

Appendix 3

**Self-Evaluation Tool for EI Programs: Services for Infants/Toddlers with Sensory Disabilities
(Blind/Visually Impaired, Deaf/Hard of Hearing, or Deaf-Blind)**

The purpose of this tool is to help LLAs and EI agencies evaluate their readiness to support families with newly identified birth-to-three year olds with sensory disabilities. Some programs and counties have well-developed services to support families; others have few specialized resources and may not have had previous experience in serving families of young children who have hearing loss or visual impairment, or a combined vision and hearing loss. Partnering with CDHL, WSSB, and WSDS/Deaf-Blind Project will help LLAs and EI programs determine strengths and needs, and can ensure that appropriate services are located or developed. Programs that complete this self-evaluation will be better prepared to collaborate with CDHL, WSSB, and WSDS.

Services for Infants/Toddlers who are Deaf/Hard of Hearing		Services for Infants/Toddlers who are Blind/Visually Impaired	
<p>KEY: CDHL = WA Statewide Center for Childhood Deafness & Hearing Loss D/HH = Deaf/Hard of Hearing EI = Early Intervention ODHH = Office of Deaf & Hard of Hearing WSDS – Washington Sensory Disabilities Services</p>		<p>KEY: BVI = Blind or Visually Impaired TVI = Teacher of the Visually Impaired, certification from OSPI O&M = Orientation & Mobility Specialist, certification through ACVREP WSSB = Washington State School for the Blind WSDS = Washington Sensory Disabilities Services</p>	
Elements	Examples/Comments	Elements	Examples/Comments
WELL-QUALIFIED STAFF: DHH		WELL QUALIFIED STAFF: BVI	
<p>1. EI program has a collaborative working relationship with a TOD with necessary certification and additional experience and training with infants, toddlers, & families.</p> <p>2. Program staff includes individuals who have completed specialized training in birth-to-three DHH. Additional training in B-3 DHH does not supersede the services of a certified early childhood teacher of the deaf.</p>	<ul style="list-style-type: none"> • Program has staff person with certification as a TOD. • Educational audiologist, speech/language therapist, ASL specialist, or others with additional D/HH training. • Contract with CDHL, local ESD or school district to provide TOD services. • Use of distance technology for joint home visit with EI provider. 	<p>1. EI program has a collaborative working relationship with a TVI with the necessary certification and additional experience/training with children aged B-3.</p> <p>2. EI staff includes individuals who have completed specialized training in BVI. Additional training in B-3 BVI does not supersede the services of a TVI or O&M specialist.</p>	<ul style="list-style-type: none"> • Program has a staff person with certification as a TVI and/or O&M. • Contract with WSSB, local ESD, or school district to provide TVI or O&M services. • Use of distance technology for joint home visit with EI provider.

Elements	Examples/Comments	Elements	Examples/Comments
WELL-QUALIFIED STAFF: DHH (continued)		WELL QUALIFIED STAFF: BVI (continued)	
<p>3. Program staff includes people who are Deaf/Hard of Hearing.</p> <p>4. Staff knows adults, or can access adults, who are D/HH, who communicate via a variety of methods, and who are sensitive to families’ needs and concerns.</p> <p>5. Staff has training in developing cultural competency.</p>	<ul style="list-style-type: none"> • Individuals are staff members, or available on a contractual basis. 	<p>3. EI program staff is knowledgeable about using “3-Prong Screening Tool” to identify concerns regarding vision.</p> <p>4. EI program staff is knowledgeable about identifying cortical visual impairment (CVI).</p> <p>5. EI program staff knows resources to access adults with varying degrees of BVI who are sensitive to family needs and concerns to act as positive mentors.</p> <p>6. Staff has training in developing cultural competency.</p>	<ul style="list-style-type: none"> • EI staff has completed in-service training and participated in professional development opportunities in B-3 BVI. • Agency tracks hours of training/in-service for all staff members on BVI topics. • EI staff completes training on use of “3-Prong Vision Screening Tool” during intake/initial eligibility procedures. • EI staff is able to use “3-Prong Vision Screening Tool” when family has concerns regarding child’s use of vision. • Staff is knowledgeable about risk factors for CVI, including the completion of the CVI screening procedures consisting of “2 questions and 3 observations.” • EI program includes TVI on IFSP team for children with identified CVI when presented with multiple disabilities. <p><u>Adults who are BVI:</u></p> <ul style="list-style-type: none"> • Participate on panel during family support group. • Provide individual support during joint home visit with EI provider. • Consult with team on issues surrounding vision loss.

Elements	Examples/Comments	Elements	Examples/Comments
ACCESS TO PEDIATRIC AUDIOLOGY SERVICES		ACCESS TO PEDIATRIC OPHTHALMOLOGY AND OPTOMETRY	
<p>5. Program services include pediatric audiology to monitor children’s hearing levels (aided and unaided). Services may include fitting and maintaining hearing aids, and determining or referring for cochlear implant eligibility as appropriate.</p> <p><i>(or)</i></p> <p>Program has a <u>referring relationship</u> with pediatric audiology services.</p>	<ul style="list-style-type: none"> • Program has pediatric audiologist/s within agency or on staff. • EI staff partner with pediatric audiologist/s to conduct hearing assessments. • Program has a close working relationship with a nearby pediatric audiologist, to facilitate access to services and to communicate about child’s and family’s needs. 	<p>6. EI program has referring relationship with pediatric ophthalmology and optometry services for diagnostic and monitoring of children’s medical and visual diagnosis.</p>	<ul style="list-style-type: none"> • Staff has knowledge of local and state medical resources in order to refer families if needed for vision concerns. • Staff requests appropriate medical records for information and eligibility requirements. • Staff is able to consult and counsel families in the implementation of doctor’s recommendations such as patching programs and use of corrective lenses.
DEVELOPMENT OF IFSP		DEVELOPMENT OF IFSP	
<p>6. EI/IFSP team includes an early childhood TOD who meets the “Staff Qualifications” of #1.</p> <p>7. Prior to development of IFSP, FRC completes Child Registry form: www.wssb.wa.gov/B3 and contacts Kris Ching as needed: kris.ching@cdhl.wa.gov Phone: 1-360-418-4292</p>	<ul style="list-style-type: none"> • A certified TOD is on the EI team in some capacity when a child has a diagnosed hearing loss. • A certified TOD might participate in initial IFSP development and subsequent review via distance technology. • If a TOD is not providing ongoing services, but consultation, he/she participates in each IFSP meeting (initial and review) to ensure high quality of service to D/HH child and family. 	<p>7. EI/IFSP team includes a TVI/O&M who meets the “Staff Qualifications” of #1.</p> <p>Prior to development of IFSP, FRC completes Child Registry form: www.wssb.wa.gov/B3 and contacts DeEtte Snyder as needed: deette.snyder@wssb.wa.gov Phone: 1-360-947-3305</p>	<ul style="list-style-type: none"> • A certified TVI/O&M is on the EI team in some capacity when child has a diagnosis of BVI. • A certified TVI might participate in initial IFSP development and subsequent review via distance technology. • If TVI is not providing ongoing services, but consultation, he/she participates in each IFSP meeting (initial and review) to ensure high quality of service to child with BVI and family.

Elements	Examples/Comments	Elements	Examples/Comments
SERVICES IN THE FAMILY’S NATURAL ENVIRONMENT(S)		SERVICES IN THE FAMILY’S NATURAL ENVIRONMENT(S)	
<p>8. The majority of family-centered learning takes place in the family’s natural environments.</p> <p>9. Children’s play groups, audiology services, and access to sign language instruction, if desired by the family, are offered in other settings.</p>	<ul style="list-style-type: none"> Natural environments might include: home, childcare setting, home of other family member, church, favorite community places. As needed, services include delivery via distance technology within the family’s home. El program staff shares information with family regarding playgroups or family events for D/HH children being offered community or statewide. 	<p>8. The majority of family-centered learning takes place in the family’s natural environment so that caregivers can learn how to modify daily routines to achieve functional outcomes.</p> <p>9. El staff is knowledgeable about children’s playgroups and parent support groups offered in other settings such as community childcare programs and center-based programs.</p> <p><i>Center-based programs are considered complementary to home-based natural environments.</i></p>	<ul style="list-style-type: none"> Natural environments might include: the home, childcare setting, church, home of other family members, or favorite community place. As needed, services include delivery via distance technology within the family’s home. El program staff shares information with family regarding playgroups or family events for children with BVI being offered in local community or statewide.
COMPREHENSIVE RANGE OF FAMILY SERVICES (DHH)		COMPREHENSIVE RANGE OF FAMILY SERVICES (BVI)	
<p>10. El program Family Resource Coordinators (FRCs) are trained and knowledgeable about the completion of the “Registry Form” to be submitted to the online data base: www.wssb.wa.gov/b3</p>	<ul style="list-style-type: none"> A Registry Form is completed for EACH child with a diagnosis of hearing loss in the program, regardless if the child is receiving services from a TOD. This includes B-3 with a dual hearing loss and visual impairment. 	<p>10. El program Family Resource Coordinators (FRCs) are trained and knowledgeable about the completion of the “Registry Form” to be submitted to the online data base: www.wssb.wa.gov/b3</p>	<ul style="list-style-type: none"> A Registry Form is completed for EACH child with a BVI condition or diagnosis in the program, regardless if the child is receiving vision services from TVI or O&M. This includes B-3 with a dual hearing loss and visual impairment.

Elements	Examples/Comments	Elements	Examples/Comments
COMPREHENSIVE RANGE OF FAMILY SERVICES (DHH) (cont.)		COMPREHENSIVE RANGE OF FAMILY SERVICES (BVI) (cont.)	
<p>11. Program offers a menu of early intervention services designed to support the unique needs of families with infants and toddlers who are D/HH.</p> <p><i>Some services might be delivered via distance technology (e.g., phone, email, Skype, other web-based methods) as needed.</i></p> <p><i>Frequency of support is contingent on needs of child, as well as concerns/priorities of family.</i></p>	<p>A B-3 D/HH specialty program would typically offer many or most of these components:</p> <ul style="list-style-type: none"> • Home visits with an early childhood TOD; joint visits with TOD and team member • Parent support & networking (e.g., “Guide by Your Side”) • Instruction in communication method of family’s choice, including Deaf Culture • Audiology services or partnership with audiologist • Infant-toddler play groups • Opportunities to learn from a variety of adults who are D/HH (e.g., staff, panels, Deaf mentors) • Sibling supports • Partnership with pediatric audiology services 	<p>11. Program offers a menu of early intervention services designed to support the unique needs of families with infants/toddlers who are BVI.</p> <p><i>Some services might be delivered via distance technology (e.g., phone, email, Skype, other web-based methods) as needed.</i></p> <p><i>Frequency of support is contingent on needs of child, as well as concerns/priorities of family.</i></p>	<p>Specialty services for B-3 who are BVI would typically offer many or most of these components (not exhaustive):</p> <ul style="list-style-type: none"> • Home visits with a TVI; joint visits with TVI and a team member • Parent support and networking, including with parents of children with similar etiologies and diagnoses • Supports to learn strategies for development of basic concepts • Supports to enhance social and emotional relationships between child w/ BVI, their families, peers • Supports to learn strategies for development of pre-literacy skills in large print or braille • Supports to learn orientation and mobility skills; independent movement at home, community • Supports to address adaptive or self-help skills such as feeding or sleeping issues • Appropriate toddler play groups • Opportunities to learn from adults who are BVI • Sibling supports • Partnerships with eye care and medical professionals (ophthalmologists, optometrists)

Elements	Examples/Comments	Elements	Examples/Comments
FLEXIBLE POSITIVE SUPPORT FOR COMMUNICATION DEVELOPMENT		COMPREHENSIVE RANGE OF FAMILY SERVICES (BVI) (cont.)	
<p>12.a. Families have opportunities to learn to communicate with child in ways that best match child’s needs as well as family’s goals and priorities; are encouraged to discover what works best for their child and adapt as indicated.</p> <p>12.b. Families have opportunities to learn about communication approaches throughout EI period. Where there is only one program available, it offers supports for various communication approaches via staff skills <i>or</i> by partnering with other agencies.</p>	<ul style="list-style-type: none"> Families have a choice among programs specializing in a communication approach, e.g., ASL-English Bilingual Education, Listening and Spoken Language (LSL), or Signing Exact English (SEE) combined with spoken home language. A program with staff skilled in only one communication system arranges for others with complementary skills to participate in EI services (e.g., a regional service center for the D/HH provides ASL instruction; a LSL program offers consultative support). 	<p>12. EI program staff is knowledgeable about accessing services from the Ogden Resource Center (ORC) at WSSB to obtain materials from the American Printing House (APH) for the Blind.</p>	<ul style="list-style-type: none"> Program holds account with ORC at WSSB. All children who are eligible are registered with ORC at WSSB to access materials from APH through program account administrator.
ASSESSMENT & MONITORING OF CHILD PROGRESS AND OUTCOMES		ASSESSMENT & MONITORING OF CHILD PROGRESS AND OUTCOMES	
<p>13. EI program includes a TOD on the evaluation team for a D/HH child as the program conducts initial child assessment and following ESIT requirements/timelines.</p>	<ul style="list-style-type: none"> Early childhood TOD is notified of initial assessment and is included on evaluation team. If child is identified as D/HH <i>after</i> initial intake and assessment, the TOD assists as soon as possible with interpretation of results and IFSP development. Staff uses appropriate tools (e.g., curriculum-based assessments such as the <i>AEPS, Carolina, or Hawaii</i>) and/or adapts items on standardized tools to yield functional information rather than invalid standardized scores. 	<p>13. EI program includes TVI on the evaluation team for a child with BVI (including those at risk for CVI) as the program conducts initial child assessment and following ESIT requirements/timelines.</p>	<ul style="list-style-type: none"> If diagnosis of BVI is known at intake, TVI is notified of initial assessment procedures and included on evaluation team. If diagnosis of BVI is identified after initial intake and assessment, the TVI assists as soon as possible with interpretation of results and IFSP development. <p style="text-align: right;">(continued)</p>

Elements	Examples/Comments	Elements	Examples/Comments
ASSESSMENT & MONITORING OF CHILD PROGRESS AND OUTCOMES		ASSESSMENT & MONITORING OF CHILD PROGRESS AND OUTCOMES	
<p>14. Program monitors child’s progress on communication skills three to four times yearly, <u>with the goal of performance at a level commensurate with child’s age or cognition, including one month progress for each month in EI.</u></p> <p>15. <u>Based on results of ongoing assessment</u>, staff is open to changing focus of intervention strategies to optimize child’s communication/language development.</p>	<ul style="list-style-type: none"> • Staff uses appropriate tools (e.g., <i>SKI-HI Language Development Scale, MacArthur Communicative Development Inventory, Visual Communication and Sign Language Checklist, Cottage Acquisition Scales of Listening, Language, and Speech</i>) that assess receptive and/or expressive communication and yield age-level equivalents. • Based on child’s progress, the EI team suggests strategies to enhance and support the family’s skills in the area of communication/language. 	<p>14. EI program conducts initial child assessment using tools appropriate for a child with BVI following ESIT requirements/ timelines, understanding that BVI may invalidate results of some standardized tools.</p> <p>15. EI program staff monitors child’s progress on an ongoing basis with input from TVI.</p> <p><i>Frequency of support is contingent on needs of child, as well as concerns/priorities of family.</i></p>	<ul style="list-style-type: none"> • TVI conducts functional vision assessment as part of initial evaluation, or when BVI is detected, to assist team/family with understanding functional use of vision in all areas of development/routines and appropriate development of IFSP with family. • TVI uses CVI Range assessment procedures for children with a diagnosis of CVI or those at risk for CVI. <p>With input from the TVI, staff uses appropriate assessment tools (e.g. CVI Screen & Range, <i>Oregon Project, INSITE</i>, etc.) and/or adapts items on standardized tools to yield functional information rather than a standardized score.</p> <ul style="list-style-type: none"> • TVI assists and supports EI staff in regularly monitoring of child’s progress in all areas with recommendations of strategies/ adaptations for the child’s VI to achieve optimal outcomes. • TVI completes review of functional vision regularly; shares information with program staff.

Elements	Examples/Comments	Elements	Examples/Comments
APPROPRIATE REFERRALS & RESOURCES (DHH/DB)		APPROPRIATE REFERRALS & RESOURCES (BVI/DB)	
<p>16. EI program staff is knowledgeable about the complexity of additional needs that a child who is D/HH might have.</p> <p>17. EI staff refers families to other appropriate local, regional, state, and national resources.</p>	<ul style="list-style-type: none"> • EI staff has knowledge of etiologies associated with hearing loss and other disabilities (e.g., Down syndrome, cytomegalovirus/CMV, CHARGE syndrome). • Families are routinely referred to Genetic Clinics during early intervention. • Families are informed of D/HH resources (e.g., CDHL, WSDS, ODHH/regional service centers for the DHH, annual Spring Family Camp, Infant Early Childhood Conference, National EHDI meeting). • Children who are D/HH are routinely screened and monitored for visual impairment. • Families of children with <i>combined vision and hearing loss</i> are referred to WSDS (Deaf-Blind Project) for additional resources: www.wsdsonline.org 	<p>16. EI program staff is knowledgeable about the complexity of additional needs of a child with BVI.</p> <p>17. EI program staff refers families to other appropriate local, regional, state and national resources.</p>	<ul style="list-style-type: none"> • Staff has knowledge of etiologies of medical conditions correlated with BVI and additional disabilities (such as neurological conditions, Down syndrome, cerebral palsy, CHARGE syndrome, etc.) • Staff has knowledge regarding the risk factors for CVI. • Children with BVI are routinely screened and monitored for hearing loss. • Families of children with combined vision and hearing loss are referred to WSDS and the national deaf-blind registry. • The consulting TVI assists in registering the child with Ogden Resource Center (WSSB) as part of the APH Federal Quota process. • Families are informed of BVI state resources such as Department of Services for the Blind (DSB), Washington Sensory Disabilities Services (WSDS), Washington Talking Book & Braille Library (WTBBL), and Washington State School for the Blind (WSSB). • Families are informed of BVI national web resources such as FamilyConnect.org, NAPVI, and Wonderbaby.org, as well as local state such as the parent Facebook page “Blind Sided in WA.”

Elements	Examples/Comments	Elements	Examples/Comments
PLANNING FOR TRANSITION (DHH/DB)		PLANNING FOR TRANSITION (BVI/DB)	
<p>18. Planning for transition always includes input from a D/HH specialist or CDHL (see p. 1).</p> <p>19. If child has additional needs (e.g., deaf-blindness), an appropriate specialist is on the IEP team.</p>	<ul style="list-style-type: none"> • The TOD on the IFSP team participates in planning transition to preschool. • If possible, the receiving TOD in the child’s home school district (or receiving district) is included also in transition planning. 	<p>18. EI program includes input from TVI during transition planning.</p> <p>19. If child has additional needs (e.g., deaf-blindness), an appropriate specialist is on the IEP team.</p>	<ul style="list-style-type: none"> • The TVI on the IFSP team participates in planning for transition to preschool. • If possible, the receiving TVI in the child’s home school district is also included in transition planning.
<p><u>References</u></p> <p>Joint Committee on Infant Hearing (2013). Supplement to the JCIH 2007 position statement: Principles and guidelines for early intervention after confirmation that a child is deaf or hard of hearing. <i>Pediatrics</i>, 131, e1324-e1349.</p> <p>Moeller, M.P., Carr, G., Seaver, L., Stredler-Brown, A. & Holzinger, D. (2013). Best practices in family-centered early intervention for children who are deaf or hard of hearing: An international consensus statement. <i>Journal of Deaf Studies and Deaf Education</i> (18:4), 429-445.</p>		<p><u>References</u></p> <p>Hatton, D., Anthony, T., Bishop, V., Gleason, D., Greeley, J. C., Miller, T., Moore, S., Riggio, M., Robinson, L., Teplin, S., & Tompkins, C. (2003). <i>Family-centered practices for infants and young children with visual impairments</i>. Position paper of the Division on Visual Impairments, Council for Exceptional Children. Arlington, VA: Council for Exceptional Children.</p>	