

## NIAGARA COUNTY EARLY INTERVENTION PROGRAM Parent/Guardian Participation Guidelines

### PARENT PARTICIPATION:

- I understand that the purpose of the Early Intervention Program is to help me to nurture the development of my child. I recognize this as a partnership in which I play a major role.
- The Early Intervention Program is a voluntary program (unless mandated by proper authority), if I decide to no longer participate in a specific therapy or the program entirely I will let my Service Coordinator know. I understand that I can re-refer my child in the future if needed.
- I can expect that I will be supported and coached by my child's teacher/therapist(s), to learn how to be a teacher of my child and promote his/her development. I can ask for and receive guidance in learning how to use our family's daily routines in helping my child progress.
- If most services are delivered in a child care arrangement for my child, I can expect that the provider will make reasonable efforts to contact me and provide suggestions for carryover activities that will help my child's development.
- I understand that my child and I must be prepared for scheduled therapy sessions (i.e. dressed in daytime clothing at scheduled therapy times).
- ***I understand that my participation will include regular contact (at least monthly) with my service coordinator.*** I understand that in order for my child's services to run as smoothly as possible I will need to return phone calls to my service coordinator and teacher/therapist as soon as possible. I will keep my service coordinator and service providers informed of any changes to address and/or phone number as well as changes to my child's pediatrician and insurance coverage.

### SERVICES:

- I understand the importance of my child receiving the services outlined in the Individualized Family Service Plan (IFSP) to promote his/her development, and for both of us to be present and ready for therapy on all scheduled visit days.
- I understand that my child's eligibility will be assessed and progress towards the outcomes of the IFSP will be measured on a regular basis. When my child reaches age-appropriate skill levels he or she will graduate from that Early Intervention service and possibly the Early Intervention Program, my Service Coordinator (SC) and therapist(s) will discuss plans with me to end services. I will be given information to continue to guide and support my child, even after Early Intervention services have ended.
- I understand that if there will be changes proposed to my child's current IFSP I will receive a letter from the Early Intervention Official (EIO) with the proposed changes. I understand that the proposed changes will go into effect 10 business days from the date of the letter.
- I can expect that at IFSP reviews, the Service Coordinator, Early Intervention Official (Designee), teacher/therapist(s) and I will discuss my child's current level of functioning, priorities and concerns, resources available and progress to insure clear communication for all team members is being met.

### ATTENDANCE:

- If either my child or I cannot participate in the therapy visit due to *illness*, I will call the teacher/therapist before the scheduled visit time. If I do not have a phone at home, I will make plans regarding the use of an alternative phone. If either my child or I cannot participate in a therapy visit because of the *family's schedule*, I will notify the teacher/therapist at the previous visit. I understand that if the teacher/therapist is unavailable, I will be notified as soon as possible.

- If for any reason a therapy visit does not take place, I understand that every reasonable effort will be made to make up the missed visit at a mutually agreeable time. Make-up sessions are available at the individual provider's discretion and as schedules allow.
- I understand that therapy sessions will take place at the scheduled location; any changes in location must be discussed with teacher/therapist(s) ahead of time.
- If my child is asleep during scheduled therapy times, the teacher/therapist can provide a Family Training Service. If therapy is scheduled during a regular nap time I will let my teacher/therapist know and changes to the schedule or provider may result.
- I understand that too many cancellations/missed sessions by my family can limit my ability to help my child's progress. My Service Coordinator will be contacted and a meeting may be scheduled to discuss the cancellations/missed sessions and whether services may need to be changed. This will result in a specific provider discharging my child if more than THREE unplanned cancellations/absences occur within two consecutive months. This may result in my child being put on a wait list for services, or discontinuation of the service entirely.

**ENVIRONMENT:**

- I will refrain from smoking while EI services are being delivered to my child.
- I will provide a hazard free environment for therapy to take place in.
- I understand that a responsible adult must be present at all times during therapy sessions, I *may not* leave my child unattended with the teacher/therapist.
- If my child or family has a communicable disease, I will let my provider know and therapy sessions may be canceled based on the severity of the illness. In certain situations I may need to provide medical clearance before services start again.