and knees
- pull to standing position
- walk around furniture or crib while holding on

- drink from a cup
- wave bye-bye and play peek-a-boo and pattycake
- pick up small objects with thumb and index finger
- hold out arms and legs while being dressed
- put objects into container
- stack two blocks
- use five to six words

By 18 months, a child usually can

- walk without support
- enjoy pulling, pushing, and dumping things
- follow simple directions
- pull off shoes, socks, mittens
- enjoy looking at pictures
- keep balance when stepping off low objects
- hold cup by self to drink
- give kisses and hugs
- feed self with spoon
- pick up two small toys in one hand
- talk in single words
- scribble with crayon

By 2 years, a child usually can

- use two to three word sentences
- recognize familiar pictures
- carry an object while walking
- play independently
- enjoy imitating parents
- identify hair, eyes, ears, and nose by pointing
- build a tower of four blocks
- show affection
- sometimes say "no" when interfered with
- kick a ball forward
- show sympathy to other children

Parents are reminded that the checklist above is a guideline.

-
- run well
 - respond to correction
 - take off open coat or shirt without help
 - walk up and down stairs alone
 - turn pages of picture book one at a time
 - follow two-part instructions

At 3 years, a child usually can

- ride a tricycle
- repeat common rhymes
- name at least one color correctly
- use toilet
- help with simple household tasks
- open door by turning knob
- climb on play equipment, ladders, slide
- scribble with circular motion
- play with other children
- stand on one foot without support
- draw or copy vertical lines
- speak and be understood most of the time
- play a role in pretend games
- dress self with help
- walk up and down stairs alternating feet

Parents are reminded that the checklist above is a guideline.



NIDCD Fact Sheet | Hearing and Balance

Your Baby's Hearing and Communicative Development Checklist

Some babies are born with hearing problems. Other children are born with normal hearing and begin to have hearing problems as they grow older.

It's important to know what to expect as your baby grows, because hearing problems can delay the development of voice, speech, and language skills. The checklist at the end of this fact sheet presents the average age by which most babies accomplish a variety of early speech and language skills. Typically, a child may not accomplish all the items in an age category until he or she reaches the upper age in the age range.

Find your child's age range in the checklist. Check "yes" or "no" for each item. After you complete the checklist, if any of the items are checked "no," show it to your child's doctor. Tell the doctor if you think your child has trouble hearing.

Talk to your doctor

If you think your child may have a hearing problem, here are some things that your doctor might ask you about:

- ▶ Do others in the family, including brothers or sisters, have a hearing problem?
- ▶ Did the child's mother have medical problems in pregnancy or delivery (experienced a serious illness or injury or needed drugs or medications)?
- ▶ Was the child born early?
- ▶ How much did the child weigh at birth?
- ▶ Did the child have physical problems at birth?



A 4- to 6-month-old baby with normal hearing development will follow sounds with his or her eyes.

- ▶ Does the child rub or pull on his or her ear(s) often?
- ▶ Has the child ever had scarlet fever?
- ▶ Has the child ever had meningitis?
- ▶ How many ear infections has the child had in the past year?
- ▶ How often does the child have colds, allergic symptoms, or ear infections?

Some words the doctor may use are:

- ▶ Audiogram: a chart that shows how well you can hear.
- ▶ Audiologist: a person who tests and measures hearing.
- ▶ Earache: pain deep inside the ear.
- ▶ Otitis media: middle ear infection.
- ▶ Otolaryngologist: a doctor who treats diseases and problems of the ear, nose, and throat.
- ▶ Otologist: a doctor who treats diseases of the ear.
- ▶ Pediatrician: a doctor who takes care of infants and children and who treats their diseases.
- ▶ Speech-language pathologist: a health professional trained to evaluate and treat people with speech or language disorders.

What are voice, speech, and language?

Voice, speech, and language are the tools we use to communicate with each other.

Voice is the sound we make as air from our lungs is pushed between vocal folds in our larynx, causing them to vibrate.

Speech is talking, which is one way to express language. It involves the precisely coordinated muscle actions of the tongue, lips, jaw, and vocal tract to produce the recognizable sounds that make up language.

Language is a set of shared rules that allow people to express their ideas in a meaningful way. Language may be expressed verbally or by writing, signing, or making other gestures, such as eye blinking or mouth movements.

Birth to 3 Months

YES NO

- Reacts to loud sounds
- Calms down or smiles when spoken to
- Recognizes your voice and calms down if crying
- When feeding, starts or stops sucking in response to sound
- Coos and makes pleasure sounds
- Has a special way of crying for different needs
- Smiles when he or she sees you

4 to 6 Months

YES NO

- Follows sounds with his or her eyes
- Responds to changes in the tone of your voice
- Notices toys that make sounds
- Pays attention to music
- Babbles in a speech-like way and uses many different sounds, including sounds that begin with p, b, and m
- Laughs
- Babbles when excited or unhappy
- Makes gurgling sounds when alone or playing with you

7 Months to 1 Year

YES NO

- Enjoys playing peek-a-boo and pat-a-cake
- Turns and looks in the direction of sounds
- Listens when spoken to
- Understands words for common items such as "cup," "shoe," or "juice"
- Responds to requests ("Come here")
- Babbles using long and short groups of sounds ("tata, upup, bibibi")
- Babbles to get and keep attention
- Communicates using gestures such as waving or holding up arms
- Imitates different speech sounds
- Has one or two words ("Hi," "dog," "Dada," or "Mama") by first birthday

1 to 2 Years

YES NO

- Knows a few parts of the body and can point to them when asked
- Follows simple commands ("Roll the ball") and understands simple questions ("Where's your shoe?")
- Enjoys simple stories, songs, and rhymes
- Points to pictures, when named, in books
- Acquires new words on a regular basis
- Uses some one- or two-word questions ("Where kitty?" or "Go bye-bye?")
- Puts two words together ("More cookie")
- Uses many different consonant sounds at the beginning of words

2 to 3 Years

YES NO

- Has a word for almost everything
- Uses two- or three-word phrases to talk about and ask for things
- Uses k, g, f, t, d, and n sounds
- Speaks in a way that is understood by family members and friends
- Names objects to ask for them or to direct attention to them

3 to 4 Years

YES NO

- Hears you when you call from another room
- Hears the television or radio at the same sound level as other family members
- Answers simple "Who?" "What?" "Where?" and "Why?" questions
- Talks about activities at daycare, preschool, or friends' homes
- Uses sentences with four or more words
- Speaks easily without repeating syllables or words

4 to 5 Years

YES NO

- Pays attention to a short story and answers simple questions about it
- Hears and understands most of what is said at home and in school
- Uses sentences that give many details
- Tells stories that stay on topic
- Communicates easily with other children and adults
- Says most sounds correctly except for a few (l, s, r, v, z, ch, sh, and th)
- Uses rhyming words
- Names some letters and numbers
- Uses adult grammar

This checklist is based upon *How Does Your Child Hear and Talk?*, courtesy of the American Speech–Language–Hearing Association.



National Institute on
Deafness and Other
Communication Disorders



Where can I find additional information about hearing development?

The NIDCD maintains a directory of organizations that provide information on the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. Visit the NIDCD website at <http://www.nidcd.nih.gov> to search the directory.

Use the following keywords to help you find organizations that can answer questions and provide printed or electronic information on hearing development:

- ▶ Audiologist
- ▶ Early identification of hearing loss in children
- ▶ Speech-language pathologists

More NIDCD fact sheets on Hearing and Balance:

- ▶ Communication Considerations for Parents of Deaf and Hard-of-Hearing Children
- ▶ Communication Problems in Children with Autism Spectrum Disorder
- ▶ Speech and Language Developmental Milestones
- ▶ Specific Language Impairment
- ▶ What to Do if Your Baby's Screening Reveals a Possible Hearing Problem

Visit the NIDCD website at <http://www.nidcd.nih.gov> to read, print, or download fact sheets.

For more information, additional addresses and phone numbers, or a printed list of organizations, contact us at:

NIDCD Information Clearinghouse

1 Communication Avenue
Bethesda, MD 20892-3456
Toll-free Voice: (800) 241-1044
Toll-free TTY: (800) 241-1055
Fax: (301) 770-8977
Email: nidcdinfo@nidcd.nih.gov

<http://www.nidcd.nih.gov>

 Follow the NIDCD on Twitter at @NIDCD

The NIDCD supports and conducts research and research training on the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language and provides health information, based upon scientific discovery, to the public.



Your Baby's Hearing and Communicative Development Checklist

NIH Pub. No. 10-4040
Reprinted May 2015