

Education Resources for Parents & Caregivers of DCS-Involved Youth



Last updated: 7/1/2024

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Eric J. Holcomb, Governor
Eric Miller, Director

"Children will live in safe, healthy and supportive families and communities."

If you suspect a child is being abused or neglected, call the Child Abuse & Neglect Hotline at (800) 800-5556.

DCS Education Services Resources Tool

July 1, 2024 – As most of you are aware, the Indiana Department of Child Services (DCS) created the Education Services program in August 2012 and has Education Consultants stationed regionally throughout the state. We want to take this opportunity to remind you of this program as well as thank you for your dedication to providing a nurturing environment for children in your home. We appreciate what you do for the children in DCS care, because these children desperately need positive experiences in their lives.

Education Consultants (ECs) work directly with Family Case Managers (FCMs), families, children and schools to ensure that the educational needs of children in DCS care are met. We provide support and collaborative efforts in determining educational best interests for our children, as required per the Every Student Succeeds Act (ESSA). We also help in creating/editing education plans to support children in their school of origin, a seamless transition for students entering new and unfamiliar school environments, and support in determining and/or reviewing special education needs. The overall objective is to facilitate educational success for these children, which will lead to more positive outcomes in their lives. As a part of this, we advise FCMs on education plans for the children they work with, and we offer periodic training sessions for foster parents and local office staff to empower them to be educational champions for the children in their care. We also offer professional development opportunities to school staff at no cost to the school corporation. If there are any questions or conflicts that surface in your schools regarding wards in your care, please remember that we are available as a resource to you and can attend school meetings, case conferences, child and family team meetings etc. if necessary. If you have general questions about DCS you can call your family case manager and they will be happy to assist you, as well.

We have compiled a packet of information that you will find helpful in understanding DCS and how we, as an agency, can work collaboratively with you, your child, and the school placement to support our children's well-being and path to permanency. This packet contains resources and suggestions for parents/caregivers on how to support the educational success of the children in your care.

Thank you, again, for all you do to support the educational stability and success of our children.
Sincerely,

Education Services Division

Indiana Department of Child Services

DCS.Education@dcs.in.gov



DCS Education Services



Examples of How an Education Consultant (EC) Can Help

- Educational Best Interest Determination for the purposes of ESSA compliance
- Understanding education jargon, acronyms, and school procedures
- Reviewing education records
- Partnering with schools to improve behavior concerns
- Setting up transportation to ensure student remains in school of origin
- Assist with missing education files
- Attend CFTMs to discuss education outcomes
- Provide guidance with post high school plans
- Provide educational training for parents/caregiver
- IEP/504 Plan review and recommendations
- Understanding the Response to Intervention (RTI) process.

**DCS Education
Services
Please see the
map on page
5 for your local
EC contact**



**Empowerment
Through Education**
*Living A Dream,
Building A Future*



FCMs will Refer to your Education Consultant (EC) for...

- Early Childhood (pre-K)
- Missing Education Records or Credits
- Request for EC to Attend School Meeting or CFTM
- School Damage Report
- ESSA POC Collaboration/School Transportation
- Academic Issues
- Behavior Issues
- Education Training
- Post High School Plans
- Attendance/Truancy
- IEP/504 Concerns

Indiana Department of Child Services

Education Services



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Region 11



Stacy Edwards

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Regions 14, 15



Janessa Arney

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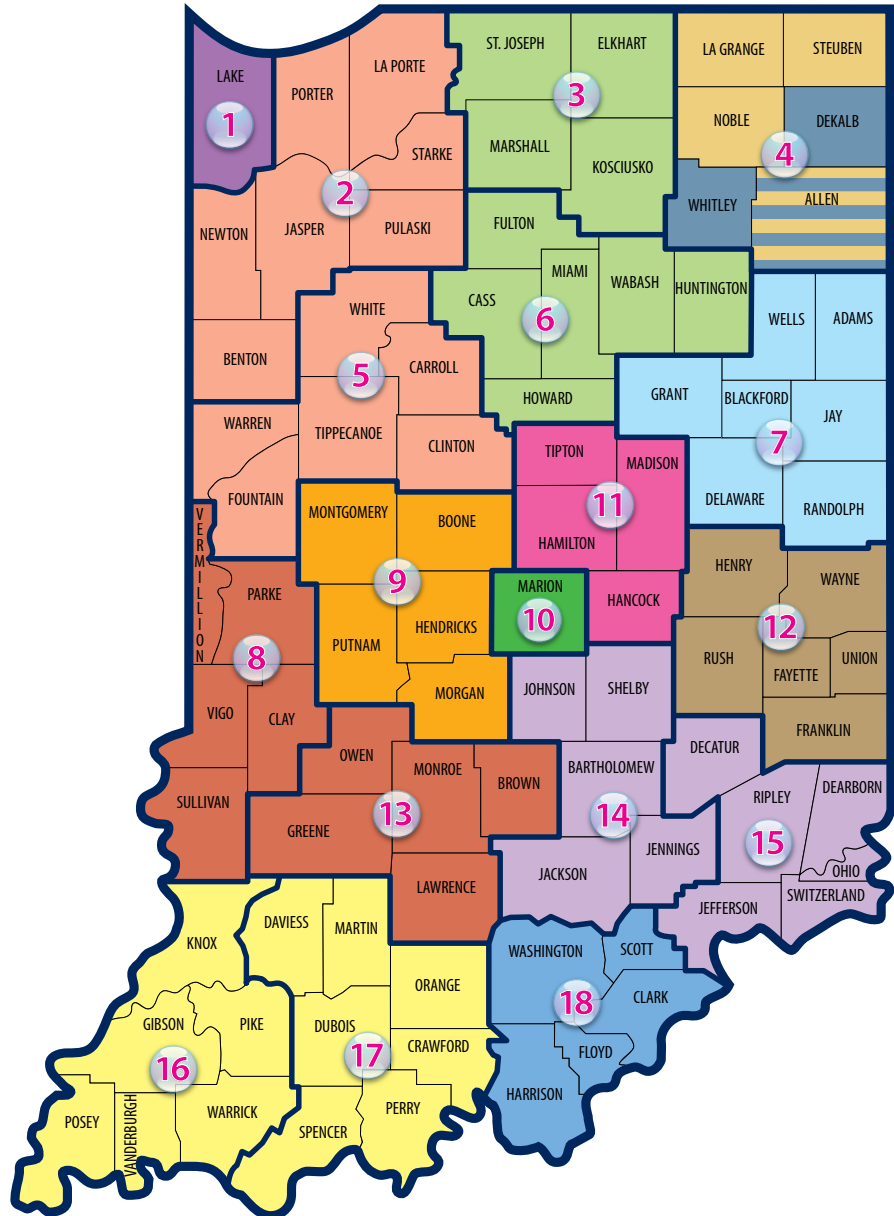
Regions 16, 17



Kelly Hargett

317-260-3718

Region 18



Important Milestones for Your Child

Almost everything your child does can offer a sign of development. Here are some highlights of CDC milestones to be aware of during the first year of development. Get the full milestones by scanning this QR code on your mobile device.



SCAN ME

1-2 Months

- Turns head in direction that cheek is touched
- Able to suck and/or swallow easily
- Startles easily in response to loud noise
- Gaining in length and weight
- Pays attention to someone's face in direct line of sight

3-4 Months

- Makes sounds other than crying
- Holds a rattle and smiles
- Rolls from stomach to back
- Turns head toward bright light and color
- Shows gains in height and weight

4-6 Months

- Reaches for and grasps objects
- Moves toys from hand to hand
- Smiles in response to others
- Rolls from stomach to back and back to stomach
- Balances while sitting for a few seconds

6-9 Months

- Creeps or crawls forward on tummy by moving arms and legs
- Babbles and laughs out loud, plays pat-a-cake and peek-a-boo
- Sits independently
- Turns head to locate sounds
- Shows gains in height and weight

9-12 Months

- Pulls to a stand
- Picks up small objects
- Crawls on hands and knees, walks with both hands held
- Imitates simple sounds, waves "bye-bye"

Don't Wait.

Take advantage of the information and guidance First Steps can provide **today**.

First Steps State Administration
firststeps.in.gov

Toll-free number: 800-545-7763

Email: FirstStepsWeb@fssa.in.gov

The American Academy of Pediatrics recommends* that children be screened for general development using standardized, validated tools at 9, 18, or 30 months and for autism at 18 and 24 months or whenever a parent or provider has a concern.

*<https://pediatrics.aappublications.org/content/145/1/e20193449>

Learn the Signs. Act Early.

Learn the signs of your child's development and act early if you ever have a concern.

To complete a milestone checklist, **download CDC's FREE *Milestone Tracker* app** or visit **cdc.gov/Milestones**, and talk to your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

You know your child best

If your child is not meeting milestones or you are concerned about the way your child plays, learns, speaks, acts, or moves, talk with your child's doctor, share your concerns, and ask about developmental screening. Don't wait.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call for a free evaluation to find out if your child can get services to help:
 - **If your child is under age 3:**
Call your state or territory's early intervention program. Learn more and find the phone number at **cdc.gov/FindEI**.
 - **If your child is age 3 or older:**
Call any local public elementary school.

For more on how to help your child, visit **cdc.gov/Concerned**.

Don't Wait.

Acting early can make a real difference!

For more information about your child's development and what to do if you have a concern, visit:

www.cdc.gov/ActEarly

OR CALL:

**1-800-CDC-INFO
(1-800-232-4636)**

to get help finding resources in your area.

These developmental milestones show what most children (75% or more) can do by each age.



Milestone Moments



Milestones Matter!

Look inside for milestones to watch for in your child and tips for how you can help your child learn and grow.

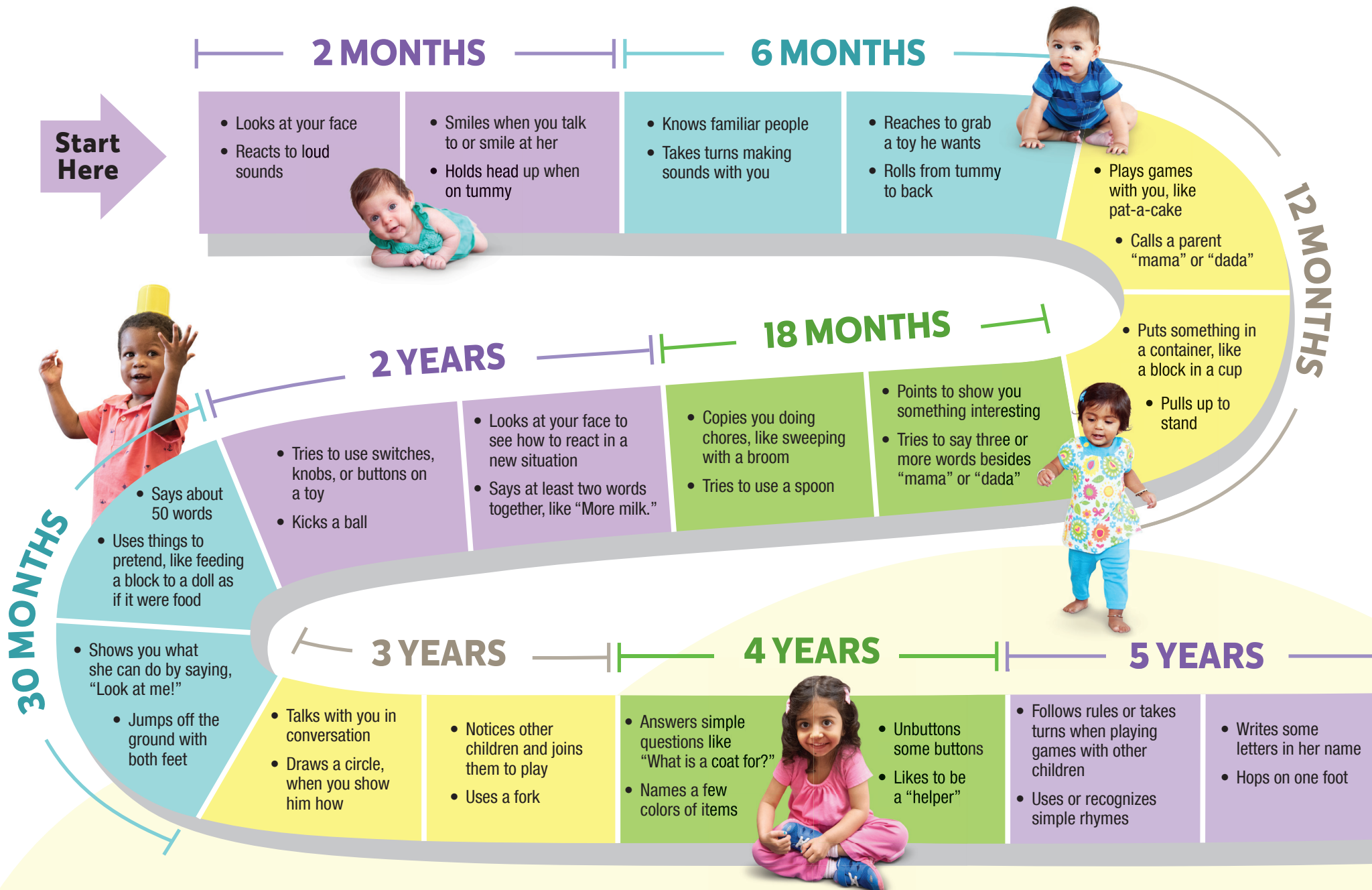


Download CDC's
free *Milestone
Tracker* app



Your Child's Early Development is a Journey

These are just a few of many important milestones to look for. For complete checklists for your child's age visit www.cdc.gov/Milestones or download CDC's free *Milestone Tracker* app.



Your baby at 2 months

Baby's Name _____

Baby's Age _____

Today's Date _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 2 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.



What most babies do by this age:

Social/Emotional Milestones

- ☐ Calms down when spoken to or picked up
- ☐ Looks at your face
- ☐ Seems happy to see you when you walk up to her
- ☐ Smiles when you talk to or smile at her

Language/Communication Milestones

- ☐ Makes sounds other than crying
- ☐ Reacts to loud sounds

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Watches you as you move
- ☐ Looks at a toy for several seconds

Movement/Physical Development Milestones

- ☐ Holds head up when on tummy
- ☐ Moves both arms and both legs
- ☐ Opens hands briefly

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your baby, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

**Don't wait.
Acting early can make
a real difference!**



Download CDC's
free **Milestone
Tracker** app



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns “talking” back and forth in conversation.
- Talk, read, and sing to your baby to help her develop and understand language.
- Spend time cuddling and holding your baby. This will help him feel safe and cared for. You will not spoil your baby by holding or responding to him.
- Being responsive to your baby helps him learn and grow. Limiting your screen time when you are with your baby helps you be responsive.
- Take care of yourself. Parenting can be hard work! It's easier to enjoy your new baby when you feel good yourself.
- Learn to notice and respond to your baby's signals to know what she's feeling and needs. You will feel good and your baby will feel safe and loved. For example, is she trying to “play” with you by making sounds and looking at you, or is she turning her head away, yawning, or becoming fussy because she needs a break?
- Lay your baby on his tummy when he is awake and put toys at eye level in front of him. This will help him practice lifting his head up. Do not leave your baby alone. If he seems sleepy, place him on his back in a safe sleep area (firm mattress with no blankets, pillows, bumper pads, or toys).
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Learn when your baby is hungry by looking for signs. Watch for signs of hunger, such as putting hands to mouth, turning head toward breast/bottle, or smacking/licking lips.
- Look for signs your baby is full, such as closing her mouth or turning her head away from the breast/bottle. If your baby is not hungry, it's ok to stop feeding.
- Do not shake your baby or allow anyone else to—ever! You can damage his brain or even cause his death. Put your baby in a safe place and walk away if you're getting upset when he is crying. Check on him every 5–10 minutes. Infant crying is often worse in the first few months of life, but it gets better!
- Have routines for sleeping and feeding. This will help your baby begin to learn what to expect.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



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free Milestone
Tracker app



Learn the Signs. Act Early.

Your baby at 4 months

Baby's Name _____

Baby's Age _____

Today's Date _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 4 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.



What most babies do by this age:

Social/Emotional Milestones

- ☐ Smiles on his own to get your attention
- ☐ Chuckles (not yet a full laugh) when you try to make her laugh
- ☐ Looks at you, moves, or makes sounds to get or keep your attention

Language/Communication Milestones

- ☐ Makes sounds like "oooo", "aahh" (cooing)
- ☐ Makes sounds back when you talk to him
- ☐ Turns head towards the sound of your voice

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ If hungry, opens mouth when she sees breast or bottle
- ☐ Looks at his hands with interest

Movement/Physical Development Milestones

- ☐ Holds head steady without support when you are holding her
- ☐ Holds a toy when you put it in his hand
- ☐ Uses her arm to swing at toys
- ☐ Brings hands to mouth
- ☐ Pushes up onto elbows/forearms when on tummy

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your baby, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

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a real difference!



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Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns “talking” back and forth in conversation.
- Provide safe opportunities for your baby to reach for toys, kick at toys and explore what is around her. For example, put her on a blanket with safe toys.
- Allow your baby to put safe things in his mouth to explore them. This is how babies learn. For example, let him see, hear, and touch things that are not sharp, hot, or small enough to choke on.
- Talk, read, and sing to your baby. This will help her learn to speak and understand words later.
- Limit screen time (TV, phones, tablets, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Give your baby safe toys to play with that are easy to hold, like rattles or cloth books with colorful pictures for her age.
- Let your baby have time to move and interact with people and objects throughout the day. Try not to keep your baby in swings, strollers, or bouncy seats for too long.
- Set steady routines for sleeping and feeding.
- Lay your baby on her back and show her a bright-colored toy. Move the toy slowly from left to right and up and down to see if she watches how the toy moves.
- Sing and talk to your baby as you help her “exercise” (move her body) for a few minutes. Gently bend and move her arms and legs up and down.

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Learn the Signs. Act Early.

Your baby at 6 months

Baby's Name _____

Baby's Age _____

Today's Date _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 6 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.



What most babies do by this age:

Social/Emotional Milestones

- ☐ Knows familiar people
- ☐ Likes to look at himself in a mirror
- ☐ Laughs

Language/Communication Milestones

- ☐ Takes turns making sounds with you
- ☐ Blows "raspberries" (sticks tongue out and blows)
- ☐ Makes squealing noises

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Puts things in her mouth to explore them
- ☐ Reaches to grab a toy he wants
- ☐ Closes lips to show she doesn't want more food

Movement/Physical Development Milestones

- ☐ Rolls from tummy to back
- ☐ Pushes up with straight arms when on tummy
- ☐ Leans on hands to support himself when sitting

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

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As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Use “back and forth” play with your baby. When your baby smiles, you smile; when he makes sounds, you copy them. This helps him learn to be social.
- “Read” to your baby every day by looking at colorful pictures in magazines or books and talk about them. Respond to her when she babbles and “reads” too. For example, if she makes sounds, say “Yes, that’s the doggy!”
- Point out new things to your baby and name them. For example, when on a walk, point out cars, trees, and animals.
- Sing to your baby and play music. This will help his brain develop.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- When your baby looks at something, point to it and talk about it.
- Put your baby on her tummy or back and put toys just out of reach. Encourage her to roll over to reach the toys.
- Learn to read your baby’s moods. If he’s happy, keep doing what you are doing. If he’s upset, take a break and comfort your baby.
- Talk with your baby’s doctor about when to start solid foods and what foods are choking risks. Breast milk or formula is still the most important source of “food” for your baby.
- Learn when your baby is hungry or full. Pointing to foods, opening his mouth to a spoon, or getting excited when seeing food are signs that he is hungry. Others, like pushing food away, closing his mouth, or turning his head away from food tells you that he’s had enough.
- Help your baby learn she can calm down. Talk softly, hold, rock, or sing to her, or let her suck on her fingers or a pacifier. You may offer a favorite toy or stuffed animal while you hold or rock her.
- Hold your baby up while she sits. Let her look around and give her toys to look at while she learns to balance herself.

To see more tips and activities download CDC’s Milestone Tracker app.

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Learn the Signs. Act Early.

Your baby at 9 months*

Baby's Name _____

Baby's Age _____

Today's Date _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 9 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.



What most babies do by this age:

Social/Emotional Milestones

- ☐ Is shy, clingy, or fearful around strangers
- ☐ Shows several facial expressions, like happy, sad, angry, and surprised
- ☐ Looks when you call her name
- ☐ Reacts when you leave (looks, reaches for you, or cries)
- ☐ Smiles or laughs when you play peek-a-boo

Language/Communication Milestones

- ☐ Makes different sounds like "mamamama" and "babababa"
- ☐ Lifts arms up to be picked up

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Looks for objects when dropped out of sight (like his spoon or toy)
- ☐ Bangs two things together

Movement/Physical Development Milestones

- ☐ Gets to a sitting position by herself
- ☐ Moves things from one hand to her other hand
- ☐ Uses fingers to "rake" food towards himself
- ☐ Sits without support

* It's time for developmental screening!

At 9 months, your baby is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your baby's developmental screening.

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
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For more on how to help your baby, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

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- Repeat your baby's sounds and say simple words using those sounds. For example, if your baby says "bababa," repeat "bababa," then say "book."
- Place toys on the ground or on a play mat a little out of reach and encourage your baby to crawl, scoot, or roll to get them. Celebrate when she reaches them.
- Teach your baby to wave "bye-bye" or shake his head "no." For example, wave and say "bye-bye" when you are leaving. You can also teach simple baby sign language to help your baby tell you what he wants before he can use words.
- Play games, such as peek-a-boo. You can cover your head with a cloth and see if your baby pulls it off.
- Play with your baby by dumping blocks from a container and putting them back in together.
- Play games with your baby, such as my turn, your turn. Try this by passing a toy back and forth.
- "Read" to your baby. Reading can be talking about pictures. For example, while looking at books or magazines, name the pictures as you point to them.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Find out about choking risks and safe foods to feed your baby. Let him practice feeding himself with his fingers and using a cup with a small amount of water. Sit next to your baby and enjoy mealtime together. Expect spills. Learning is messy and fun!
- Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give her a chance to try foods again and again.
- Say a quick and cheerful goodbye instead of sneaking away so your baby knows you are leaving, even if he cries. He will learn to calm himself and what to expect. Let him know when you return by saying "Daddy's back!"

To see more tips and activities download CDC's Milestone Tracker app.

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Download CDC's
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Tracker app



Learn the Signs. Act Early.

Your baby at 12 months

Baby's Name _____

Baby's Age _____

Today's Date _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 12 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.



What most babies do by this age:

Social/Emotional Milestones

- ☐ Plays games with you, like pat-a-cake

Language/Communication Milestones

- ☐ Waves "bye-bye"
- ☐ Calls a parent "mama" or "dada" or another special name
- ☐ Understands "no" (pauses briefly or stops when you say it)

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Puts something in a container, like a block in a cup
- ☐ Looks for things he sees you hide, like a toy under a blanket

Movement/Physical Development Milestones

- ☐ Pulls up to stand
- ☐ Walks, holding on to furniture
- ☐ Drinks from a cup without a lid, as you hold it
- ☐ Picks things up between thumb and pointer finger, like small bits of food

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your baby, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

**Don't wait.
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a real difference!**



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DEDICATED TO THE HEALTH OF ALL CHILDREN®

Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Teach your baby “wanted behaviors.” Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently and give her a hug when she does it.
- Talk or sing to your baby about what you're doing. For example, “Mommy is washing your hands” or sing, “This is the way we wash our hands.”
- Build on what your baby tries to say. If he says “ta,” say “Yes, a truck,” or if he says “truck,” say “Yes, that's a big, blue truck.”
- Redirect your baby quickly and consistently by giving her a toy or moving her if she is getting into things you don't want her to get into. Save “no” for behaviors that are dangerous. When you say “no,” say it firmly. Do not spank, yell, or give her long explanations.
- Give your baby safe places to explore. Baby-proof your home. For example, move sharp or breakable things out of reach. Lock away medicines, chemicals, and cleaning products. Save the Poison Help Line number, 800-222-1222, in all phones.
- Respond with words when your baby points. Babies point to ask for things. For example, say “You want the cup? Here is the cup. It's your cup.” If he tries to say “cup,” celebrate his attempt.
- Point to interesting things you see, such as a truck, bus, or animals. This will help your baby pay attention to what others are “showing” him through pointing.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Give your baby water, breast milk, or plain milk. You don't need to give your baby juice, but if you do, give 4 ounces or less a day of 100% fruit juice. Do not give your baby other sugary beverages, such as fruit drinks, soda, sports drinks, or flavored milks.
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give your baby a chance to try foods again and again.
- Give your baby time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your baby.
- Give your baby pots and pans or a small musical instrument like a drum or cymbals. Encourage your baby to make noise.

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Learn the Signs. Act Early.

Your child at 15 months

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 15 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- ☐ Copies other children while playing, like taking toys out of a container when another child does
- ☐ Shows you an object she likes
- ☐ Claps when excited
- ☐ Hugs stuffed doll or other toy
- ☐ Shows you affection (hugs, cuddles, or kisses you)

Language/Communication Milestones

- ☐ Tries to say one or two words besides "mama" or "dada," like "ba" for ball or "da" for dog
- ☐ Looks at a familiar object when you name it
- ☐ Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, "Give me the toy."
- ☐ Points to ask for something or to get help

Cognitive Milestones

(learning, thinking, problem-solving)

- ☐ Tries to use things the right way, like a phone, cup, or book
- ☐ Stacks at least two small objects, like blocks

Movement/Physical Development Milestones

- ☐ Takes a few steps on his own
- ☐ Uses fingers to feed herself some food

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your child, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

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DEDICATED TO THE HEALTH OF ALL CHILDREN®

Help your child learn and grow

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- Help your child learn to speak. A child's early words are not complete. Repeat and add to what he says. He may say "ba" for ball and you can say "Ball, yes, that's a ball."
- Tell your child the names of objects when he points to them and wait a few seconds to see if he makes any sounds before handing it to him. If he does make a sound, acknowledge him, and repeat the name of the object. "Yes! Cup."
- Find ways to let your child help with everyday activities. Let her get her shoes to go outside, put the snacks in the bag for the park, or put the socks in the basket.
- Have steady routines for sleeping and feeding. Create a calm, quiet bedtime for your child. Put on his pajamas, brush his teeth, and read 1 or 2 books to him. Children between 1 and 2 years of age need 11 to 14 hours of sleep a day (including naps). Consistent sleep times make it easier!
- Show your child different things, such as a hat. Ask him, "What do you do with a hat? You put it on your head." Put it on your head and then give it to him to see if he copies you. Do this with other objects, such as a book or a cup.
- Sing songs with gestures, such as "Wheels on the Bus." See if your child tries to do some of the actions.
- Say what you think your child is feeling (for example, sad, mad, frustrated, happy). Use your words, facial expressions, and voice to show what you think she is feeling. For example, say "You are frustrated because we can't go outside, but you can't hit. Let's go look for an indoor game."
- Expect tantrums. They are normal at this age and are more likely if your child is tired or hungry. Tantrums should become shorter and happen less as he gets older. You can try a distraction, but it is ok to let him have the tantrum without doing anything. Give him some time to calm down and move on.
- Teach your child "wanted behaviors." Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently. Give her a hug when she does it.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Children learn by talking, playing, and interacting with others.
- Encourage your child to play with blocks. You can stack the blocks and she can knock them down.
- Let your child use a cup without a lid for drinking and practice eating with a spoon. Learning to eat and drink is messy but fun!

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Learn the Signs. Act Early.

Your child at 18 months*

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- ☐ Moves away from you, but looks to make sure you are close by
- ☐ Points to show you something interesting
- ☐ Puts hands out for you to wash them
- ☐ Looks at a few pages in a book with you
- ☐ Helps you dress him by pushing arm through sleeve or lifting up foot

Language/Communication Milestones

- ☐ Tries to say three or more words besides "mama" or "dada"
- ☐ Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Copies you doing chores, like sweeping with a broom
- ☐ Plays with toys in a simple way, like pushing a toy car

Movement/Physical Development Milestones

- ☐ Walks without holding on to anyone or anything
- ☐ Scribbles
- ☐ Drinks from a cup without a lid and may spill sometimes
- ☐ Feeds herself with her fingers
- ☐ Tries to use a spoon
- ☐ Climbs on and off a couch or chair without help

* It's time for developmental screening!

At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your child, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

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Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Use positive words and give more attention to behaviors you want to see ("wanted behaviors"). For example, "Look how nicely you put the toy away." Give less attention to those you don't want to see.
- Encourage "pretend" play. Give your child a spoon so she can pretend to feed her stuffed animal. Take turns pretending.
- Help your child learn about others' feelings and about positive ways to react. For example, when he sees a child who is sad, say "He looks sad. Let's bring him a teddy."
- Ask simple questions to help your child think about what's around her. For example, ask her, "What is that?"
- Let your child use a cup without a lid for drinking and practice eating with a spoon. Learning to eat and drink is messy but fun!
- Give simple choices. Let your child choose between two things. For example, when dressing, ask him if he wants to wear the red or blue shirt.
- Have steady routines for sleeping and eating. For example, sit at the table with your child when she's eating meals and snacks. This helps set mealtime routines for your family.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Children learn by talking, playing, and interacting with others. Limit your own screen time when you are with your child so you are able to respond to her words and actions.
- Ask your child's doctor and/or teachers if your child is ready for toilet training. Most children are not successful at toilet training until 2 to 3 years old. If he is not ready, it can cause stress and setbacks, which can cause training to take longer.
- Expect tantrums. They are normal at this age and should become shorter and happen less often as your child gets older. You can try distractions, but it's ok to ignore the tantrum. Give him some time to calm down and move on.
- Talk with your child by facing her and getting down to her eye level when possible. This helps your child "see" what you're saying through your eyes and face, not just your words.
- Start to teach your child the names for body parts by pointing them out and saying things like "Here's your nose, here's my nose," while pointing to her nose and your own.

To see more tips and activities download CDC's Milestone Tracker app.

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Learn the Signs. Act Early.

Your child at 2 years*

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 2. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What most children do by this age:

Social/Emotional Milestones

- ☐ Notices when others are hurt or upset, like pausing or looking sad when someone is crying
- ☐ Looks at your face to see how to react in a new situation

Language/Communication Milestones

- ☐ Points to things in a book when you ask, like "Where is the bear?"
- ☐ Says at least two words together, like "More milk."
- ☐ Points to at least two body parts when you ask him to show you
- ☐ Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Holds something in one hand while using the other hand; for example, holding a container and taking the lid off

- ☐ Tries to use switches, knobs, or buttons on a toy
- ☐ Plays with more than one toy at the same time, like putting toy food on a toy plate

Movement/Physical Development Milestones

- ☐ Kicks a ball
- ☐ Runs
- ☐ Walks (not climbs) up a few stairs with or without help
- ☐ Eats with a spoon

* It's time for developmental screening!

At 2 years, your child is due for an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.



Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

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Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Help your child learn how words sound, even if he can't say them clearly yet. For example, if your child says, "or nana," say "You want more banana."
- Watch your child closely during playdates. Children this age play next to each other, but do not know how to share and solve problems. Show your child how to deal with conflicts by helping her share, take turns, and use words when possible.
- Have your child help you get ready for mealtime, by letting him carry things to the table, such as plastic cups or napkins. Thank your child for helping.
- Give your child balls to kick, roll, and throw.
- Give toys that teach your child how to make things work and how to solve problems. For example, give her toys where she can push a button and something happens.
- Let your child play dress up with grown-up clothes, such as shoes, hats, and shirts. This helps him begin to pretend play.
- Allow your child to eat as much or as little as she wants at each meal. Toddlers don't always eat the same amount or type of food each day. Your job is to offer her healthy foods and it's your child's job to decide if and how much she needs to eat.
- Have steady routines for sleeping and feeding. Create a calm, quiet bedtime for your child. Put on his pajamas, brush his teeth, and read 1 or 2 books to him. Children this age need 11 to 14 hours of sleep a day (including naps). Consistent sleep times make it easier.
- Ask your child's doctor and/or teachers about toilet training to know if your child is ready to start. Most children are not able to toilet train until 2 to 3 years old. Starting too early can cause stress and setbacks, which can cause training to take longer.
- Use positive words when your child is being a good helper. Let him help with simple chores, such as putting toys or laundry in a basket.
- Play with your child outside, by playing "ready, set, go." For example, pull your child back in a swing. Say "Ready, set....", then wait and say "Go" when you push the swing.
- Let your child create simple art projects with you. Give your child crayons or put some finger paint on paper and let her explore by spreading it around and making dots. Hang it on the wall or refrigerator so your child can see it.

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Learn the Signs. Act Early.

Your child at 30 months*

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 30 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- ☐ Plays next to other children and sometimes plays with them
- ☐ Shows you what she can do by saying, "Look at me!"
- ☐ Follows simple routines when told, like helping to pick up toys when you say, "It's clean-up time."

Language/Communication Milestones

- ☐ Says about 50 words
- ☐ Says two or more words together, with one action word, like "Doggie run"
- ☐ Names things in a book when you point and ask, "What is this?"
- ☐ Says words like "I," "me," or "we"

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Uses things to pretend, like feeding a block to a doll as if it were food

- ☐ Shows simple problem-solving skills, like standing on a small stool to reach something
- ☐ Follows two-step instructions like "Put the toy down and close the door."
- ☐ Shows he knows at least one color, like pointing to a red crayon when you ask, "Which one is red?"

Movement/Physical Development Milestones

- ☐ Uses hands to twist things, like turning doorknobs or unscrewing lids
- ☐ Takes some clothes off by himself, like loose pants or an open jacket
- ☐ Jumps off the ground with both feet
- ☐ Turns book pages, one at a time, when you read to her

* It's time for developmental screening!

At 30 months, your child is due for general developmental screening as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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- Encourage “free play,” where your child can follow her interests, try new things, and use things in new ways.
- Use positive words and give more attention to behaviors you want to see (“wanted behaviors”), than to those you don’t want to see. For example, say “I like how you gave Jordan the toy.”
- Give your child food choices that are simple and healthy. Let him choose what to eat for a snack or what to wear. Limit choices to two or three.
- Ask your child simple questions about books and stories. Ask questions, such as “Who?” “What?” and “Where?”
- Help your child learn how to play with other children. Show him how by helping him share, take turns, and use his “words.”
- Let your child “draw” with crayons on paper, shaving cream on a tray, or chalk on a sidewalk. If you draw a straight line, see if she will copy you. When she gets good at lines, show her how to draw a circle.
- Let your child play with other children, such as at a park or library. Ask about local play groups and pre-school programs. Playing with others helps him learn the value of sharing and friendship.
- Eat family meals together as much as you can. Give the same meal to everyone. Enjoy each other's company and avoid screen time (TV, tablets, and phones, etc.) during meals.
- Limit screen time (TV, tablets, phones, etc.) to no more than 1 hour per day of a children's program with an adult present. Children learn by talking, playing, and interacting with others.
- Use words to describe things to your child, such as big/small, fast/slow, on/off, and in/out.
- Help your child do simple puzzles with shapes, colors, or animals. Name each piece when your child puts it in place.
- Play with your child outside. For example, take your child to the park to climb on equipment and run in safe areas.
- Allow your child to eat as much or as little as she wants at each meal. Your job is to offer her healthy foods and it's your child's job to decide if and how much she wants to eat.

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Tracker app



Learn the Signs. Act Early.

Your child at 3 years

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 3. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- ☐ Calms down within 10 minutes after you leave her, like at a childcare drop off
- ☐ Notices other children and joins them to play

Language/Communication Milestones

- ☐ Talks with you in conversation using at least two back-and-forth exchanges
- ☐ Asks "who," "what," "where," or "why" questions, like "Where is mommy/daddy?"
- ☐ Says what action is happening in a picture or book when asked, like "running," "eating," or "playing"
- ☐ Says first name, when asked
- ☐ Talks well enough for others to understand, most of the time

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Draws a circle, when you show him how
- ☐ Avoids touching hot objects, like a stove, when you warn her

Movement/Physical Development Milestones

- ☐ Strings items together, like large beads or macaroni
- ☐ Puts on some clothes by himself, like loose pants or a jacket
- ☐ Uses a fork

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more on how to help your child, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

Don't wait.
Acting early can make
a real difference!



Download CDC's
free **Milestone
Tracker** app



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Encourage your child to solve her own problems with your support. Ask questions to help her understand the problem. Help her think of solutions, try one out, and try more if needed.
- Talk about your child's emotions and give him words to help him explain how he's feeling. Help your child manage stressful feelings by teaching him to take deep breaths, hug a favorite toy, or go to a quiet, safe place when he is upset.
- Set a few simple and clear rules that your child can follow, such as use gentle hands when playing. If he breaks a rule, show him what to do instead. Later, if your child follows the rule, recognize and congratulate him.
- Read with your child. Ask questions, such as "What is happening in the picture?" and/or "What do you think will happen next?" When she gives you an answer, ask for more details.
- Play counting games. Count body parts, stairs, and other things you use or see every day. Children this age are starting to learn about numbers and counting.
- Help your child develop his language skills by speaking to him in longer sentences than his, using real words. Repeat what he says, for example, "need nana," and then show how to use more "grown-up" words by saying, "I want a banana."
- Let your child help with making meals. Give him simple tasks, such as washing fruits and vegetables or stirring.
- Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- Limit screen time (TV, tablets, phones, etc.) to no more than 1 hour per day of a children's program with an adult present. Don't put any screens in your child's bedroom. Children learn by talking, playing, and interacting with others.
- Teach your child simple songs and rhymes, such as "Itsy Bitsy Spider" or "Twinkle, Twinkle, Little Star."
- Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- Encourage your child to play with other children. This helps him learn the value of friendship and how to get along with others.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

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Learn the Signs. Act Early.

Your child at 4 years

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 4. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- ☐ Pretends to be something else during play (teacher, superhero, dog)
- ☐ Asks to go play with children if none are around, like "Can I play with Alex?"
- ☐ Comforts others who are hurt or sad, like hugging a crying friend
- ☐ Avoids danger, like not jumping from tall heights at the playground
- ☐ Likes to be a "helper"
- ☐ Changes behavior based on where she is (place of worship, library, playground)

Language/Communication Milestones

- ☐ Says sentences with four or more words
- ☐ Says some words from a song, story, or nursery rhyme
- ☐ Talks about at least one thing that happened during his day, like "I played soccer."
- ☐ Answers simple questions like "What is a coat for?" or "What is a crayon for?"

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Names a few colors of items
- ☐ Tells what comes next in a well-known story
- ☐ Draws a person with three or more body parts

Movement/Physical Development Milestones

- ☐ Catches a large ball most of the time
- ☐ Serves himself food or pours water, with adult supervision
- ☐ Unbuttons some buttons
- ☐ Holds crayon or pencil between fingers and thumb (not a fist)

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
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Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Help your child be ready for new places and meeting new people. For example, you can read stories or role play (pretend play) to help him be comfortable.
- Read with your child. Ask him what's happening in the story and what he thinks might happen next.
- Help your child learn about colors, shapes, and sizes. For example, ask the color, shapes, and size of things she sees during the day.
- Encourage your child to use "his words" to ask for things and solve problems but show him how. He may not know the words he needs. For example, help your child say, "Can I have a turn?" instead of taking something from someone.
- Help your child learn about others' feelings, and about positive ways to react. For example, when he sees a child who is sad, say "He looks sad. Let's bring him a teddy."
- Use positive words and give attention to behaviors you want to see ("wanted behaviors"). For example, say "You're sharing that toy so nicely!" Give less attention to those you don't want to see.
- Tell your child in a simple way why she can't do something you don't want her to do ("unwanted behavior"). Give her a choice of what she can do instead. For example, "You can't jump on the bed. Do you want to go outside and play or put on some music and dance?"
- Let your child play with other children, such as at a park or library. Ask about local play groups and pre-school programs. Playing with others helps you child learn the value of sharing and friendship.
- Eat meals with your child when possible. Let her see you enjoying healthy foods, such as fruits, vegetables, and whole grains, and drinking milk or water.
- Create a calm, quiet bedtime routine. Avoid any screen time (TV, phone, tablet, etc.) for 1 to 2 hours before bed and don't put any screens in your child's bedroom. Children this age need 10 to 13 hours of sleep a day (including naps). Consistent sleep times make it easier!
- Give your child toys or things that encourage his imagination, such as dress-up clothes, pots and pans to pretend cook, or blocks to build with. Join him in pretend play, such as eating the pretend food he cooks.
- Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.

To see more tips and activities download CDC's Milestone Tracker app.

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Download CDC's
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Tracker app



Learn the Signs. Act Early.

Your child at 5 years

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 5. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- ☐ Follows rules or takes turns when playing games with other children
- ☐ Sings, dances, or acts for you
- ☐ Does simple chores at home, like matching socks or clearing the table after eating

Language/Communication Milestones

- ☐ Tells a story she heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it
- ☐ Answers simple questions about a book or story after you read or tell it to him
- ☐ Keeps a conversation going with more than three back-and-forth exchanges
- ☐ Uses or recognizes simple rhymes (bat-cat, ball-tall)

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Counts to 10
- ☐ Names some numbers between 1 and 5 when you point to them
- ☐ Uses words about time, like "yesterday," "tomorrow," "morning," or "night"
- ☐ Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count)
- ☐ Writes some letters in her name
- ☐ Names some letters when you point to them

Movement/Physical Development Milestones

- ☐ Buttons some buttons
- ☐ Hops on one foot

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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- Your child might start to “talk back” in order to feel independent and test what happens. Limit the attention you give to the negative words. Find alternative activities for her to do that allow her to take the lead and be independent. Make a point of noticing good behavior. “You stayed calm when I told you it’s bedtime.”
- Ask your child what she is playing. Help her expand her answers by asking “Why?” and “How?” For example, say “That’s a nice bridge you’re building. Why did you put it there?”
- Play with toys that encourage your child to put things together, such as puzzles and building blocks.
- Use words to help your child begin to understand time. For example, sing songs about the days of the week and let him know what day it is. Use words about time, such as today, tomorrow, and yesterday.
- Let your child do things for himself, even if he doesn’t do it perfectly. For example, let him make his bed, button his shirt, or pour water into a cup. Celebrate when he does it and try not to “fix” anything you don’t have to.
- Talk about and label your child’s and your own feelings. Read books and talk about the feelings characters have and why they have them.
- Play rhyming games. For example, say “What rhymes with cat?”
- Teach your child to follow rules in games. For example, play simple board games, card games, or Simon Says.
- Create a spot in your home for your child to go to when he’s upset. Stay nearby so your child knows he is safe and can come to you for help calming as needed.
- Set limits for screen time (TV, tablets, phones, etc.) for your child, to no more than 1 hour per day. Make a media use plan for your family.
- Eat meals with your child and enjoy family time talking together. Give the same meal to everyone. Avoid screen time (TV, tablets, phones, etc.) during mealtime. Let your child help prepare the healthy foods and enjoy them together.
- Encourage your child to “read” by looking at the pictures and telling the story.
- Play games that help with memory and attention. For example, play card games, Tic Tac Toe, I Spy, or Hot and Cold.

To see more tips and activities download CDC’s Milestone Tracker app.

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Learn the Signs. Act Early.

Grow Up Healthy!

It is recommended that children have well visits at the milestone ages listed. These visits provide important services like tracking your child's growth and development; immunizations; and the opportunity to ask questions and/or share concerns about your child's physical, mental, and social health.

4-5 years

Immunizations Needed

Diphtheria, Tetanus, and Pertussis DTaP

Polio (IPV)

Influenza (Flu)
Yearly

COVID-19

If not up-to-date

Measles, Mumps, Rubella (MMR)

Varicella (Chickenpox)

5 years

Follows rules or takes turns when playing games with other children

Writes some letters in their name

Counts to 10

Uses or recognizes simple rhymes (bat-cat, ball-tall)

4 years

Likes to be a "helper"

Pretends to be something else during play (teacher, superhero, dog)

Talks about at least one thing that happened during their day, like "I played soccer."

Unbuttons some buttons

2-3 years

Immunizations Needed

Influenza (Flu)
Yearly

COVID-19

If not up-to-date

3 years

Notifies other children and joins them to play

Talks well enough for others to understand, most of the time

Draws a circle, when you show them how

Puts on some clothes by themselves, like loose pants or a jacket

18-23 months

Immunizations Needed

Influenza (Flu)
Yearly

COVID-19

If not up-to-date

Hepatitis A (Hep A)

2 years

Runs

Looks at your face to see how to react in a new situation

Says at least two words together, like "More milk."

Tries to use switches, knobs, or buttons

12-15 months

Immunizations Needed

Diphtheria, Tetanus, and Pertussis (DTaP)

Haemophilus Influenzae Type B (Hib)

Pneumococcal (PCV)

Influenza (Flu)
Yearly

COVID-19

If not up-to-date

Measles, Mumps, Rubella (MMR)

Varicella (Chickenpox)

Hepatitis A (Hep A)

18 months

Scribbles

Points to show you something interesting

Copies you doing chores, like sweeping with a broom

Looks at a few pages in a book with you

15 months

Tries to use things the right way, like a phone, cup, or book

Tries to say one or two words like "ba" for ball or "da" for dog

Points to ask for something or to get help

Takes a few steps on their own

6 months

Immunizations Needed

RSV preventive antibody*

Hepatitis B (Hep B)

Rotavirus (RV)
if brand indicated

Diphtheria, Tetanus, and Pertussis (DTaP)

Haemophilus Influenzae Type B (Hib)

Pneumococcal (PCV)

Polio (IPV)

Influenza (Flu)

COVID-19

12 months

Calls a parent "mama" or "dada"

Waves "bye-bye"

Puts something in a container, like a block in a cup

Pulls up to stand

4 months

Immunizations Needed

RSV preventive antibody*

Rotavirus (RV)

Diphtheria, Tetanus, and Pertussis (DTaP)

Haemophilus Influenzae Type B (Hib)

Pneumococcal (PCV)

Polio (IPV)

6 months

Laughs

Takes turns making sounds with you

Reaches to grab a toy they want

Rolls from tummy to back

2 months

Immunizations Needed

RSV preventive antibody*

Hepatitis B (Hep B)
at birth and at 1-2 months

Rotavirus (RV)

Diphtheria, Tetanus, and Pertussis (DTaP)

Haemophilus Influenzae Type B (Hib)

Pneumococcal (PCV)

Polio (IPV)

4 months

Makes sounds like "oooo", "aahh"

Looks at you, moves, or makes sounds to get or keep your attention

Holds a toy when you put it in their hand

Pushes up onto elbows/forearms when on tummy

2 months

Calms down if spoken to or picked up

Smiles when you talk to or smile at them

Makes sounds other than crying

Opens hands briefly

How tall am I?

What immunizations do I need?

What milestones have I reached?

These developmental milestones show what most children (75% or more) can do by each age. Download CDC's free Milestone Tracker App to see a full list of milestones and complete a checklist for your child's age.

If your child has any medical conditions that put them at risk for infections or is traveling outside the United States, talk to your child's doctor about additional immunizations that they may need.

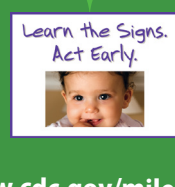
*RSV preventive antibody indicated shortly before or during RSV season if not previously received and mother did not receive RSV vaccine.



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



Download CDC's free Milestone Tracker app



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STRONG MEDICINE FOR AMERICA

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immunizations: <https://bit.ly/immunizations-children>

milestones: www.cdc.gov/milestones

growth charts: www.cdc.gov/growthcharts

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CS347585-A

Concerned about Development?

How to Get Help for Your Child



Talking to the doctor is the first step toward getting help for your child if you are concerned about his or her development (how your child plays, learns, speaks, acts, or moves). **Don't wait.** Acting early can make a real difference!

1 Make an appointment with your child's doctor

- When you schedule the appointment, tell the doctor's staff you have concerns about your child's development that you would like to discuss with the doctor.

2 Complete a milestone checklist

- Before the appointment, complete a milestone checklist by downloading CDC's free [Milestone Tracker mobile app](#) from the App Store or Google Play or printing a paper checklist from www.cdc.gov/Milestones.
- Write down your questions and concerns; take these with you to the doctor's appointment.

3 During the doctor's appointment

- **Show the completed milestone checklist to the doctor**
 - > If your child **is** missing milestones, point them out, and share any other concerns that you have.
 - > If your child **is not** missing milestones but you still have concerns, tell the doctor about them.
- **Ask the doctor for developmental screening for your child**
 - > Developmental screening is recommended whenever there is a concern. It gives the doctor more information to figure out how best to help your child.
 - > For more information about developmental screening, go to www.cdc.gov/DevScreening.
- **Ask the doctor if your child needs further developmental evaluation**
 - > If your child does, ask for a referral and call right away. If you have difficulty getting an appointment, let the doctor know.

4 Make sure you understand what the doctor tells you, and what to do next

- Before you leave the appointment, check the notes you have written and make sure all of your questions have been answered.
- If you do not understand something, ask the doctor to explain it again or in a different way.
- When you get home, review your notes and follow the steps the doctor has given you. Remember, you can always contact the doctor's office if you have any questions.

You Know Your Child Best

If your child's doctor has told you to "wait and see," but you feel uneasy about that advice:

Talk with others (doctor, teacher, another provider) to get a second opinion

AND

Call for a free evaluation to find out if your child can get free or low-cost services that can help.

- **If your child is under age 3:** Call your state's early intervention program. Find the phone number at www.cdc.gov/FindEI.

- **If your child is age 3 or older:** Call the local public elementary school.

You do not need a doctor's referral to have your child evaluated for services.

Find more information, including what to say when you make these important calls, visit www.cdc.gov/Concerned.

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What Is First Steps?

First Steps is Indiana's **early intervention** program for children birth to age 3 who would benefit from additional support to meet their developmental milestones. First Steps supports families and caregivers by helping their children learn and grow through their family's everyday activities. Children learn to build relationships with other children and adults, develop independence, play and grow.

What is early intervention?

Early Intervention describes the services and supports that are available to babies and young children with developmental delays and disabilities and their families. This may include speech therapy, physical therapy, and other types of services based on the needs of the child and family.

Who Is Eligible?

Families with children from birth to their third birthday who:

- Are not reaching appropriate milestones for their age
- Are diagnosed with certain conditions

If you think your child or a child you know may be experiencing **developmental delays**, contact your physician or First Steps for further information and support. The sooner you reach out to First Steps the more we can do for you and your child.

What are developmental delays and disabilities?

Developmental delays and disabilities may include impairment in physical, learning, language or behavior areas. These conditions begin during the developmental period and may impact day-to-day functioning beyond a child's early years.

Getting Started

First Steps is committed to families across Indiana. Here's how you can get started.

Anyone can refer a child to First Steps. Whether you are a parent, family member, service provider, doctor or someone else in a baby's or toddler's life, you can connect that child with First Steps and help them learn and grow. Contact First Steps directly to assess eligibility for your child or a child you know.

If it is determined that a child is eligible and in need of early intervention services after an assessment, a service coordinator will work to get the best available support for your child and family.



Get started by going to our website for more information, FAQs and to find your local First Steps provider.

FirstSteps.in.gov



@FirstStepsIndiana
FirstSteps.IN.gov



The First Steps Are the Most Important

As a parent, you know your child best, but it can be hard to know what to expect in terms of development. First Steps is Indiana's go-to resource to help you through the process.

FirstSteps.IN.gov



What Does First Steps Look Like?

The goal of First Steps is to help Hoosier families make sure their infants and toddlers receive services that work best for their growth and learning along with their family's needs.

We provide services on an individual basis. You and your child are the most important part of the program, and we customize our support services to reflect cultures, priorities and preferred learning styles that best fit your wants and needs. Babies and toddlers develop and learn through meaningful everyday routines with people and places they know. We connect families with services to help wherever it's most convenient and familiar, many times in-home.

"The care and the investment by the individual providers were so child focused, it was a wonderful thing."

Mark, First Steps parent



"The most rewarding thing about First Steps is they help parents see their child for who they really are."

Megan, First Steps parent

Track Your Child's Development

A child's learning and development is most rapid in their first three years of life. That's why it's so important to give your child the best start possible.



SCAN ME

Learn more about **developmental milestones** by scanning this QR code on your mobile device.

What are developmental milestones?

Developmental Milestones are skills children learn as they grow. Children reach milestones in how they play, learn, speak, act, and move.



Parent / Guardian Welcome Packet

Welcome to First Steps!

Your child has been referred to First Steps because of a concern about their development. First Steps believes that you know your child best, and we want you to be in control of decisions that affect them. This welcome packet contains information about the First Steps program to help your family make these choices and start working with us.

Our Mission

First Steps is Indiana's early intervention program. We partner with Hoosier families like yours whose young children are experiencing developmental delays and help connect you with services that help promote your child's development.

How First Steps Helps You

We believe families are the best teachers for their children. That's why we treat you as a partner and the central focus in your child's development.

Your child learns best through everyday activities such as play with familiar people in familiar settings, like your home or child care facility.

First Steps is here to empower your family, providing the right resources to help your child's development. We offer a statewide support network and aim to meet you where you are. Our ever-evolving practices are always based on current evidence and research to better fit your needs!

We're happy to join you on your child's development journey and are here to answer any questions you may have. Please do not hesitate to contact your Service Coordinator with any questions or concerns.

Service Coordinator Name

Phone Number

Email Address

Services

The goal of First Steps is to empower Hoosier families. We want what's best for you and your child and to connect you with a network of support to help your child learn and grow.

The Individualized Family Service Plan (IFSP)

The Individualized Family Service Plan, or IFSP, is the action plan for the services your child and family will receive. Our assessment team and service coordinators work with you and your physician to address concerns about what services will be part of this plan.

First Steps Puts Family First

First Steps always puts the family first. Parents are a child's first and best teacher — the ones who know their child's routines better than anyone. Early intervention is most effective when parents are empowered as equal team members and play an active role in their child's development.

We encourage collaboration. Your provider will work with you to make sure your child is receiving the right care and instruction at every step of the journey.

First Steps Can Help You Connect With:

Audiology

Audiology involves a person trained to test your child's hearing and find out if there is hearing loss, how much of a loss, and what type of loss it is. Audiologists may recommend special equipment such as a hearing aid or other services to support your child's communication development.

Nutrition Services

Nutrition addresses eating habits and feeding skills. Registered Dietitians can help you look at how your child's growth is affected by eating and how to work with concerns like reactions to food texture, food density and weight gain necessary for strong brain development and growth.

Developmental Therapy (DT)

Developmental therapists have a full understanding of child development, learning and behavior. A developmental therapist can design environments and activities that promote your child's development in a variety of areas including cognitive processing, social interaction, language acquisition and challenging behavior.

Occupational Therapy (OT)*

An occupational therapist helps with the coordination of movement needed for feeding, dressing, playing and other fine motor skills. OTs may also have skills to address sensory processing issues.

continued...

Physical Therapy (PT)*

A physical therapist helps your child improve the use of bones, muscles, joints and nerves. The physical therapist will help you plan a therapeutic exercise program and work with your child on range of motion, strength, flexibility and movement.

Psychological Services

Psychological services in early intervention focus on social emotional development. Psychologists can assist you in developing ways to manage your child's behaviors, including counseling, parent coaching and sharing helpful resources.

Social Work Services

Social work is concerned with supporting your family and helping you through life's challenges. Social workers provide family counseling and parent groups and link you with other community resources and supports.

Speech-Language Pathology (SLP)

Speech language pathologists focus on communication or language disorders and delays. SLPs will work with you and your child to improve language and communication skills. They may work with you to develop alternative ways to communicate, such as sign language, pictures or other alternative communication devices. Speech pathologists may also work with how your child uses his or her mouth for feeding and making sounds.

Vision Services

Vision services include identifying a visual impairment, blindness or vision loss that may affect your child's development. Possible intervention services may include an orientation and mobility specialist or blind/low vision specialist who works with you and your child to reach their highest potential.

*Both occupational and physical therapy address physical challenges. While the physical therapist focuses on gross motor skills (the ability to move and use legs, arms and head), the occupational therapist focuses on fine motor skills and self-help skills like dressing, feeding and toileting.

And So Much More

First Steps also connects you with services tailored for your child, such as assistive technology services, diagnostic medical services, health and nursing services, transportation and more. When you work with First Steps, you're connected with a supportive network of professionals across the state.

Procedural Safeguards

Our Vision

First Steps wants all Indiana families to have a strong foundation to advocate for their infants and toddlers to grow and flourish to their highest potential. This is why we work as a team with you and your child, advocating for their development and providing the right services we choose together.

Through teamwork, we will help your child acquire the skills, development and knowledge to thrive and meet their developmental milestones.

Families Always Have Rights

Parents of children in First Steps have many protections under the Individuals with Disabilities Education Act (IDEA). These protections, known as “procedural safeguards,” ensure that you receive information and give your permission before certain activities are carried out, that confidentiality and access to your child and family’s records are protected, and that you have access to multiple methods to address disagreements and disputes that may arise.

1

Families have the right to consent.

Parents can choose to give or withhold permission to participate in services. Our goal is to empower you to make fully informed decisions for your child and family.

2

Families have the right to prior notice.

Parents will be given written notice before key activities or changes in services take place. This ensures you are aware of how we propose to work with you and your child and have time to consider whether you want to proceed.

3

Families have the right to privacy.

Privacy is a top priority for First Steps. Any information that personally identifies you, your child or your family will not be shared outside of the program without first receiving your permission, except where allowed by law.

4

Families have the right to disagree.

We believe that families know their children best. You have the right to disagree, and we will work with you to find new solutions. You also have the right to formal dispute resolution options to address your concerns.

All families working with First Steps are guaranteed these rights by federal law. Your service coordinator will explain your rights throughout your family’s time in the First Steps program and share a more detailed guide to procedural safeguards with you. You are encouraged to review these materials and keep them as resources.

Future Steps

First Steps understands it's difficult for you and your child to leave the program. It can feel like a big change with too many options to choose from when looking to the future.

Luckily, your service coordinator can help you better understand these options and work with you to decide future steps. They will discuss options for future placement, services and support within your community as well as help you and your child prepare for changes. First Steps can even share important information about your child's needs with future providers for better care!

A transition meeting with your service coordinator is very important in determining your child's future with developmental services. We want to ensure that you can make informed choices about the wants and needs of you and your child pertaining to further assistance. This meeting allows for a warm handoff to future providers upon your child's graduation from First Steps. You will make a decision about your child's transition options at this meeting.

Below, we've listed potential options to discuss with your service coordinator at a transition meeting before your child graduates from First Steps on their third birthday.

Public School System

The public school system, starting with preschool, can help further evaluate your child's needs and provide services within the school environment.

- All public school systems offer similar help to First Steps, such as Communication Services, Occupational Therapy, Physical Therapy, transportation and more.

State Resources

The state can work in conjunction with school systems and provide specific services for your child at three years of age. The schools listed below are available to your child depending on determined needs.

- The Indiana School for the Deaf
- The Indiana School for the Blind

Head Start

Head Start is a federal program that promotes the school readiness of children under five. Like First Steps, Head Start is a family-first program.

- Head Start emphasizes the role of parents as their child's first and most important teachers. These programs help build relationships with families that support family well-being and many other areas of development.

Clinic-Based and Home-Based Therapy

Private therapy and development programs can start right after your child graduates from First Steps

No Formal Intervention

First Steps is dedicated to helping families with their transition from our program. At the time of the transition meeting, you may choose not to enroll your child in public preschool special education services. If you decline this smooth transition process between programs and later change your mind, the determination of eligibility and the start of services will not be guaranteed by your child's third birthday.

- Please speak with your service coordinator about the details of each transition and how it affects your family.

Additional Options

You may be interested in investigating other early care and education options in your community such as a parent's day out program, preschool, parent teacher cooperative and child care options.

For more information, you may contact 211 or your local child care resource and referral agency.

Your First Steps Journey

Let's walk through the First Steps journey from start to finish!

1 Referral to First Steps

Anybody can refer a child to First Steps! Families can "self-refer" to First Steps by contacting a system point of entry office directly. However, families may also be referred to the program by pediatricians, child care providers or social services agencies.

2 Intake

A service coordinator will schedule a free assessment and evaluation with a multi-disciplinary team of professionals to identify developmental delays and determine program eligibility. There may be a fee for ongoing services depending on your family's income and insurance. Your service coordinator will work with you to determine if you will have a possible cost participation and what that may mean for you.

3 Connecting With the Team

- A service coordinator will work with you throughout your family's time in First Steps.
- Service coordinators are responsible for communicating with all the various agencies who may provide services for your child and family.

4 Developing a Plan

- The service coordinator, you and those you would like to include (e.g., other family members, child care providers, early intervention providers, etc.) will meet to review the results of the assessment, discuss concerns and priorities and determine your goals for your child, what services will be provided, and where and how progress will be measured.
- This information is compiled and written into the Individualized Family Service Plan (IFSP).

5 Start of Services

- Based on information gathered from your IFSP, First Steps will connect you and your child to the right services in your area to begin early intervention.
- Services should begin soon after your IFSP is developed.

6 Reviewing the Plan

- An IFSP review is conducted every six months and program eligibility is determined annually.
- As your child and family's needs develop and change, so do our services.

7 Future Steps

- As your child meets their developmental milestones or begins nearing their third birthday, First Steps will work with you to find the right services as your child and family transition from the program.
- Your First Steps team will provide information and discuss options for future steps. We are available to assist with the transition to school and community-based settings.



What You Need to Know About Tele-Intervention in First Steps

What is tele-intervention?

Tele-intervention is what we call sessions that take place virtually, with your family in one place and your provider in another. Watch a brief [video](#) here.

Tele-intervention is the term we use to describe an early intervention session that happens remotely through a laptop, tablet, or phone.

Tele-intervention allows providers to continue coaching you to help your child learn and develop, even when the providers aren't physically present. This might be for a session or two due to illness or it might be longer due to other family or system factors. Tele-intervention is a way to keep working on your goals when circumstances don't allow you and your providers to be in the same place.

Tele-intervention is a great option to have. However, if you are struggling with other things, like health challenges or paying bills, don't feel bad about taking a break. *Do what is right for your family and we will be here to support you when you are ready.* Remember, even if you decide to take a break from sessions, you are still a First Steps family and your Service Coordinator is available to help you with any resource needs you may have during this time.

What will happen during a tele-intervention session?

- Your provider may begin by asking you some questions about how things have been going for you and your child. This might include talking about:
 - how your daily routines have or have not changed
 - what new stressors you are experiencing,
 - what strategies have you found useful to help you cope at this time,
 - or what resources would be helpful to you and your family at this time.
- You and your provider may review your IFSP goals to see if those goals still work for you.
- Your provider may observe you and your child doing typical, everyday things. Your provider may ask questions or make suggestions during this time.



- Your provider may offer suggestions for specific things to try at certain times of day (maybe mealtime or bath time) and work with you to problem-solve and plan.
- Each session may end with some time to reflect and review—what did you think worked well? What do you want to work on between now and the next session?



What if my child won't pay attention to someone on a screen?

That's okay! Tele-intervention is NOT about the provider engaging with your child through a screen for the entire session. In fact, tele-intervention is really about the provider and YOU! The provider will spend most of the session asking you questions, making suggestions, letting you try things and offering feedback.

Children will move and play and that's okay. You and your provider will figure out a good place for you to put your screen. You could try "beaming" it onto the TV or stick with the screen on your phone, tablet or iPad. Your child doesn't need to be on the screen the whole time. As long as you and the provider are able to communicate effectively, you'll be fine!

Is it secure?

Your provider will work with you to identify a platform that is secure and works for both of you. Providers will not record tele-intervention sessions.

More questions?

Ask your provider! Tele-intervention is one option to allow you and your provider flexibility. If you choose to try tele-intervention, we are committed to providing you the same high quality services virtually that we do when we are in your home.

See you soon!

First Steps Team

Head Start Approach

 eclkc.ohs.acf.hhs.gov/programs/article/head-start-approach

Head Start programs support children's growth from birth to age 5 through services that support early learning and development, health, and family well-being. Head Start staff actively engage parents, recognizing family participation throughout the program as key to strong child outcomes.

Head Start services are available at no cost to children ages birth to 5 in eligible families. Head Start preschool services work with families with children ages 3 to 5. Early Head Start services work with families with children ages birth to 3, and many also serve expectant families. Many programs operate both Head Start preschool and Early Head Start services. Programs deliver child development services in center-based, home-based, or family child care settings. All Head Start programs continually work toward our mission for eligible children and families to receive high-quality services in safe and healthy settings that prepare children for school and life.



Does my family qualify?

Services for Children and Families

Head Start programs are helping children get [ready to succeed in school](#) and in life through learning experiences tailored to their changing needs and abilities.

Early Learning and Development

Our programs are:

- Building strong relationships as the foundational driver for early learning
- [Engaging families](#) in their child's learning and recognizing parents as a child's first and most influential teacher
- Implementing effective practices to promote children's growth in [five key domains](#): approaches to learning, social and emotional development, language and literacy, cognition, and physical development
- [Encouraging learning](#) through play, creative expression, and guided activities with schedules and lesson plans that include the cultural and language heritage of each child and family in relevant ways

- Creating welcoming [learning environments](#) in indoor and outdoor settings that are well-organized and safe
- Conducting [ongoing screenings and assessments](#) to ensure each child is making progress, and collaborating with parents and community agencies when further assessment is needed
- Supporting the full inclusion of [children with disabilities](#) and building on their strengths

Health and Wellness

Our programs are:

- Engaging all children in both indoor and outdoor [physical activity](#)
- Serving breakfast, lunch, and snacks that are healthy and [nutritious](#)
- Ensuring children receive medical, dental, hearing, vision, and behavioral [screening](#)
- Making sure children brush their teeth after meals and promoting [oral health and hygiene](#)
- Helping families understand and support their child's health and behavioral health needs
- Assisting with [mental health services](#) for children and families, as needed
- Building [resilience](#) to help children and families heal from traumatic experiences or events and overwhelming situations

Family Well-being

Our programs are:

- Providing [parenting support](#) and strategies
- Supporting parental health and links to community services during [pregnancy](#)
- Connecting families to community and federal assistance
- Assisting families in identifying and reaching their goals and dreams, including those related to finances and [economic mobility](#), housing, employment, and education
- Providing a career pathway in early care and education — *about 25% of program staff are former Head Start parents!*

Family Engagement

Our programs are:

- Inviting parents to share information and insights about their child
- Celebrating the role of fathers and male caregivers through [father engagement](#)
- [Engaging parents](#) as their child's lifelong advocate
- Welcoming parents to offer ways to improve children and families' experiences in the program, including through leadership roles on the [Policy Council](#)
- Supporting child and family [transitions](#) when the child is ready for the next step, to Head Start, kindergarten, or another early childhood program

Meeting Community Needs

To reach the children and families who need Head Start services the most, programs are designed according to [community need](#). Directly funded at the local level, Head Start programs tailor their programs as appropriate for families in the designated service area. These programs may be provided in different settings and hours according to the needs indicated by their [community assessment](#).

Federal-to-Local Funding Model

The federal government funds Head Start programs through the U.S. Department of Health and Human Services, Administration for Children and Families. Across the country, school districts, nonprofit and for-profit groups, faith-based institutions, tribal councils, and other organizations [qualify](#) to become a Head Start recipient and receive federal funding. The federal-to-local model allows local leaders to create a Head Start experience that is responsive to the unique and specific needs of their community. Many programs are combining funding from federal, state, and local sources to maximize service delivery and continuity. [Head Start Collaboration Offices](#) facilitate partnerships between Head Start agencies and other state entities that provide services to benefit low-income children and their families.

Migrant and Seasonal Head Start (MSHS) programs serve children ages birth to 5 from families engaged in agricultural work, either seasonally or across geographic regions. American Indian and Alaska Native (AIAN) Head Start programs serve children from federally recognized tribes and others in their communities.

Head Start programs either provide transportation services or assist families to arrange transportation of children to program activities.

Eligibility and Enrollment

Head Start services are for children from birth to compulsory school age, as well as pregnant people and expectant families. Eligible participants include children whose families meet the [federal low-income guidelines](#) — that is, whose incomes are at or below the federal poverty guidelines or who participate in Temporary Assistance for Needy Families, Supplemental Security Income, or Supplemental Nutrition Assistance Program public assistance services. Other eligible participants include children who are in the foster care system or experiencing homelessness. Programs may also accept a limited number of children who do not meet any of those eligibility criteria.

MSHS programs have specific eligibility requirements for the children of farmworkers. AIAN Head Start programs enroll tribal children from reservations or nearby areas. All programs enroll children with disabilities and welcome children who speak a language other than English at home.

As there are generally more eligible children than is supported by program funding, each program maintains a waiting list according to their [selection criteria](#) for when a spot becomes available.

Program Settings

Head Start services are delivered in a variety of settings, sometimes referred to as “options.” This consistent, supportive setting is designed to foster strong relationships between program staff, families, and children. The selection of settings offered by any Head Start program is determined by its assessment of community needs.

- [Center-based](#) services are located in child development centers. More than half of Head Start children are enrolled in center-based services, five days per week, for at least six hours per day.
- [Home-based](#) services are mostly delivered in a family’s own home, along with planned group socialization activities. More than a third of children enrolled in Early Head Start programs receive home-based services.
- [Family child care](#) services are located in a family-based child care setting.
- [Locally-designed](#) services are often delivered through some combination of the above settings, depending on the needs of the community.

Outcomes

Since 1965, Head Start programs have reached 40 million children and their families. Children who enrolled in Head Start programs are more likely to graduate from high school and attend college, have improved social, emotional, and behavioral development, and are better prepared to be parents themselves than similar children who did not attend the program. Children enrolled in Early Head Start programs have significantly fewer child welfare encounters related to sexual or physical abuse between the ages of 5 and 9 than those who don't attend.

Research consistently shows a broad pattern of impacts for children at the end of their Head Start enrollment. While these benefits may appear to diminish in the early grades, economic benefits emerge as children become adults. The Head Start program's two-generation design — coupled with research-based, high-quality comprehensive services — has the power to change the trajectory for children's outcomes.

Read more:

[Programs](#)

Last Updated: March 23, 2023

CCDF child care assistance voucher program



The Child Care and Development Fund is a federal program that helps low-income families obtain quality child care so that they may work, attend training, continue their education or search for a job.

The purpose of CCDF is to increase the availability, affordability and quality of child care.

Families can apply for CCDF using the online application called “Early Ed Connect.” Go to <https://earlyedconnect.fssa.in.gov/> to apply.

Child care and development fund income limits Effective March 12, 2023	
Household size	Gross monthly income limits
1	\$1,543
2	\$2,087
3	\$2,631
4	\$3,175
5	\$3,719
6	\$4,263
7	\$4,807

For more information and to locate the CCDF eligibility office in your area, go to www.in.gov/fssa/carefinder/files/CCDF_Eligibility_Office_Map.pdf.

CCDF child care assistance voucher program

Items needed for CCDF enrollment

To be considered for the child care voucher program you must be currently working, attending school or searching for a job. The applicant/co-applicant needs to submit the following items (current within 60 days):

- ☐ Picture ID for applicant; ID verification for co-applicant proof of birth for all the children.
- ☐ Proof of residency dated within the last 60 days (lease, utility bill or any piece of mail). Proof must include the applicant or co-applicant's name, street address and city or ZIP code.
- ☐ Foster care license (if applicable) as well as verification that the child(ren) is a ward of the state (e.g., a placement letter, a per diem statement with the child's name or a letter from a DCS caseworker).
- ☐ Provider information page completed by the child care provider you have chosen.

Proof of a service need (working, attending school or searching for a job)

- ☐ If working, one check stub dated within the last 60 days.
- ☐ If you are self-employed, a completed CCDF statement of self-employment profit and loss form for the most recent calendar month, prior to your application date, and provide a copy of your most recent tax transcript, which can be obtained online at www.irs.gov.
- ☐ If attending school (college or trade), a school schedule or on institution letterhead or a statement which includes the student name, school name and semester dates.
- ☐ If attending high school, a completed CCDF secondary school enrollment verification form.
- ☐ If you have a new job and have not received a check, bring a new hire statement on company letterhead with start date, rate of pay and expected work hours.
- ☐ Completed job search form (only applies to new applicants/co-applicants).

All sources of income

- ☐ Current Social Security and/or SSI benefit letter.
- ☐ Current TANF benefit letter.

Families who qualify for CCDF must choose a child care provider who is eligible to receive CCDF vouchers. Families who need help finding child care that meets their needs can connect with child care resource and referral agencies by visiting <https://brighterfuturesindiana.org/online-referral-request-form> or call 800-299-1627.

Applying for CCDF child care vouchers

1 Apply for CCDF vouchers at <https://earlyedconnect.fssa.in.gov/onlineApp/home>.

2 Upload required documents into Early Ed Connect or send them to your CCDF eligibility office.

Required documents (current within 60 days):

- ☐ Photo ID for applicant. Identity verification for co-applicant
- ☐ Birth certificate or hospital birth verification for child(ren) in the household
- ☐ Proof of address: Copy of a lease, utility bill or any piece of mail with your name, street address and city or ZIP code. If you are without housing, please provide a statement from a person you are living with. If you are in transitional housing, provide a statement on the transitional housing organization's letterhead verifying your address.
- ☐ Proof of work and employment income; or
- ☐ Proof attending school/training; or
- ☐ Completed job search form (only applies to new applicants/co-applicants)
- ☐ Proof of any other income
- ☐ Provider information page

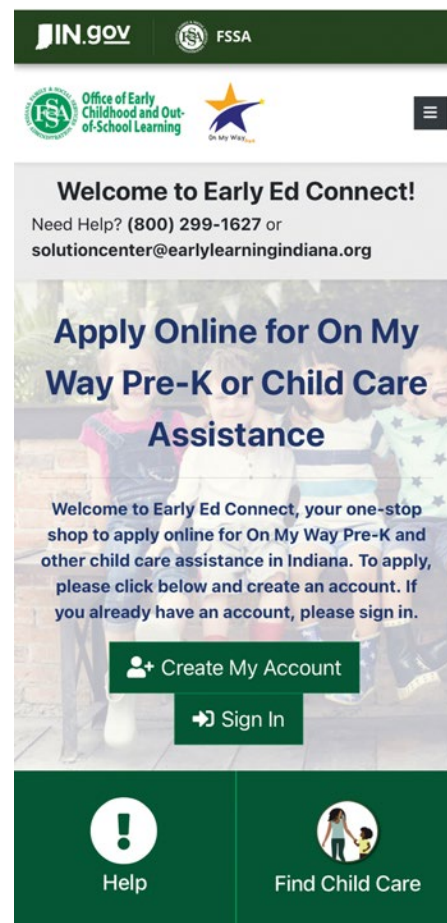
Forms can be found at www.in.gov/fssa/carefinder/child-care-assistance/ or at your CCDF eligibility office.

You can find your eligibility office at www.in.gov/fssa/carefinder/files/CCDF_Eligibility_Office_Map.pdf.

3 The CCDF eligibility office will contact you about any missing items or to let you know when the child care vouchers are approved.

4 Families who qualify for CCDF must choose a child care provider who is eligible to receive CCDF vouchers.

Child care resource and referral agencies help families find CCDF-eligible child care providers. Find the agency that serves your county by going to <https://brighterfuturesindiana.org/ccrr-network> or call 800-299-1627.



CCDF REFERRAL GUIDELINES FOR LCPA's

Step 1 (LCPA)

The referring organization (LCPA) will complete and email the [Referral Form](#) and **copy of the Authorization for Health Care card (State Form 45093)** to fostercare support@dcs.in.gov. In the email subject line indicate CCDF Referral and Resource Parent's last name.

Step 2 (DCS)

- The DCS representative will verify that the correct documents are received.
- The DCS representative will email the LCPA confirmation of receipt.
- The DCS representative will forward the documents to the appropriate CCDF eligibility office.

Step 3 (Resource Parent)

1. The Resource parent will complete an online application at Early Ed Connect:
<https://earlyedconnect.fssa.in.gov/onlineApp/home>
2. The Resource Parent will prepare for the appointment and gather all relevant documents
 - A. Required documents include the following:
 1. Picture ID of applicant
 2. Copy of Foster Family Home License, if applicable (address must match the referral address)
 3. Proof of citizenship for child(ren) (not needed if the child's Medicaid number is on the referral)
 4. Proof of employment and/or proof attending school/training program
 5. Income verification (unlicensed placement, only)
 6. Provider Information Page
 7. Any other documents requested by the CCDF eligibility office
 - B. Forms and an appointment checklist can be found here:
<https://www.in.gov/fssa/carefinder/child-care-assistance/>. Contact the CCDF eligibility office for any questions on the forms.

Step 4 (CCDF Eligibility Office)

The CCDF eligibility office will contact the client through phone call, mail, and/or email to schedule an in-person or virtual appointment **within 5 days of receiving the referral**.

Please Note: The client will need to submit all documents requested by the eligibility office by the provided due date.

Step 5 (CCDF Eligibility Office)

The CCDF eligibility office will process the application and advise applicant of the CCDF subsidy begin date and provide CCDF program and swipe card information.

Additional information:

- If the resource parent needs assistance with finding a child care provider, they can go to <https://brighterfuturesindiana.org/local-help-for-finding-child-care> or call 800-299-1627.
- The CCDF eligibility office will process the application and submitted documents, and if eligible, will advise the client of the begin date and CCDF program information. Cases are authorized for 16 weeks of service.
- If a client has applied for, or received CCDF previously, they will need to submit the application directly to that CCDF eligibility office to reapply.





Eric Holcomb, Governor
State of Indiana

Division of Disability and Rehabilitative Services

First Steps

402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

Date: 2/5/2019

To: First Steps providers and Systems Point of Entry (SPOE)

From: First Steps central office

Meghan Smith, First Steps policy manager, Meghan.Smith@fssa.in.gov

Re: First Steps provider end of service reporting requirements; Discharge summaries and exit skills inventory (State Form 55620)

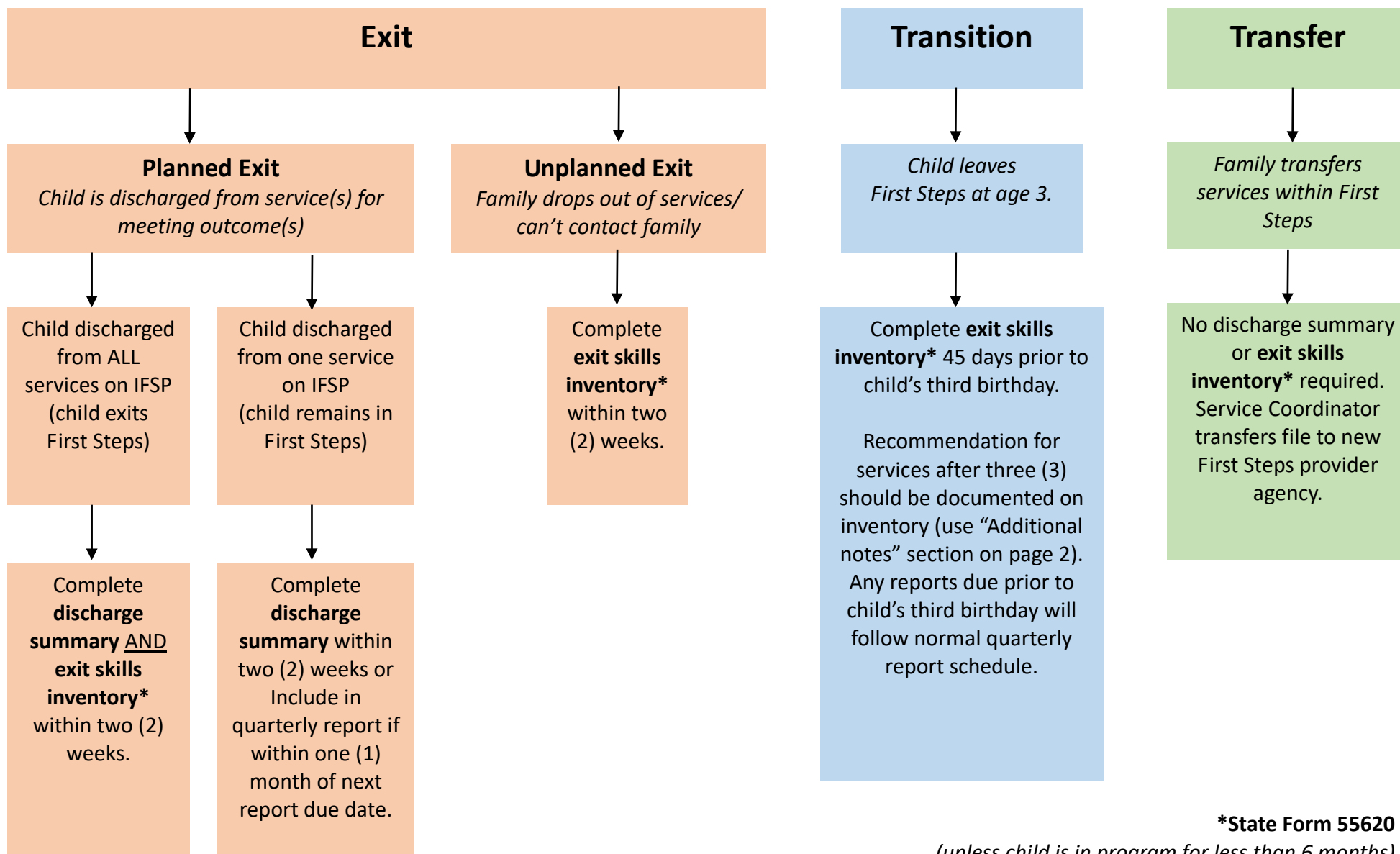
Dear First Steps providers and SPOEs,

Please see **page 2** of this memo for clarification regarding the completion of discharge summaries and the child exit skills inventory (State Form 55620). The purpose of this memo is to establish consistent terminology for the scenarios in which children leave the First Steps program or discontinue individual services after meeting goals on an IFSP. Additionally, it is important to ensure that our documentation of child exit and transition produces meaningful and accurate information for families and other service providers or other sources of family support outside of First Steps. The reporting guidelines on page 2 are effective immediately.

Please contact Meghan Smith or the First Steps general mailbox (FirstStepsWeb@fssa.IN.gov) with questions or concerns.



First Steps Provider End of Service Reporting Requirements




***State Form 55620**
(unless child is in program for less than 6 months)

COMPULSORY ATTENDANCE

It is unlawful for a school administrator to fail to ensure that a child under his or her authority attends school as required by the Indiana compulsory attendance laws (IC 20-33-2).

- Children are required to attend public school beginning with the school year (fall term) in which the individual becomes 7 years of age. Neither state statute nor regulation provides for a specific eligibility age to begin first grade. The local school superintendent has the discretion to enroll a child who has not attended kindergarten or first grade based on a particular model assessment adopted by the school board. Children who attend non-accredited, non-public schools are required to be in school at age 7.
- Children must be at least 5 years of age on August 1st of the school year, to officially enroll in a kindergarten program offered by a school corporation. However, school officials have the ability to adopt a procedure offering parents the right to appeal the minimum age requirement for a student younger than 5 years of age.
- A student is bound by the compulsory attendance laws from the earliest date on which the student officially enrolls in a school, or the fall of the year the student becomes seven (7) years of age; whichever comes first.
- It is unlawful for a parent to fail, neglect, or refuse to send his or her child to school for the fall term unless the child is being provided with “instruction equivalent to that given in public schools.” Students may attend nonpublic schools (accredited or non-accredited) or receive home schooling in Indiana.
- Parents and students are bound by the compulsory attendance laws until the date the child:
 1. Graduates;
 2. Becomes 16 years of age, but less than 18 years of age, and meets the requirements of the “exit interview” including “parental and school consent” and “financial hardship and employment” regulations enabling the student to withdraw before graduation; or
 3. Becomes 18 years of age; whichever comes first.
- Before a student who is at least 16 years of age, but less than 18 years of age can lawfully withdraw from school before graduation the following must occur;
 1. Wards of the state must have prior court approval to seek early withdrawal from school; and
 2. The student, the student’s parent or guardian, and the principal must agree to the withdrawal; and
 3. The student must attend an exit interview and provide written acknowledgement of the withdrawal and the student’s parent or guardian and the school principal must provide written consent to the withdrawal from school. (See **Exit Interview** form for requirements under IC 20-33-2-9).

For any high school student withdrawing from public school to attend a private non-accredited school or to be provided their education through homeschooling, IC 20-33-2-28.6 requires parental and school principal’s signatures on the Withdrawal to Non-Accredited Non-Public School Located in Indiana form. If parental signature is refused, the withdrawing student will be reported as a drop out to the IDOE.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 20: Educational Services	
	Effective Date: April 1, 2024	Version: 14

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Success in school is more likely to occur when planning for safety, stability, well-being, and permanency is fully integrated with the child's educational plan. Therefore, educational services are provided to a child in out-of-home care, as part of the Case Plan/Prevention Plan, to meet the child's educational goals and needs.

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PROCEDURE

To determine how the child's education needs are being met, the Indiana Department of Child Services (DCS) must obtain education records for each school-aged child in out-of-home care. DCS will review the education records and any mental health records which directly affect the child's education and/or educational setting at a Child and Family Team (CFT) Meeting or a Case Plan Conference. DCS will invite the child's school to provide information and/or participate in the case planning process as well as ensure a member of the Education Services team is present, when appropriate, to help determine whether an Individualized Education Program (IEP) or a Section 504 Plan (504 Plan) should be considered to address the child's needs. The CFT will develop a plan to ensure the child's educational needs are met (see policy 5.07 Child and Family Team Meetings).

DCS will ensure every school-aged child in out-of-home care is enrolled in school full-time, unless one (1) of the following circumstances exists:

1. The youth is eligible for, and actively pursuing, a High School Equivalency (HSE) Diploma;

Note: Some scholarships and grants will not be available if an HSE Diploma is completed instead of obtaining a high school diploma.

2. An alternate education plan has been recommended by the school the child attended at the time of placement and the plan has been approved by the court;
3. The youth has graduated from high school or has successfully completed an HSE Diploma; or
4. The youth has a physician verified medical condition which prohibits the youth from attending school.

In accordance with Every Student Succeeds Act (ESSA), DCS, the Indiana Department of Education (DOE), and local education agencies must identify State and Local Points of Contact

(POC) to collaborate and determine the best educational interests of children in out-of-home care. DCS has appointed the Education Services Program Director as the agency's State ESSA POC and the DCS Education Services Team as the agency's Local ESSA POCs. Additionally, if in the best interest of a child in out-of-home care, arrangements should be made to keep the child at the child's current school of origin.

DCS will not authorize a child in out-of-home care to enroll in an educational program that is private, unless an exception is approved by DCS and the court.

Note: When it is determined to be in the child's best interest or it is requested that a child enroll into an Applied Behavior Analysis (ABA) programming or non-accredited, private, or unrecognized educational program, submit a referral through KidTraks to Education Services for an Exceptions for Home School and Private School Attendance letter to be completed.

DCS will **not** pay for the cost associated with attendance at a private school unless it is included in services provided by a residential treatment facility through an Individual Child Placement Referral (ICPR). DCS will **only** pay educational fees associated with the **repair or replacement of textbooks, devices, or musical instruments**. For additional information, see the Letter of School Textbook and Related Fees and School Invoicing Process for Repair/Replacement of Textbooks, Electronic Devices, and Musical Instruments.

Note: If offered by the school, resource parents are required to purchase insurance for any school-issued devices. DCS will reimburse resource parents for the cost of the insurance and deductible.

The Family Case Manager (FCM) will:

1. Complete the Release of Education Records form and submit the form to the last school in which the child was enrolled to obtain educational records;
2. Gather information regarding the child's education and discuss the child's educational best interests with the following:
 - a. The child,
 - b. The parent, guardian, or custodian, unless Termination of Parental Rights (TPR) has been finalized,
 - c. The resource parent, and
 - d. Members of the CFT.
3. Recommend and encourage the child's parent, guardian, or custodian to include the child's teacher, school social worker, or school counselor; Education Services Team (if applicable); and other involved school representatives as members of the CFT;
4. Submit a referral to the Education Services Team for completion of the School Notification and Best Interest Determination (BID) form within 24 hours of a child's placement change or if there is the potential for an educational placement change;

Note: The FCM must submit a referral to Education Services for an Exceptions for Home School and Private School Attendance letter to be completed when it is determined to be in the child's best interest or it is requested that a child enroll into a non-accredited, private, or unrecognized educational program. This includes Indiana Choice Scholarship Program enrollment.

5. Verbally notify the child's current school of the child's removal or change of placement

within 24 hours. This includes but is not limited to:

- a. A Trial Home Visit (THV) (see policy 8.39 Trial Home Visits),
- b. A child placed through an Interstate Compact on the Placement of Children (ICPC) (see policy 9.03 Initial Placement/Placement Changes),
- c. Emergency Shelter Care (ESC) (see policy 8.04 Emergency Shelter Care and Urgent Residential Treatment Review),
- d. Admission to residential treatment (see policy 5.24 Child-Focused Treatment Review [CFTR]), and
- e. Case closure (see policy 5.12 Closing a CHINS Case).

6. Communicate with the Education Services Team regarding information gathered and input of the CFT for completion of the School Notification and Best Interest Determination (BID) form;

Note: If the child's school changes, work with school personnel to ensure the child is registered for school.

7. Provide the resource parent with available educational information (e.g., the name of the child's school of origin, current grade level, summary of academic progress, and any current discipline concerns);

Note: If applicable, discuss transportation options with the resource parent while preparations are being made by the school to begin providing transportation.

8. Ensure the child's parent, guardian, or custodian is included in all educational meetings and decisions unless TPR has been finalized;
9. Encourage the parent, guardian, or custodian; resource parent; or educational surrogate parent (ESP) to refer the child for testing to identify any special education needs and/or related services, if needed. If it is determined the child needs individual tutoring:
 - a. Request a copy of the child's comprehensive educational records (see Practice Guidance),
 - b. Determine if there are patterns documented in the records that may explain poor academic performance (e.g., several school placements, inconsistent attendance, and/or inappropriate behaviors),
 - c. Communicate with the school administration team to determine appropriate tutoring services for the child,
 - d. Communicate with the school's administration team or multidisciplinary team to determine what academic interventions are being used to meet the child's current academic needs. Ask to see data that measures the child's progress and supports the school's decision to use certain interventions,
 - e. Ask to see progress monitoring data to determine if the child is making adequate progress toward academic goals if the child receives special education services,

Note: For a child with an IEP, grades on the report card are not always the best measure of progress and academic performance.

- f. Make a referral to an outside tutoring service, if determined to be appropriate, for a child who has received in-school tutoring and is still struggling (see policy 16.01 Funding for Children in Out-of-Home Care if financial assistance is needed). Ensure

- the tutoring service knows who to communicate with to determine what interventions and strategies are being used or have been used with the child, and
- g. Request regular updates from the tutoring provider on the child's progress toward the child's individual goals (see policy 8.21 Special Education Services).
10. Ensure information regarding the child's educational stability, goals, needs, and efforts to enable the child's school to provide appropriate support and protect the safety of the child are included in the Case Plan/Prevention Plan and provided to the court (policy 5.08 Developing the Case Plan/Prevention Plan). If the child must transfer schools, information provided to the court will include, but is not limited to:
- a. Efforts made to allow the child to remain at the child's school of origin attended at the time of removal or any placement change,
 - b. The reason it is in the best interest of the child to transfer schools,
 - c. The distance of the new school from the child's current placement,
 - d. Enrollment arrangements with the new school, including transfer of educational records,
 - e. The child's current placement,
 - f. The current residence of the child's parent, guardian, or custodian (in order for the court to determine legal settlement),
 - g. The school and school corporation the child will attend while in out-of-home care, and
 - h. The transportation plan, which ensures the child is able to attend school.

Note: Unless educational services are provided in a residential treatment facility where the child is receiving treatment, the child should have a transportation plan regardless of whether the child will attend the same school or change schools (see policy 8.22 School Notifications and Legal Settlement).

11. Assist the parent, guardian, or custodian and/or resource parent in the completion of forms for free or reduced lunch and textbooks, if applicable;
12. Provide each child in the 7th through 12th grades with information about the 21st Century Scholars program, including the Scholar Success Program (SSP) and assist the youth with creating a 21st Century ScholarTrack Student Account;

Note: The application for the 21st Century Scholars program for a child in out-of-home care occurs automatically through the child's ScholarTrack Student Account. All youth in the 21st Century Scholars program are required to adhere to the program's pledge. All youth in the 21st Century Scholars program have the right to opt out of the program at any time.

13. Encourage and assist all youth in 9th through 12th grades to:
 - a. Update the youth's address with 21st Century Scholars annually,
 - b. Comply with all requirements set forth in the SSP and 21st Century Scholars, and
 - c. Sign the 21st Century Scholars Affirmation Statement during the youth's senior year of high school.

Note: The student may complete required steps through the child's ScholarTrack Student Account on the 21st Century Scholars website (e.g., Affirmation Statement).

14. Provide the youth with the following information during a CFT Meeting held immediately prior to the youth's 17th birthday (see policies 11.06 Transition Plan for Successful Adulthood, and 11.15 Post-Secondary Education):
 - a. Pell grants,
 - b. Indiana Education Training Voucher (ETV) Program through Older Youth Services,
 - c. Chafee grants,
 - d. Federal supplemental grants,
 - e. Individual Development Accounts (IDA),
 - f. The Indiana Commission for Higher Education-State Financial Aid,
 - g. The Indiana Division of Student Financial Aid, and
 - h. Free Application for Federal Student Aid (FAFSA).

Note: Each Indiana emancipated Senior or the parent, guardian, or custodian of an unemancipated Senior is required to be provided an affirmation link by the Seniors' school to complete regarding their intent to file a FAFSA. Remind youth and members of the youth's CFT to complete the affirmation. The FCM will make a referral to the Education Services Team if the youth or CFT member would like additional support processing and/or applying the career and college information the affirmation link will provide them. All information above should be provided earlier if the youth is applying to colleges before 17 years of age/senior year or if the youth is pursuing a High School Equivalency (HSE) Diploma.

15. Have the youth and caregiver sign an Acknowledgement of Receipt of Information about Various Educational Programs. Give the youth and caregiver a copy of this form and upload the form to the case management system; and
16. Ensure all education information (e.g., current grade level, school name and address, School Notification and Best Interest Determination [BID], and IEP or 504 Plan date and specifics), decisions, and actions taken are documented in the case management system as changes occur.

The FCM Supervisor will:

1. Provide guidance to the FCM as needed; and
2. Ensure documentation is entered accurately in the case management system.

The Education Services Team will:

1. Collaborate with the FCM to plan for the child's educational needs and complete the School Notification and Best Interest and Determination (BID) form;

Note: If a collaborative decision cannot be made about the child's best interest, the FCM and Education Services Team will consult with the FCM Supervisor, LOD, and/or Education Services Director.

2. Provide the School Notification and BID to the identified POC at the school corporation where the child currently attends and the POC at the school corporation where the child has legal settlement **within 72 hours** of the child's:
 - a. Removal from the child's home and initial placement in out-of-home care,
 - b. Change in out-of-home placement,
 - c. Return to the child's home,
 - d. Initial determination of legal settlement,
 - e. Change in legal settlement determination,
 - f. Educational placement change, or

g. DCS case closure.

Note: If a change in the child's home placement impacts the child's educational setting, the school corporation where the child will be attending will be notified per the POC collaboration required by ESSA.

3. Obtain the signature of the Local Education Agency's POC on the School Notification and Best Interest Determination (BID) form;
4. Sign the finalized School Notification and Best Interest Determination (BID) form;
5. Upload the signed School Notification and Best Interest Determination (BID) form into the Education Services Team referral prior to referral closure;
6. Send the finalized School Notification and Best Interest Determination (BID) form to the POC at the school corporation where the child will attend and the POC at the child's school of origin;

Note: The Education Services Team will facilitate collaboration with the Local Education Agency's POC to make a final determination regarding if remaining in the school of origin is in the child's best interest. The Education Services Team will also collaborate with the POC on the child's transportation plan. When determined to be in the child's best interest to remain enrolled in the child's school of origin, the child's school of origin is obligated to provide transportation for the child.

7. Ensure before August 1st of each year the appropriate school corporations are notified of whether the child's placement is anticipated to continue in the subsequent school year, using the Annual Notification of Placement in School Corporation form (see policy 8.22 School Notifications and Legal Settlement); and

Note: If the child attends the child's school of origin but does not reside in the school district, a review of the child's best interest should occur with the Education Services Team before the annual school notification is due.

8. Submit their recommendations regarding an Exceptions for Home School and Private School Attendance letter, if applicable, to the Regional Manager (RM), Local Office Director (LOD), and FCM prior to FCM seeking court approval, unless the child's enrollment in the educational program has already been ordered by the court.

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RELEVANT INFORMATION

Definitions

Education Records

Education records are documents and information about a student which are maintained by the school (e.g., date and place of birth; Social Security Number [SSN]; pictures; address of the parent, guardian, or custodian; emergency contact information; grades; test scores; special education records; disciplinary records; medical and health records the school creates/collects and maintains; documentation of attendance, awards, and conferred, degrees earned).

Educational Surrogate Parent (ESP)

An ESP is a specially appointed advocate who has been trained to assume the responsibility of representing the child in the special education decision-making process.

Every Student Succeeds Act (ESSA)

ESSA is a federal law which, as it pertains to foster children, was implemented in 2016. ESSA requires local education agencies' POCs and child welfare agencies' POCs to collaborate on determining educational best interests for foster children when their home placement change causes the potential for their education placement to change. ESSA also requires collaboration between the POCs on providing transportation for foster children who attend their school of origin but have been placed outside of the district.

High School Equivalency (HSE)

An HSE is an exam, which measures an examinee's levels of achievement relative to that of a graduating high school senior. The HSE is equivalent to the exam or qualification which was formerly known as a General Educational Diploma (GED).

Individual Development Accounts (IDA)

An IDA is a matched savings account program designed to assist individuals in achieving self-sufficiency through financial literacy and asset generation.

Individualized Education Program (IEP)

An IEP is a written statement developed for a child that describes:

1. How a student will access the general education curriculum, if appropriate; and
2. The special education and related services needed to participate in the educational environment.

School of Origin

A school of origin is the school that a student in foster care attended when the student last had a permanent residence or the school in which a student in foster care was last enrolled. If the child has not previously attended school or is not of school age, the school where the child would have attended is the school of origin.

Section 504 (504 Plan)

The 504 Plan is a federal law that prohibits disability discrimination by recipients of federal financial assistance. The qualified student is entitled to receive regular or special education and related aids and services that are designed to meet their individual educational needs as adequately as the needs of students without disabilities are met. The 504 Plan requires, among other things, that a student with a disability receives an equal opportunity to participate in athletics and extracurricular activities and to be free from bullying and harassment based on disability.

Forms and Tools

- [21st Century Scholars Website](#)
- [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#)
- [Annual Notification of Continuation of Placement in School Corporation \(SF 49812\)](#)
- Case Plan/Prevention Plan (SF 2956) - Available in the case management system
- [Exceptions for Home School and Private School Attendance letter](#)
- [Indiana Choice Scholarship Program](#)
- [Indiana Education and Training Voucher \(ETV\) Program](#)
- [Indiana High School Equivalency](#)
- [Indiana Housing & Community Development Authority](#)
- [Letter of School Textbook and Related Fees](#)

- [Release of Education Records \(SF 55228\)](#)
- [School Invoicing Process for Repair/Replacement of Textbooks, Electronic Devices, and Musical Instruments](#)
 - [Exhibit A1 \(Indiana Code Including Tort Claims Description\)](#)
 - [Exhibit A2 \(Tort Claim Form SF 54668\)](#)
 - [Exhibit B1 \(W-9 Request for Taxpayer Identification Number and Certification\)](#)
 - [Exhibit B2 \(Automated Direct Deposit Authorization Agreement SF 47551\)](#)
 - [Exhibit B3 \(W-9 and Direct Deposit Form Instructions\)](#)
 - [Exhibit C1 \(Claim for Support of Children SF 28808\)](#)
 - [Exhibit C2 \(Example Claim Form\)](#)
- [School Notification and Best Interest Determination \(BID\) \(SF 47412\)](#)
- [School Notification Point of Contact \(POC\) List](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.12 Closing a CHINS Case](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.04 Emergency Shelter Care and Urgent Residential Treatment](#)
- [8.21 Special Education Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.39 Trial Home Visits](#)
- [9.03 Initial Placement/Placement Changes](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.10 Education and Training Voucher Program](#)
- [11.15 Post- Secondary Education](#)
- [16.01 Funding for Children in Out-of-Home Care](#)

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LEGAL REFERENCES

- [IC 20-26-11: Legal Settlement and Transfer of Students; Transfer Tuition](#)
- [IC 20-50-3-3: "School of origin"](#)
- [IC 20-51-1: Definitions](#)
- [IC 20-51-4: Choice Scholarship](#)
- [IC 21-12-6-5.5: Identification and notification of eligible students](#)
- [IC 21-12-6-6.7: FAFSA online form; information](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-15-4\(8\)\(c\): Form; contents](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [IC 31-34-21-10: Review of child's legal settlement](#)

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PRACTICE GUIDANCE- DCS POLICY 8.20

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Comprehensive Educational Records

Comprehensive educational records include:

1. Attendance over the last few years;
2. School placements;
3. Special education evaluations;
4. IEP's;
5. Indiana Statewide Testing for Educational Progress (ISTEP) scores;
6. Response to Intervention (RTI) data; and
7. Grades.

Education Notes

Personal notes made by teachers and other school officials that are not shared with others are not considered education records. Additionally, law enforcement records created and maintained by a school or district's law enforcement unit are not education records.

Individual Development Accounts (IDA)

There are a limited number of IDAs available in Indiana. In order to open an IDA, individuals must meet the following eligibility requirements:

1. Be an Indiana resident;
2. Have an income below 175% of the Federal Poverty Guidelines;
3. Have at least \$400 per year in earned income;
4. Be able to save a minimum of \$35 per month; and
5. Meet minimum screening requirements.

Youth interested in opening an IDA may visit the Indiana Housing and Community Development Authority website or call 1-317-232-7777 for county specific information.

Minimizing School Disruptions

School disruptions may cause extreme emotional stress for a child and affect the child's academic performance, development, and/or overall well-being. The FCM should attempt to minimize school disruptions by:

1. Placing the child with a resource parent living in the same school district;
2. Making a referral to the Education Services Team for determination of best interests regarding the child's educational placement. See policy 8.22 School Notifications and Legal Settlement;
3. Delaying a change in placement until the end of a school semester or year, when waiting does not endanger the child's safety and/or well-being; and/or
4. Scheduling medical and court appointments during non-school hours, whenever possible.

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Eric J. Holcomb, Governor
Eric Miller, Director

"Children will live in safe, healthy and supportive families and communities."

If you suspect a child is being abused or neglected, call the Child Abuse & Neglect Hotline at (800) 800-5556.

School Property Damage

July 1, 2024 – Sometimes, our youth's school property, textbooks, devices, and/or musical instruments can become damaged or lost. Great news! Your DCS Education Services team can help!

In collaboration with several DCS Divisions, we have developed a process to decrease the amount of money foster parents are expected to pay out of pocket and await reimbursement for damaged and/or lost school textbooks, devices, or musical instruments. The formal process is briefly described below for your review; however, the full details can also be found through the link in [DCS Policy 8.20](#) or by accessing the Permanency and Practice Support Share Site – Education Services.

When a school needs to be reimbursed for a damaged or lost textbook, device, or musical instrument of a DCS ward, they must send the bill directly to the FCM and the DCS Education Consultant (EC) for their county. The FCM will then submit a referral to the EC citing the referral reason of "School Damage Report." The EC will review the bill to ensure the amounts listed are strictly for the eligible items for reimbursement. If the bill contains any amounts for property other than those cited, the EC will contact the school and advise the appropriate means to seek reimbursement (i.e. via billing the biological parent or, if they believe DCS is at fault, the Tort Claim Process).

If the bill is accurate and appropriate, the EC will ensure the school corporation is set up as a vendor with DCS. We will walk them through the process, if they are not yet set up. The EC will then provide recommendation to the FCM to submit the bill through a Global Services referral. Upon the FCM Supervisor approval of the Global Services referral, the EC will send an email to the school authorizing them to submit the invoice to DCS and explain the process for those new to it. The school will need to attach the email from the EC to the invoice, as well as the receipt from the replacement/repair of eligible items, and submit to DCS KidTraks Invoicing.

One item to note: Foster parents are responsible to purchase insurance for devices, if offered through the school per DCS Policy. DCS will reimburse for the cost of the premium and deductible. If insurance is offered by the school and it is not purchased, the cost for damaged/replacement to be reimbursed through the school will be required to have your RM approval prior to being submitted for payment.

All forms needed can be found through links provided in DCS Policy 8.20 or directly on the PPS – Education Services share site. If you have any questions, please don't hesitate to contact your local DCS Education Consultant or me at melaina.gant@dcs.in.gov.

Education Services Division

Indiana Department of Child Services

DCS.Education@dcs.in.gov





Eric J. Holcomb, Governor
Eric Miller, Director

"Children will live in safe, healthy and supportive families and communities."

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Education Fees

July 1, 2024 – Dear Relative¹ or Foster Parent,

As a valued partner, the Department of Child Services (DCS) strives to share information that affects your efforts to care for children placed with you by DCS. Recently, DCS has received questions relating to fees charged by school systems for textbooks/devices and related items. Specifically, we have been asked whether relative and foster parents are required to pay these fees on behalf of foster children placed with them. This letter will provide guidance on this important issue.

There are three (3) main categories of items that have come to our attention:

- Textbooks, supplies or other required class fees,
- Alternative Education enrollment fees/tuition, and
- Free/Reduced Lunch Program.

For textbooks, supplies and other required class fees, a school system cannot legally collect fees charged for a foster child. This is because a foster child meets the financial aid standard set out in Indiana law. "Textbook" is defined in Indiana statute to include books, hardware, computer software or digital content. Thus, Indiana statute does not permit a school system to charge relative or foster parents for books, hardware, computer software, digital content, and supplies required for completion of enrolled courses like workbooks, art supplies, P.E. uniforms, or other required class fees for a foster child that is placed in the relative or foster parent's care.² Additionally, public school systems are not permitted to withhold school books or supplies, require any special services from a child or deny the child any benefit or privilege because the fees are not paid.

Fees associated with the repair or replacement of textbooks, devices, or musical instruments *only*, will now be paid directly to the school corporation by DCS. If you receive a bill for this type of fee, please be sure to submit it to your Family Case Manager so the appropriate payment process can be followed.

-
1. The term "relative" applies to all related and non-related placements per DCS policy, Chapter 8, Section 48, version 2.
 2. See IC 20-33-5-2 (stating that the financial aid for students standard is the same as the federal free or reduced price lunch standard; foster children are categorically eligible for the federal free and reduced lunch program). See also IC 20-33-5-3, 20-33-5-7, 20-33-5-11 and *Gohn v. Akron School*, 562 N.E.2d 1291, 1292 (Ind. Ct. App. 1990) (which discuss textbook, supplies and other required class fees).



All Out-of-Home foster youth (including relatives) are categorically eligible for the free/reduced lunch program.³ Please note that your school system receives a listing of foster children from the Department of Education on a regular basis. Your school system should utilize this listing to determine who is exempt from paying the above fees.

For Alternative Education⁴ enrollment fees/tuition, the Indiana Constitution mandates a uniform system of public schools where tuition is not charged. If a public school system offers an alternative education program, that program is considered a “public school.” Absent specific statutory authority, tuition and enrollment fees cannot be charged to a student or parent for participation in a publicly funded education and in turn an alternative education program.⁵ Thus, Indiana statute does not permit a school system to charge an enrollment fee or tuition for a child to attend an alternative school.⁶

DCS plans to share this letter with school corporations across Indiana. If you receive an invoice from your school corporation for textbooks, supplies or other required class fees or for Alternative Education enrollment fees/tuition, please feel free to also share this letter with them. If you have any questions regarding this letter or receive an invoice from the school and need assistance, please contact your Family Case Manager or your Regional Foster Care Specialist for assistance. Thank you for all you do on behalf of Indiana’s children and families.

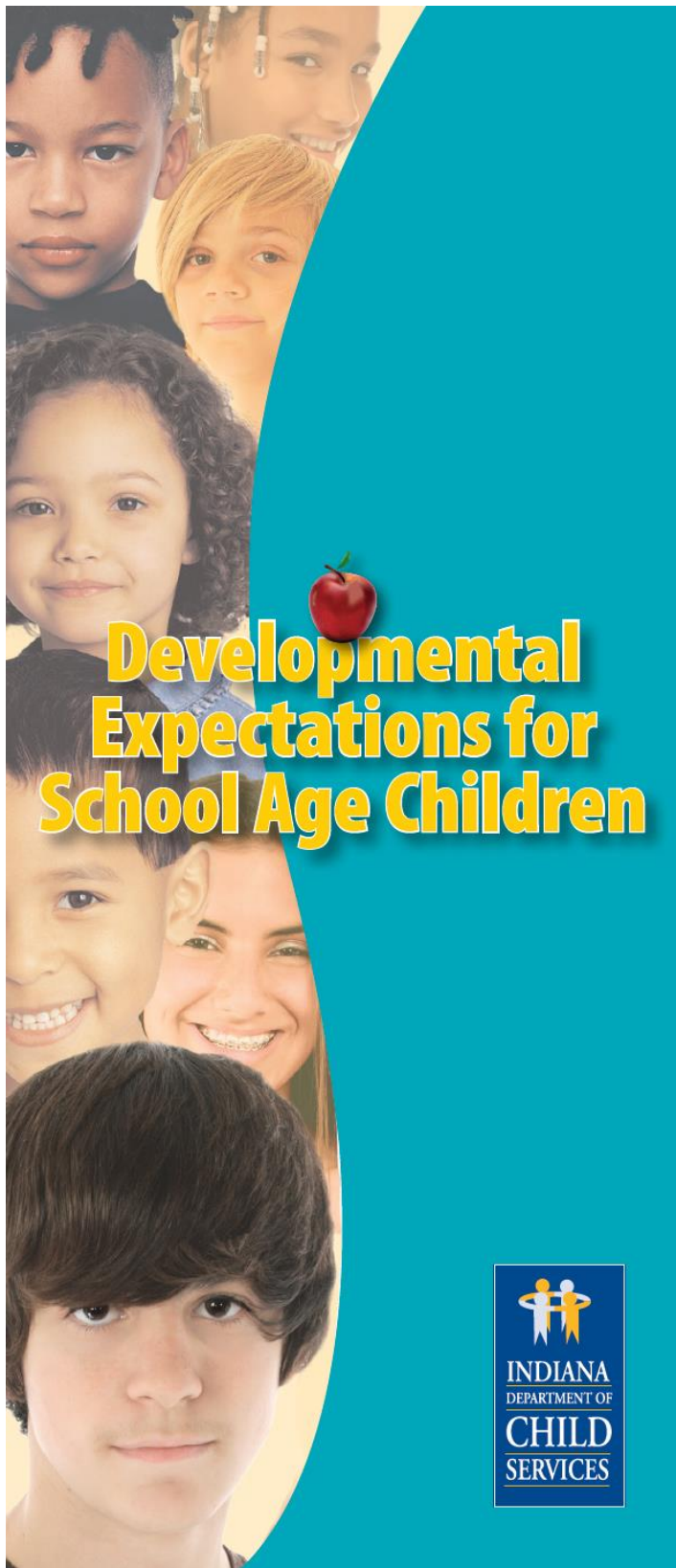
Education Services Division

Indiana Department of Child Services

DCS.Education@dcs.in.gov

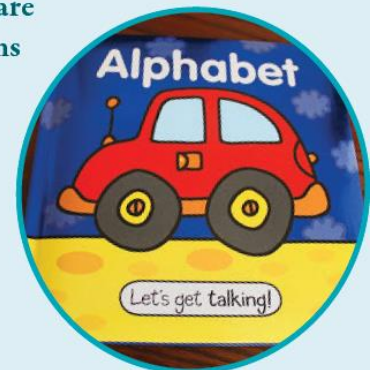
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3. See the USDA Eligibility Manual for School Meals: Determining and Verifying Eligibility, August 2014 (pg. 30).
 4. 4 The legislature has established criteria for which a student would be eligible for an alternative education program. Specifically, an eligible student would be one who intends to withdraw or has withdrawn from school before graduation, who has failed to comply academically, who is a parent or expected parent and is unable to regularly attend traditional school, who is employed and the employment is necessary to support the student’s family and the employment interferes with the schedule at a traditional school, or who is a disruptive student. IC 20-30-8-10.
 5. The legislature has specified that school corporations have the ability to offer certain classes for industrial or manual training and charge tuition for these specific courses.
 6. See Indiana Constitution, Article 8, Section 1; IC 20-30-8-9; IC 20-37-2-1; and *Nagy v. Evansville-Vanderburgh School Corporation*, 844 N.E.2d 481, 491 (2006) (pertaining to alternative education enrollment fee/tuition).





Developmental Expectations for School Age Children

This brochure contains expectations for school-aged children at different grade levels, including developmental traits and academic requisites. A child's progress is individual to them, and different children develop at different rates so there will be exceptions, especially for children who have experienced trauma. However, the following lists are general expectations for the average child's progress through school.



Developmentally Appropriate Expectations for PRIMARY ELEMENTARY

Kindergarten (ages 5-6)

- Learning to sit at desk and follow routines
- Hand preferences established (pencil grasp, scissors)
- Plays make-believe
- Identifies numbers, letters and sounds
- May reverse letters/numbers in writing (ex: “b” and “d”, “p” and “q”, “3”, “5”)



1st Grade (ages 6-7)

- Emerging reading skills (sounding out words when necessary)
- Uses descriptive language
- Growing more independent yet feels less secure
- Writes large, still needs guiding lines
- May continue to reverse letters/numbers in writing
- Focused on process vs. product

2nd Grade (ages 7-8)

- Able to read and write
- Letter/number reversals may still occur
- Mastering basic math (addition/subtraction)
- Relies on teacher for help—likes to work cooperatively
- Completion becomes more important
- Will listen, but so full of ideas cannot always recall what has been said
- Often exaggerates



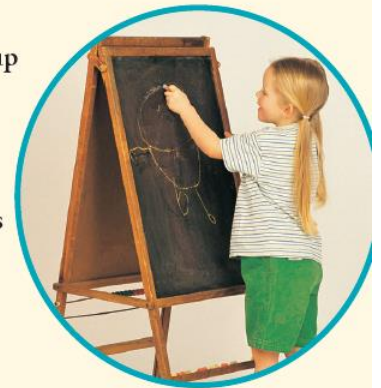
Developmentally Appropriate Expectations for INTERMEDIATE ELEMENTARY

3rd Grade (Ages 8-9)

- May reverse printed letters (until mid-year)
- Developing a longer attention span
- Age of negatives: “I Can’t”, “I’m Bored”
- Actively seeks praise
- Learns about choices/consequences
- Smaller print, cursive writing
- Learning to read transitions to reading to learn

4th Grade (Ages 9-10)

- Highly active
- Need to be part of a group
- Are typically NOT self-confident
- Seek Independence
- Begins making decisions
- Develops personal interests/abilities
- Mastery of basic math facts expected
- Reading independently



5th Grade (Ages 10-11)

- Tendency to revert to childish behavior, especially when stressed
- May experiment with risk taking behaviors
- Demand privileges, but may avoid responsibilities
- Talks constantly (likes to talk)
- Handwriting may become messy
- Clear, coherent writing with purpose is expected
- Frequently hungry and may tire easily due to growth spurts



Developmentally Appropriate Expectations for MIDDLE AND HIGH SCHOOL

6th-8th Grade (ages 11-14)

- Burden of academic responsibility placed on child
- Higher level math skills required
- Socialization is top priority
- Hormonal imbalances
- Reading is totally independent (basic reading competencies no longer taught)
- Extracurricular activities increase
- Sports become more competitive (tryouts)

9th-12th Grade (ages 14-18)

- Independence seeking: challenging authority, learning to drive, money is important
- Peer acceptance is essential
- Need more sleep than average due to growth spurts
- Grades count for credits toward graduation
- Beginning to structure academics to support career goals
- School communication with parent less frequent (unless there are major concerns)
- Youth become frustrated with adults questioning them
- Sports and clubs even more competitive/selective



Additional References:

Yardsticks: Children in the Classroom Ages 4-14
—by Chip Wood

*Supporting and Educating Traumatized Students:
A Guide for School-Based Professionals*
—by Eric Rossen

PBS Parents website:
pbs.org/parents/child-development
Indiana Academic Standards:
doe.in.gov/standards



Department of Child Services Education Liaisons

Melaina Gant, Education Services Director
Contact Education Services at:
DCS.education@dcs.in.gov

State of Indiana

302 W. WASHINGTON STREET, Room E306
INDIANAPOLIS, INDIANA 46204-2739

www.IN.gov/dcs

The Indiana Department of Child Services does not discriminate on the basis of race, color, creed, sex, age, disability, national origin, or ancestry.

DCS 08/17/2015



Educational Points of Interest for Parents/Caregivers

School Jargon

- IEP= Individualized Education Plan
- RTI= Response to Intervention
- BIP=Behavior Intervention Plan
- FBA= Functional Behavior Assessment

Educational Services for which an out-of-home CHINS ward qualifies

- Free/Reduced Lunch & Textbook Fees
- 21st Century Scholarship Program enrollment grades 7-12
- Transportation per ESSA

Engagement of Bio-Parent(s)

- Include bio-parents in all educational meetings/decisions, in addition to resource parents, unless rights have been terminated

When an Educational Surrogate Parent (ESP) is needed

- If no willing/able parent is available to make educational decisions for the child (i.e. Residential placement)
- ESPs are appointed by the school corporation (and sometimes the court)

Special Education Services

- Request for IEP Evaluation must come from parent, as defined by Article 7
- School must provide parent of their decision to evaluate, or not, in writing within 10 instructional days of the request
- School has 50 instructional days to complete the evaluation

DCS Education Consultants (EC)

- Support communication between DCS/DOE/local schools
- Serve as ESSA local Point of Contact (POC)
- Support field and families to ensure the educational stability of our children
- Provide and assist in accessing educational resources

High School Equivalency (HSE)

- Must be 18 years old unless court approved
- School Exit Interview required

School Enrollment Options

- Children in Out-of-Home care must be enrolled in IDOE accredited school which would include: traditional, online, charter or private school through Choice Scholarship vouchers.

Every Student Succeeds Act (ESSA)

- Children will remain enrolled their school of origin unless best interest determination has been made to transfer to the school where the child now resides
- Best interest determination is made with input of parents, FCM, DCS EC/local ESSA Point of Contact (POC), child (when age appropriate), and school of origin POC
- Foster Parents cannot change the educational placement of foster children prior to the ESSA POC Collaborative process occurring
- DCS is responsible for ensuring transportation to school of origin is in place until final agreement of educational best interests has been determined. Foster parents will be asked to provide transportation during the interim, when possible.
- Upon the final decision of the local ESSA POCs resulting in foster youth remaining in their school of origin, transportation will be the responsibility of the school of origin to be secured to/from child's residence.

Homework Tips For Parents

By Chris Zeigler Dendy, M.S.

- 1. Make a plan for tracking homework assignments.** Encourage your child to write every assignment in a daily planner. As a backup, inquire whether assignments are also posted on a school website.
- 2. Establish time for homework.** Some children need a break after classes. Others work best while still in “school mode.” If after-school activities make a regular schedule impossible, post a weekly calendar that lists homework start and finish times.
- 3. Ask the teacher about assignment routines.** The math teacher may say, “I assign algebra homework four nights a week, and give a test at the end of each chapter---roughly every two weeks.” This tells you that something is amiss if your child says he doesn’t have any math homework two nights in a row.
- 4. Schedule a five-minute break for every 20 minutes of work.** Short, frequent breaks help children to recharge.
- 5. Respect your child’s “saturation point.”** If he’s too tired or frustrated to finish his homework, let him stop. Write a note to the teacher explaining that he did as much as he could. If he has problems focusing, writes slowly, or needs extra time to understand concepts, assignments will consistently take longer that they should. Have this conversation with your child’s teacher in order to have this agreed upon plan as well as a plan for completion of the work.
- 6. Maintain communication with your child’s teacher.** If homework sessions are often emotionally exhausting, communicate with the teacher to determine whether assignments are too long or are too difficult for your child.
- 7. Monitor your child’s progress with a daily or weekly report.** Daily and weekly reports from a teacher warn parents when their child is in danger of failing and in need of more supervision at home during homework time. These reports will help you and your child identify missing homework assignments, so you can find them and get them to the teacher. Younger children need more frequent feedback, so a daily report may be best for them. In some cases, weekly reports may be sufficient for students in high school.
- 8. Request an extra textbook to use at home.** Students often leave their books at school. Having access to a textbook every night is essential. Once a student falls behind it can be difficult to catch up. Since many schools have only one set of books for each student, you may have to purchase extra copies.
- 9. Consider your child’s daily rhythms.** Most children do much better if they do their homework relatively early in the day---maybe not immediately upon coming home from school but certainly before supper. (Everyone deserves a break, and your child may need a chance for some physical activity before they have to sit down again.) Some kids are early risers, and that can also be a time to get homework done.
- 10. Have a plan of attack.** Sit down and strategize the day’s homework with your child: How much has to be done? What looks easy? What looks hard?

Source: [ADDitude](#)





Eric J. Holcomb, Governor
Eric Miller, Director

"Children will live in safe, healthy and supportive families and communities."

If you suspect a child is being abused or neglected, call the Child Abuse & Neglect Hotline at (800) 800-5556.

How to Determine if Tutoring Services are Needed

July 1, 2024 –

- Request a comprehensive copy of child's school records including attendance over the last few years, school placements, special education evaluations, IEPs, state standardized testing scores, RTI data, and grades.
- Determine if there are any patterns in the child's performance that may explain poor academic performance - i.e. several school placements, inconsistent attendance.
- Communicate with the school administration team to determine what tutoring services are provided through the school.
- Communicate with the school's administration to determine what academic interventions are being used to meet the child's academic needs. Ask to see data that supports the school's decision to use certain interventions and measure progress.
- If the child receives special education services, ask to see progress monitoring data to determine if the child is making adequate progress toward academic goals. For children with IEPs, grades on the report card are not always the best measure of a student's progress and academic performance.
- If the child has received in-school tutoring and is still struggling, it may be appropriate to make a referral to an outside tutoring service. A referral to your local DCS Education Consultant should be submitted to provide assistance in making this decision.
- If a tutoring service provider has been referred in, coordinate communication between the tutor and the child's teacher to ensure continuity of interventions and strategies found effective for the child.
- Request regular reports from the tutoring provider of the child's progress.

Education Services Division

Indiana Department of Child Services

DCS.Education@dcs.in.gov



School is in session

Anthem offers no-cost tutoring



Serving Hoosier Healthwise,
Healthy Indiana Plan and Hoosier Care Connect



Anthem is here for your health — and your success. We're proud to offer tutoring at no cost to our members in foster care. Through our partnership with Educational Tutorial Services (ETS), we're ready to help our members excel!

Achieving together

School can be hard enough, but youth in foster care often face extra challenges, such as changing schools or teachers. The tutors of ETS will bring their services to your home with a one-on-one plan tailored to each student. This will help our youth grow in these core areas:

- English
- Mathematics
- Language Arts

Success awaits

Tutoring services are available at no cost to Anthem members age 4 to 21 who live in a:

- Foster family agency-certified home.
- Kinship care placement home.
- Licensed foster family home or a court-specified home.

Call today to find out more about this great extra benefit and if you qualify. Call Case Manager Misty Parks at 1-317-287-5233, or call 1-866-902-1690, option 5, to speak with someone in Case Management.



Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



Educational Tutorial Services Form

Anthem offers tutorial for members in foster care ages 4-21 at no cost through Educational Tutorial Services. By completing this form, I ask that the member named below be referred for services.

Member information

Name (first, last): _____ ☐ Female ☐ Male
Medicaid recipient ID: _____ Date of birth: ____/____/____ Phone: _____
Street address: _____
City: _____ State: _____ ZIP code: _____

Education information

Teacher's name: _____
Member's school: _____
School address: _____
City: _____ State: _____ ZIP code: _____
Grade level: _____
Current grade point average: _____

Subject area(s) requiring tutorial services:

English ☐ Mathematics ☐ Language arts ☐

Please sign and mail to the address below. You can also email the form (as an attachment or as a picture from a smartphone) to misty.parks@anthem.com. To learn more, call Case Manager Misty Parks at 1-317-287-5233, or call 1-866-902-1690, option 5.

Anthem

ATTN: Misty Parks

P.O. Box 6144

Indianapolis, IN 46206

I have read the contents of this form. I understand, agree, and allow Anthem to use and release the information the Member to third parties, including Educational Tutorial Services to coordinate the service requested. I understand that signing this form is of my own free will. I understand that Anthem does not require that I sign this form in order for me to receive treatment or payment, or for enrollment or being eligible for benefits.

I have the right to withdraw this approval at any time by giving written notice of my withdrawal to Anthem. This approval will be effective until it is withdrawn. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.

Date: _____

Signature (parent or guardian if member is a minor)

www.anthem.com/inmedicaid

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

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_____ { _____ }

MEMORANDUM

TO: Superintendents and Principals

FROM: Catherine Danyluk, Director, Student Services
Chief State Attendance Officer
Indiana Department of Education

Jeff Wittman, Foster Youth Coordinator
Indiana Department of Education

Mike LaRocco, Director of Transportation
Indiana Department of Education

Melaina Gant, Education Services Director
Indiana Department of Child Services

DATE: April 4, 2017

SUBJECT: Every Student Succeeds Act (ESSA) and Foster Youth

The U.S. Department of Education (ED) and Health and Human Services (HHS) released a [letter](#) that addresses the ESSA Title 1 provisions related to youth in Foster Care. The effective date for following provisions is December 10, 2016:

- The requirement that State Title I Plans describe the steps a SEA will take to ensure collaboration with the State Child Welfare Agency to ensure the educational stability of children in foster care, including assurances that those children can remain in their school of origin if in their best interest and be immediately enrolled in a new school when not staying in their school of origin.
- The requirement that LEAs collaborate with child welfare agencies to develop and implement written procedures governing how transportation to maintain children in foster care in their school of origin when in their best interest will be provided, arranged and funded (with LEAs to pay additional costs only if reimbursed by child welfare agencies or if the LEA agrees to pay or share costs). Indiana's child welfare agency is centralized and there are no state funds available for transportation to be paid to local education agencies.
- Title 1 funds may be used to fund foster youth transportation needs.
- Schools, including Charter Schools that do not transport general population students, must transport foster youth.
- LEA's can work with the Foster parents to determine if they are willing and able to provide transportation.
- The LEA Title 1 Plans must provide assurances that the LEA will collaborate with child welfare agencies to designate a Foster Care point of contact.

Information and resources for [supporting foster youth](#) are available on the IDOE website.


The Indiana Department of Child Services and the Indiana Department of Education are dedicated to ensuring educational stability for children in foster care.

If there are any questions of assistance requested please contact:

Melaina Gant (DCS) Melaina.Gant@dcs.IN.gov

Jeff Wittman (IDOE) Jwittman@doe.in.gov

Cathy Danyluk (IDOE) cdanyluk@doe.in.gov

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: August 1, 2021
	Section 22: School Notifications and Legal Settlement	Version: 5

POLICY OVERVIEW

Success in school is more likely to occur when planning for safety, stability, permanency, and well-being is fully integrated with a child's educational plan. In order to achieve this for a child in out-of-home care, the Indiana Department of Child Services (DCS) and school must collaborate to determine the best educational interest of the child.

PROCEDURE

In accordance with the Every Student Succeeds Act (ESSA), DCS, Indiana Department of Education (DOE), and local education agencies must identify State and Local Points of Contact (POCs) to collaborate on determining the best educational interests of children in out-of-home care. DCS has appointed the Education Services Program Director as the agency's State ESSA POC and the DCS Education Services as the agency's local ESSA POC.

The Family Case Manager (FCM) will:

1. Within 24 hours of the child's removal or change in placement, submit a referral to the Education Services team for completion of the School Notifications and Best Interest Determination (BID) form;
2. Verbally notify the child's current school of the child's removal or change of placement within 24 hours. This includes but is not limited to:
 - a. A Trial Home Visit (THV) (see policy 8.39 Trial Home Visits),
 - b. A child placed through an Interstate Compact on the Placement of Children (ICPC) (see policy 9.03 Initial Placement/Placement Changes),
 - c. Emergency Shelter Care (ESC) (see policy 8.04 Emergency Shelter Care and Urgent Residential Treatment Review and Approval),
 - d. Admission to residential treatment (see policy 5.24 CFTR), and
 - e. Case closure (see policy 5.12 Closing a CHINS Case);
3. Gather information regarding the child's education and discuss the child's educational best interest with the following:
 - a. The child,
 - b. The parent, guardian, or custodian, unless Termination of Parental Rights (TPR) has been finalized,
 - c. The resource parent,
 - d. Members of the Child and Family Team (CFT) (see policy 5.07 Child and Family Team Meetings), and
 - e. The child's school if input is provided by the school.

Note: The FCM should complete the Release of Education Records form and submit to the last school in which the child was enrolled to obtain educational records.

4. Discuss the child's best interest determination with Education Services to determine if it is in the child's best interest to remain in the school of origin, if applicable.
5. Ensure transportation to school is arranged for the child until the best interest determination is completed.

Note: The child's school of origin is obligated to provide transportation for the child when it has been determined that it is in the child's best interest to remain enrolled in the child's school of origin.

6. Convene a CFT Meeting to plan for any barriers and identify solutions regarding the child's educational placement;
7. Provide the court with information per IC 20-26-11-2, to determine legal settlement;
8. Notify the court of a new event that will cause a redetermination to the child's legal settlement. This may be completed as part of a progress report to the court; and
9. Ensure all education information (e.g., current grade level, school name, school address, School Notification and BID form, and Individualized Education Program [IEP] or Section 504 Plan [504 Plan] date and specifics), decisions, and actions taken are documented in the case management system as changes occur.

The Education Services Team will:

1. Collaborate with the FCM to complete the School Notification and BID form;

Note: If a collaborative decision cannot be made about the child's best interest, the FCM and Education Services Team will consult with the FCM Supervisor, the Local Office Director (LOD), and/or Education Services Director.

2. Provide the School Notification and BID form to the identified POC at the school corporation where the child currently attends and the POC at the school corporation where the child has legal settlement **within 72 hours** of the child's:
 - a. Removal from the child's home and initial placement in out-of-home care,
 - b. Change in out-of-home placement,
 - c. Return to the child's home,
 - d. Initial Determination of legal settlement,
 - e. Change in legal settlement determination,

Note: The FCM will complete a referral to the Education Services Team when legal settlement has changed.

- f. Change in educational placement, or
- g. DCS case closure.

Note: If the child's home placement change impacts the child's educational setting, the school corporation where the child will be attending will be notified per the POC collaboration required by ESSA.

3. Obtain the signature of the Local Education Agency's POC on the School Notification and BID form;
4. Sign the finalized School Notifications and BID form;
5. Upload the signed School Notifications and BID form into the Education Services Team referral prior to referral closure;

6. Send the finalized School Notification and BID form to the POC at the school corporation where the child will attend and the POC at the child's school of origin; and

Note: The Education Services Team will facilitate collaboration with the Local Education Agency's POC to make a final determination regarding if remaining in the school of origin is in the child's best interest.

7. Ensure before August 1st of each year the appropriate school corporations are notified of whether the child's placement is anticipated to continue in the subsequent school year, using the Annual Notification of Placement in School Corporation form.

Note: If the child attends the child's school of origin, but does not reside in the school district, a review of the child's best interest should occur with the Education Services Team before the annual school notification is due.

The LOD will collaborate with the Education Services Team, as needed, to ensure the School Notification and Best Interest Determination (BID) form is completed and submitted.

LEGAL REFERENCES

- [IC 20-26-11: Legal Settlement and Transfer of Students; Transfer Tuition](#)
- [IC 20-26-11-2: Legal settlement](#)
- [IC 20-50-3-3: School of origin](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-15-4: Form; contents](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [IC 31-34-21-10: Review of child's legal settlement](#)

RELEVANT INFORMATION

Definitions

Every Student Succeeds Act (ESSA)

ESSA is a federal law which, as it pertains to foster children, was implemented in 2016. ESSA requires local education agencies' POCs and child welfare agencies' POCs to collaborate on determining educational best interests for foster children when their home placement change causes the potential for their education placement to change. ESSA also requires collaboration between the POCs on providing transportation for foster children who attend their school of origin but have been placed outside of the district. Questions regarding ESSA may be directed to the DCS Education Services Team.

Individualized Education Program (IEP)

An IEP is a written statement developed for a child that describes:

1. How a student will access the general education curriculum, if appropriate; and
2. The special education and related services needed to participate in the educational environment.

Legal Settlement

Legal settlement defines which school corporation has responsibility for payment of education costs.

School of Origin

The school of origin is the school that a student in foster care attended when the student last had a permanent residence or the school in which a student in foster care was last enrolled.

Section 504 (504 Plan)

Section 504 is a Federal law that prohibits disability discrimination by recipients of Federal financial assistance. The qualified student is entitled to receive regular or special education and related aids and services that are designed to meet their individual educational needs as adequately as the needs of students without disabilities are met. The 504 Plan requires, among other things, that a student with a disability receives an equal opportunity to participate in athletics and extracurricular activities, and to be free from bullying and harassment based on disability.

Forms and Tools

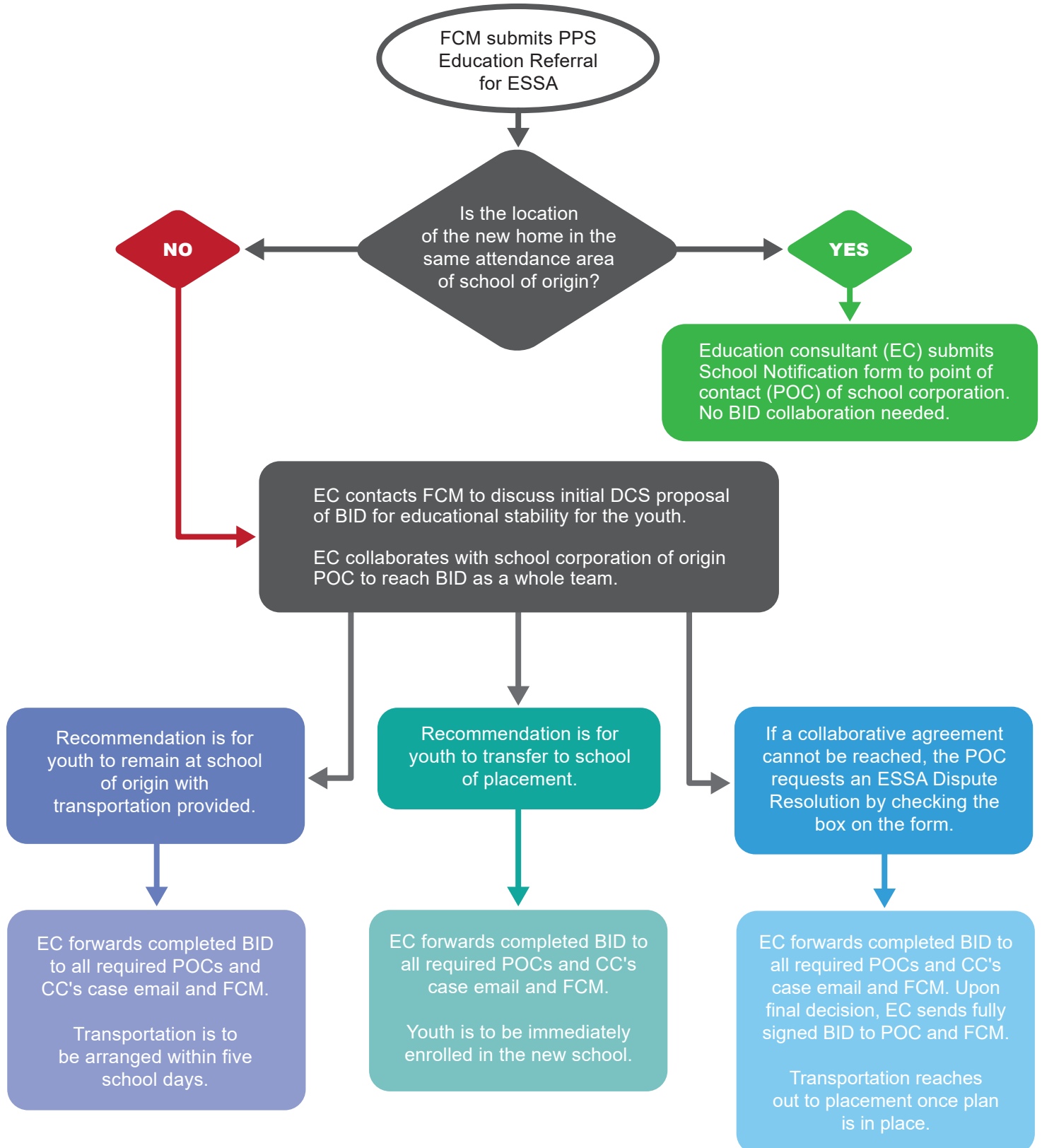
- [Annual Notification of Continuation of Placement in School Corporation \(SF 49812\)](#)
- [DCS Education Services Map](#)
- DCS Education Services Team email - DCS.Education@dcs.IN.gov
- [Release of Education Records \(SF 55228\)](#)
- [School Notification and Best Interest Determination \(BID\) \(SF 47412\)](#)
- [School Notification Point of Contact \(POC\) List](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.12 Closing a CHINS Case](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.04 Emergency Shelter Care and Urgent Residential Treatment Review and Approval](#)
- [8.39 Trial Home Visits](#)
- [9.03 Initial Placement/Placement Changes](#)

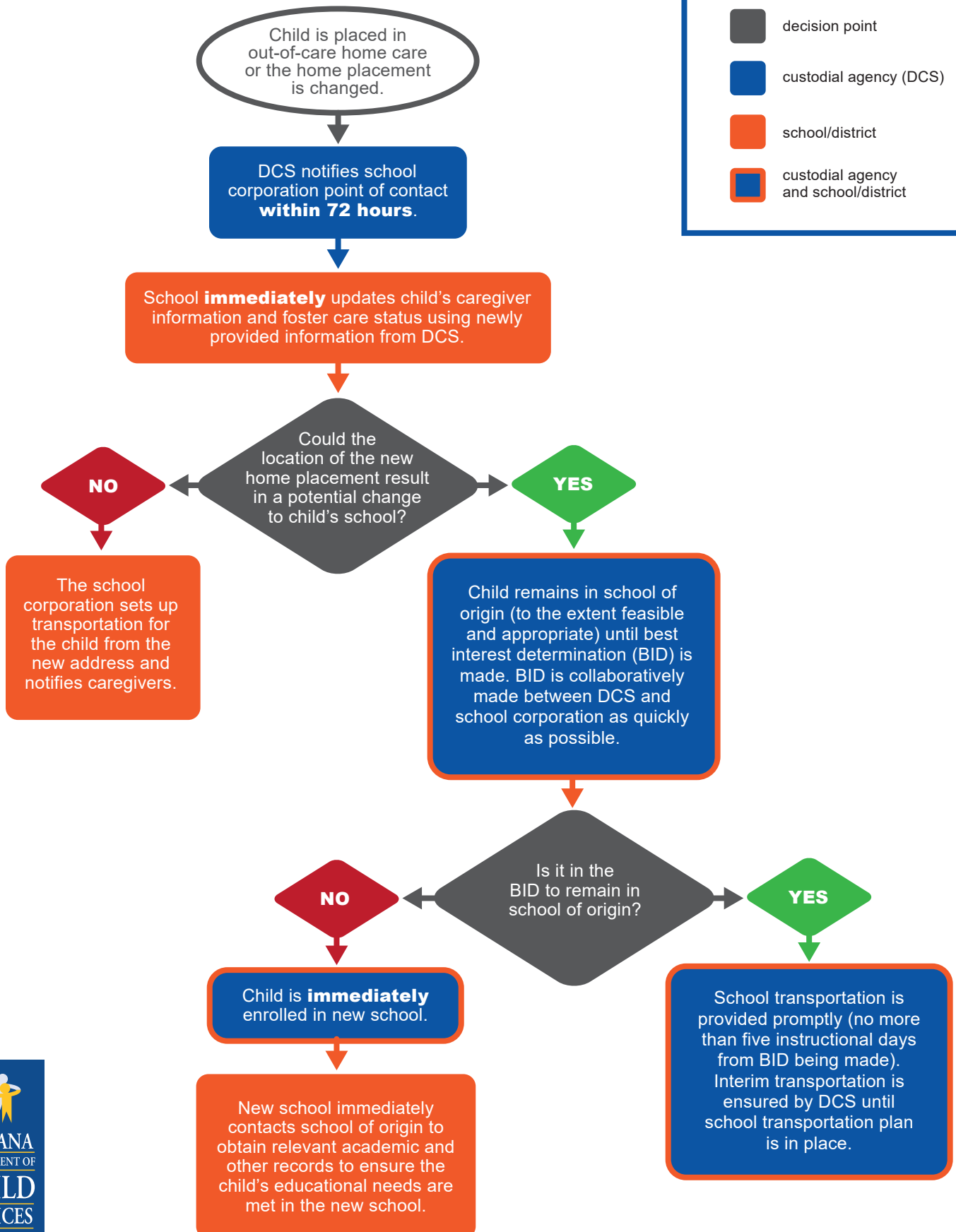
DCS Process for ESSA Collaboration

Every time a school-aged youth is removed, changes placement or their case closes, an Every Student Succeeds Act (ESSA) best interest determination (BID) should be completed. DCS must ensure that the youth remain in attendance at the school of origin and has transportation until BID is completed.



Overview - Educational Stability for Children in Foster Care

A child in foster care remains enrolled in their school of origin, unless a determination is made that it is not in the child's best interest (IESEA section 1111(g)(1)(E)(i)).



Who Can Give Consent for Educational Decisions?

The biological or adoptive parent whose rights have not been terminated or restricted should be included in all educational decisions. However, foster parent is also considered the parent for purposes of educational decision-making under Article 7 and IDEA.

- If there is no biological or foster parent or they are unable or unwilling to participate with the public school in the collaborative decision-making process under Article 7 and the IDEA, the school must appoint an educational surrogate parent.

The school shall appoint an educational surrogate as follows:

- When no parent can be identified
- When the school is unable to locate a parent
- When the student is a ward of the state, unless the court order creating the wardship permits the student to remain in the home, or expressly reserves to a parent, the authority to make decisions concerning the student's education or upbringing
- When the student is homeless and not in the custody of the parent

Educational surrogate parent:

- Must not be employed by the department of education, the school, or any other agency involved in the education or care of the student ← (DCS is an agency who is involved in the care of the student, so no DCS employee can serve as the Educational Surrogate Parent (ESP) for a ward)
- Must have no personal or professional interest that conflicts with that of the student
- Should match the student's cultural and linguistic background to the extent possible
- Must have knowledge and skills that ensure adequate representation of the student

511 IAC 7-32-70 "Parent" defined

Sec. 70. (a) "Parent" means one (1) of the following:

(1) Any biological or adoptive parent whose parental rights have not been terminated or restricted in accordance with law.

(2) A guardian generally authorized to act as the student's parent, or authorized to make educational decisions for the student, including a court-appointed temporary guardian.

(3) A foster parent.

(4) An individual with legal custody or an individual acting in the place of a biological or adoptive parent, including a grandparent, stepparent, or other relative, or other adult who accepts full legal responsibility for the student and with whom the student lives.

(5) An educational surrogate parent appointed in accordance with 511 IAC 7-39.

(6) Any student of legal age, which is defined in section 91 of this rule to mean a student who:

(A) is eighteen (18) years of age; and

(B) has not had a guardian appointed by a court under IC 29-3.

(7) An educational representative appointed under 511 IAC 7-43-6

(b) Except as provided in subsection (c), the biological or adoptive parent, when:

(1) attempting to act as the parent under this article; and

(2) more than one (1) party is qualified under subsection (a) to act as a parent; must be presumed to be the parent for purposes of this article unless the biological or adoptive parent does not have legal authority to make educational decisions for the student.

(c) If a judicial decree or order identifies a specific person or persons under subsection (a)(1) through (a)(5) to:

(1) act as the parent of a student; or

(2) make educational decisions on behalf of a student; then such person or persons shall be determined to be the parent for purposes of this article.



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

To: Principals, Deans, Attendance Officers

From: Catherine Danyluk, State Attendance Officer

Date: July 29, 2022

Subject: Enrollment Restrictions and Denial of Enrollment

Children **cannot** be denied enrollment for the following reasons:

- **Lack of a birth certificate.** A student must have a birth certificate or other reliable proof of the student's date of birth per IC 20-33-2-10(a)(2). If a birth certificate or other reliable proof of the date of birth is not provided within 30 days of enrollment the school shall notify the Indiana State Police Clearinghouse for Information on Missing Children & Missing Endangered Adults.
- **Showing up late for the beginning of the semester.** The compulsory school attendance law (IC 20-33-2-29) requires attendance and requires the school administrator to ensure that children of compulsory school attendance age are enrolled.
- **Not having rental receipts, a mortgage document, driver's license, social security card, lease agreement, or other forms of official identification.** State law does not require any document with an address as a prerequisite to enrollment. Asking for any document to assist in determining legal settlement or right to attend school based on the location of the residence is appropriate. However, if the parent does not have documents or proof of residence a child cannot be denied attendance for that reason alone. Attendance officers, or school officials, have the authority to investigate the residence of parents to ensure compliance with state law. Children may not be removed or expelled from school without due process of law. Please see IC 20-33-8-17 and IC 20-33-8-19 for the law on expulsions.
- **Not having an individualized education program (IEP).** The student must be enrolled immediately and provided special education services. Schools must convene a case conference within 10 days to review and revise the student's IEP. Students on an IEP must be enrolled immediately and provided services comparable to those described in the student's IEP from the previous school until the school either adopts the student's IEP or develops and implements a new IEP.
- **Not being a citizen of the country or the state.** A child must be in school in Indiana if the child intends to remain in the state for at least 30 days per IC 20-33-2-3(2)(B) and 511 IAC 1-7-1. Note: Enrollment must be immediate when intent to remain for 30 days is determined, without regard to legal domicile per IC 20-33-2-3.



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

- **Being an undocumented alien.** Children of undocumented aliens must be allowed to attend public school. (*Plyler v. Doe*, 457 US 202 (1982)).
- **Not having a stable residence.** Homeless children must be accommodated and may not be removed from school for legal settlement reasons alone. Contact MckinneyVentoPoc@doe.in.gov with any questions related to homeless children.
- **Moving.** If a parent moves out of the district during the school year, the child may remain in the school at the parent's discretion until at least the end of the semester per IC 20-26-11-2(8).
- **Lack of immunizations.** Children must be enrolled in school whether or not they have required immunizations. If they do not have the required immunizations and the school refuses to grant a statutorily allowed 20-day waiver, the child may not be permitted to attend school beyond the first day of school per IC 20-34-4-5(c)(1) & (2).
- **Not speaking English.** Non-English speaking children must be allowed to attend public school. (*Lau v. Nichols*, 414 US 563 (1974)).
- **Living with a kinship caregiver.** If a student resides with a relative or kinship caregiver without state agency placement, the student has the right to attend school in the school district in which they reside. A [third-party custodial agreement](#) can be completed by the caregiver and may be accepted if parental signature is unable to be secured due to unavoidable circumstances.
- **Fifth year seniors.** All Indiana students have the right to obtain their high school diploma. Students remain in the cohort of the school where the student was expected to have graduated in four years for accountability purposes. For example, if a student was in School A's cohort at the time of the student's expected graduation date and did not graduate but subsequently enrolled at School B to graduate in a fifth year, the student would remain in School A's cohort.
- **Students over 18 years of age.** In Indiana, individuals have a constitutional right to attend school until they have received a high school diploma. Receipt of a High School Equivalency (HSE) is not equivalent to a high school General or Core 40 diploma, with or without honors, and does not extinguish the right to earn a high school diploma. Schools have the right to determine placement, and may determine that an older student should not attend in a traditional high school setting during the day, but rather earn credits through online credit recovery, evening classes, etc. The student may be required to attend adult education classes rather than high school, but the student cannot be denied the right to attend school and earn a diploma. Per the Compulsory School Attendance law (Constitution of the State of Indiana, Article 8, Section 1), a student is required to attend until the age of 18. The state of Indiana does not specify an age by which students can no longer attend.




Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

The final arbiter of the right to attend school and the determination of legal settlement is the Indiana State Board of Education (SBOE) as indicated in IC 20-26-11-15 and IC 20-33-2-45. The parent of any child denied the right to attend school or expelled due to lack of legal settlement should be advised of the right to appeal to SBOE. Students who are 18 or older should also be advised of their right to request a hearing, as those rights now belong to the students, instead of the parents.

Please contact Catherine Danyluk, state attendance officer at cdanyluk@doe.in.gov or 317-232-9150 with any questions or for additional clarification.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2021
	Section 21: Special Education Services	Version: 5

POLICY OVERVIEW

Collaboration between the Department of Child Services (DCS), the child's school, and the Child and Family Team (CFT) is essential to ensure the development and success of an appropriate plan to provide special education services which address identified needs of children in out-of-home care.

PROCEDURE

DCS will request a copy of any existing Individualized Education Plan (IEP) or Section 504 (504 Plan) Plan and ensure the child is receiving the services outlined in the plan. DCS will refer each child who displays signs that a need may exist in an educational setting but has not been identified as requiring special education services, for appropriate testing.

Note: A 504 Plan will be requested for a child who does not qualify for special education services yet has a medical diagnosis and an identified need.

DCS will utilize the CFT Meeting or Case Plan Conference process to assist the child's parent, guardian, or custodian and/or resource parent with making decisions related to disabilities and/or educational needs that may impact the child's education. In the event that the child's parent, guardian, custodian and/or resource parent is unable to perform this role, DCS will collaborate with the Court and the Indiana Department of Education (DOE) to ensure the child is appointed an Educational Surrogate Parent (ESP) to represent the child in matters relating to education.

DCS will invite the child's school to provide information and participate in the case planning process and ensure educational goals, needs, and efforts to enable the child's school to provide appropriate support and to protect the safety of the child are included in the Case Plan/Prevention Plan (see policy 5.08 Developing the Case Plan).

When the Family Case Manager (FCM) has reason to believe that an educational need may exist, the FCM will:

1. Assist the child's parent, guardian, or custodian and/or resource parent in requesting the child's school complete an initial educational evaluation to determine if a need exists that could impact the child's education and if special education and/or related services are needed;

Note: Consider making a referral to the Education Services Team to review identified educational needs and/or concerns to help the family determine if an evaluation should be requested.

2. Attend the child's IEP or 504 Plan conference and participate in the development and implementation of an appropriate plan for the child;

3. Obtain a copy of the IEP or 504 Plan and ensure the copy is uploaded into the case management system;
4. Discuss the need to monitor the IEP or 504 Plan with the child's parent, guardian, or custodian and/or resource parent; ensure the IEP or 504 Plan is enforced; and the overall educational needs of the child are being met;
5. Discuss the need for an ESP with the local Education Services Team member, if there are concerns regarding the parent, guardian or custodian's ability to advocate for the child's education.

Note: Employees of DCS are prohibited from serving as an ESP for any child involved in an open DCS case.

6. Encourage the child's parent, guardian, or custodian to invite the ESP, if applicable, to participate as a member of the CFT (see policy 5.07 Child and Family Team Meetings);
7. Encourage the child's parent, guardian, or custodian; resource parent, or ESP to work with the school to coordinate the development of a Transition IEP, as well as attend all educational meetings and reviews; and
8. Document all participants, decisions, plans, and actions in the case management system.

The FCM Supervisor will:

1. Discuss the identified educational needs with the FCM during regular case staffing;
2. Assist the FCM with the completion of all special education-related service referrals for the child, including referrals for evaluations and the need for an ESP; and
3. Ensure all referrals are submitted timely; and
4. Attend CFT Meetings, Case Plan Conferences, and/or IEP or 504 Plan Conferences, when applicable.

The Education Services Team will provide support to FCMs in identifying educational barriers and developing effective solutions.

The local school corporation will hold the responsibility of appointing an ESP when appropriate.

LEGAL REFERENCES

- [IC 20-18-2-9: "Individualized Education Program"](#)
- [IC 20-35-1-4: "Division"](#)
- [IC 20-35-6: General Provisions](#)
- [IC 31-34-15-4: Form; contents](#)
- [511 IAC 7: Indiana Board of Special Education Rules](#)

RELEVANT INFORMATION

Definitions

Case Staffing

Case staffing is a systematic and frequent review of all case information with safety and risk, stability, permanency, and well-being as driving forces for case activities.

Educational Surrogate Parent (ESP)

An ESP is a specially appointed advocate who has been trained to assume the responsibility of representing the child in the special education decision-making process.

Individuals with Disabilities Education Act (IDEA)

IDEA guarantees that persons between the ages of three (3) and 22 with disabilities receive appropriate public education through the development and implementation of an IEP.

Individualized Education Program (IEP)

An IEP is a written statement developed for a child that describes:

1. How a student will access the general education curriculum, if appropriate; and
2. The special education and related services needed to participate in the educational environment.

Section 504 (504 Plan)

Section 504 is a Federal law that prohibits disability discrimination by recipients of Federal financial assistance. The qualified student is entitled to receive regular or special education and related aids and services that are designed to meet their individual educational needs as adequately as the needs of students without disabilities are met. The 504 Plan requires, among other things, that a student with a disability receives an equal opportunity to participate in athletics and extracurricular activities, and to be free from bullying and harassment based on disability.

Transition Individualized Education Program (IEP)

The Transition IEP is an IEP transition plan that begins at the start of ninth (9th) grade or 14 years of age, whichever comes first; (or earlier if determined appropriate). The transition IEP identifies annual goals and services for a student. Additionally, it will help the student prepare for the transition from school to adult life.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) - available in the case management system

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan](#)

An Overview: Article 7 and the IEP Timeline



Day 1	The public agency (school) receives a request (preferably written) from the parent requesting a comprehensive educational evaluation for their child, and parent gives consent for this evaluation. See 511 IAC 7-40-4 (d)
Day 2-10	The public agency has up to 10 instructional days to provide the parent with written notice regarding the request for their child's educational evaluation. The notice will either propose to do the evaluation with a description of the evaluation procedure, or refuse the request with an explanation of the parent's rights to contest the refusal. See 511 IAC 7-40-4 (d & e)
Day 45	<ul style="list-style-type: none"> If the parent requests a copy of the educational evaluation prior to the CCC meeting in the initial evaluation request letter, the school must provide a copy of the evaluation to the parent not less than five (5) instructional days prior to the initial CCC meeting. See 511 IAC 7-40-5 (h) The parent can also request that the public agency explain the educational evaluation results to the parent prior to the CCC meeting. See 511 IAC 7-40-5 (i) The parent should receive "adequate notice" regarding the date, time, and place of the CCC meeting. See 511 IAC 7-32-4 A CCC meeting must be scheduled at a mutually agreed upon time and place. See 511 IAC 7-42-2
50 days later	Within 50 instructional days of receiving parental consent, the school district must evaluate the student and hold the first CCC meeting to discuss evaluation results to determine whether the child is eligible for special education and related services. See 511 IAC 7-40-5 (d)
Day of the CCC meeting	<ul style="list-style-type: none"> The CCC meets to develop an individual educational program (IEP) designed to meet the students' unique needs. Including Present Levels of Academic and Functional Performance, annual goals, special education and related services, accommodations, state and district test participation, transition services (14 years of age and older), progress achieved, and projected dates of services See 511 IAC 7-42-6 Parents must provide consent in writing to initial IEP.
Up to 10 days after the CCC	<ul style="list-style-type: none"> Any member of the CCC can submit a written opinion regarding the IEP that will remain in the student's educational record. See 511 IAC 7-42-6 (j)
11 days after the IEP meeting or sooner	The proposed IEP will be implemented as written if parent has provided consent. See 511 IAC 7-42-8 (b)
1 year after IEP	Annual Case Review - A review of the IEP occurs at least once a year with a CCC meeting. However, parents can request a CCC meeting to revise the IEP at any time. See 511 IAC 7-42-9 (a)
Up to 10 days after the CCC	<ul style="list-style-type: none"> Any member of the CCC can submit a written opinion regarding the IEP that will remain in the student's educational record. See 511 IAC 7-42-6 (j) In order to preserve the previous IEP or take advantage of "stay put," a parent has 10 days after the IEP meeting to decide if they agree or do not agree to the IEP. See 511 IAC 7-42-8 (2)

IEP - POSSIBLE ACCOMMODATIONS/MODIFICATIONS

<p>Learning Style:</p> <ul style="list-style-type: none"><input type="checkbox"/> As an auditory learner, this student learns best by listening and discussing<input type="checkbox"/> As a visual learner, this student learns best by seeing<input type="checkbox"/> As a kinesthetic learner, this student learns best by doing<input type="checkbox"/> As a tactile learner, this student learns best through touch<input type="checkbox"/> This student is a multi-sensory learner and will benefit from having material presented using as much sensory input as possible<input type="checkbox"/> Other <p>Study Skills & Strategies:</p> <ul style="list-style-type: none"><input type="checkbox"/> Use of daily assignment sheet or notebook<input type="checkbox"/> Provide extra time to complete assignments<input type="checkbox"/> Audiotape classroom lectures or discussions<input type="checkbox"/> Student may need a demonstration, hands on activities, concrete materials or explanation of a process or new concept; may not understand the terms used to explain a concept<input type="checkbox"/> Student is allowed to copy another student's notes, use duplicate notes or use a note taker <p>Reading:</p> <ul style="list-style-type: none"><input type="checkbox"/> Reading assignments should be presented on cassette tape or orally<input type="checkbox"/> Other	<p>Math:</p> <ul style="list-style-type: none"><input type="checkbox"/> Assign fewer problems<input type="checkbox"/> Assign more problems<input type="checkbox"/> Use calculator when doing math<input type="checkbox"/> Allow use of fact chart<input type="checkbox"/> Read story problems to student<input type="checkbox"/> Other <p>Written Expression:</p> <ul style="list-style-type: none"><input type="checkbox"/> Permit use of manuscript writing<input type="checkbox"/> Reduce number of spelling words to be memorized<input type="checkbox"/> Word processor or computer for written assignments<input type="checkbox"/> Other <p>Test Taking & Evaluation:</p> <ul style="list-style-type: none"><input type="checkbox"/> Provide extra test time<input type="checkbox"/> Duplicate book pages so student does not have to copy<input type="checkbox"/> Highlighted materials<input type="checkbox"/> Provide extra set of books to keep at home<input type="checkbox"/> Use of peer buddy, peer tutor and/or cooperative learning<input type="checkbox"/> Other <p>Environment:</p> <ul style="list-style-type: none"><input type="checkbox"/> Preferential seating<input type="checkbox"/> Study carrel<input type="checkbox"/> Other <p>Supports of Personnel:</p> <p>Supplemental Aids & Services:</p>
---	--

Do you have concerns about your child's development or behavior? Your local school is a resource for help.

Step 1: Family Makes Initial Contact to School District

- The school personnel will forward your initial inquiry to the responsible early childhood staff.
- School personnel will contact you to gather information about your child over the phone or set up a meeting time with you.

Step 2: Referral and Consent for Evaluation

- School personnel will explain child evaluations and special education services to you.
- Your written consent is required for the school to evaluate and assess your child. Evaluation date is scheduled after you provide your consent and within **10 days of your request for evaluation**.

Step 3: Child Evaluation and Assessment

- Preschool evaluations involve observing your child play and respond to directions and questions. An evaluation teacher and school psychologist and other therapists, as needed, will be involved.
- The evaluation setting may be a classroom, therapy room, or an environment where the child can show what he can do.
- The evaluation team will write a report to share with you. A meeting will be scheduled to discuss the report, a meeting notice will be provided to you.

Step 4: Case Conference Meeting, Eligibility, and Individual Education Plan (IEP): **50 days from your consent to evaluate**

- You and the evaluation staff make up the Case Conference Committee (CCC) or team. You meet to discuss the evaluation report and determine if your child is eligible for special education services.
- If your child is eligible for services, the CCC writes a plan (IEP) outlining what your child will learn (goals), how and where the preschool services will be provided.
- If you agree with the IEP, you sign the document which gives the school permission to provide services. You receive a copy of the IEP **within 10 days of meeting**.

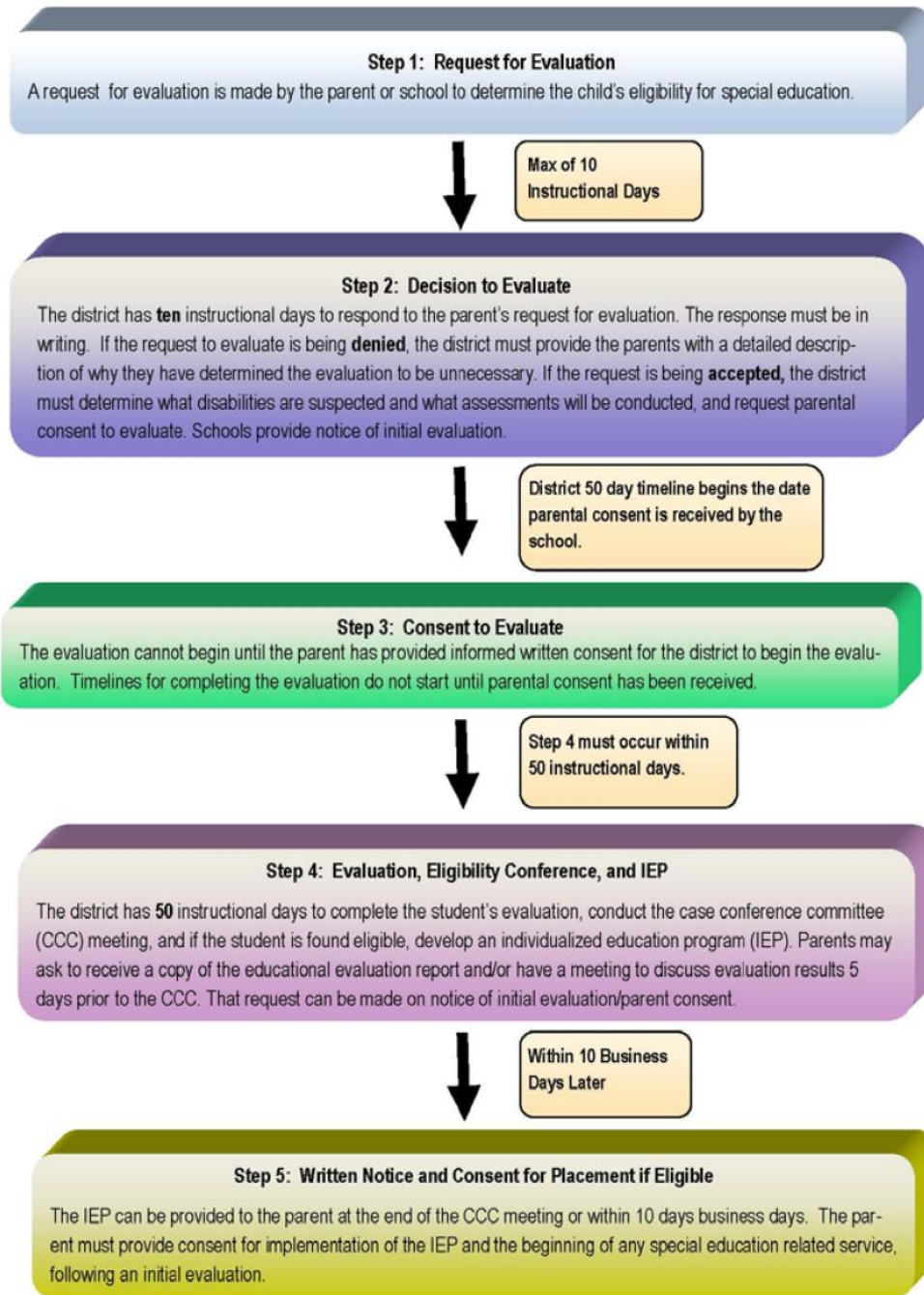
Step 5: Service Delivery and Transition to Kindergarten

- Preschool services may be provided in a group or individual setting. The early childhood team provides you with periodic updates on your child's progress.
- The IEP is updated once per year, but can be reviewed as needed.
- To learn about kindergarten, ask the preschool teacher about how kindergarten is different than preschool and request a visit to a classroom to learn about it.

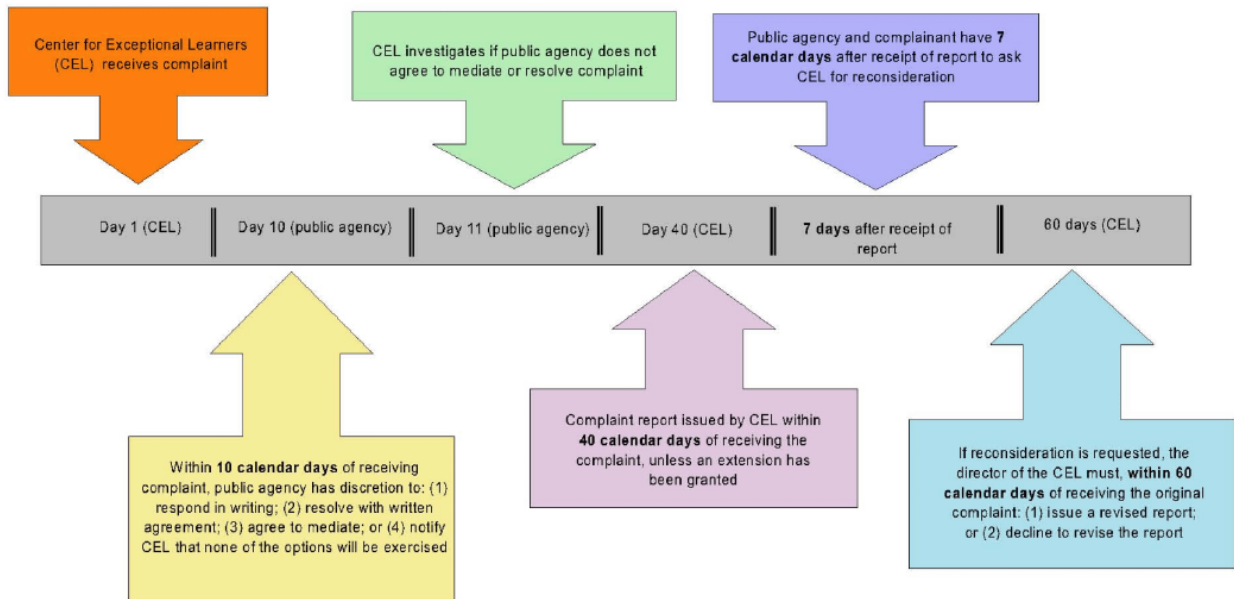
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STEPS FOR COMPLETING AN EDUCATION EVALUATION

Steps for Completing an Educational Evaluation



Complaint Timelines



	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 23: Extracurricular Activities	
	Effective Date: October 1, 2023	Version: 3

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) encourages children in out-of-home care to participate in extracurricular activities to promote normalcy and the child's emotional and developmental growth.

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PROCEDURE

Extracurricular activities for children in out-of-home care should be limited to those activities that are "reasonably safe." If there is a concern regarding the safety or appropriateness of a particular activity, the CFT should convene to review the proposed activity and make a recommendation regarding the child's participation. DCS may deny the request for the child's participation in an extracurricular activity if it is determined that it is not in the child's best interest.

The FCM will:

1. Discuss with the resource parent, using the Reasonable and Prudent Parent Standard, the child's participation in the extracurricular activity. See 8.F Tool: Reasonable and Prudent Parent Standard for additional information;

Note: Resource parents and caregivers should utilize the Reasonable and Prudent Parent Standard to carefully consider the child's participation in each extracurricular activity and determine if the activity is appropriate given the child's wishes, age, interests, abilities, mental and physical health, behavioral issues, and safety needs.

2. Ensure the resource parent has provided, in writing (email is acceptable) or by phone any extracurricular activities in which the child may participate.

Note: DCS will ensure the child's parent, guardian, or custodian; members of the Child and Family Team (CFT); and the court are informed of all extracurricular activities in which the child will participate.

3. Ensure the resource parent has current information regarding the child's history (e.g., medical, social, and prior participation) to allow the resource parent to make an informed decision regarding the child's participation in the activity;
4. Ensure any extracurricular activities the child participates in are:
 - a. Age-appropriate,

- b. Reasonably safe, and
 - c. Provide appropriate supervision.
5. Convene a CFT Meeting if concerns arise regarding the extracurricular activity (e.g., safety, age-appropriateness, or adult supervision) to discuss the activity and make a recommendation regarding the child's participation. See related policy 5.07 Child and Family Team Meetings for additional guidance;

Note: If the child's extracurricular participation involves an overnight activity or event, see policy 8.24 Travel and Overnight Stays while in Out-of-Home Care for details on required approval.

6. Inform the parent, guardian, or custodian; and members of the CFT of the child's participation in an extracurricular activity; and

Note: If the child's parent, guardian, or custodian objects to the child participating in the extracurricular activity, notify the DCS Staff Attorney and provide any requested information to obtain a court order.

7. Document information regarding the activity in the case management system.

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RELEVANT INFORMATION

Definitions

Reasonable and Prudent Parent Standard

The Reasonable and Prudent Parent Standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests, while at the same time, encouraging the child's emotional and developmental growth. See 8.F Tool: Reasonable and Prudent Parent Standard for additional guidance.

Forms and Tools

- [8.F Tool: Reasonable and Prudent Parent Standard](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [8.24 Travel, Outings and Overnight Stays while in Out-of-Home Care](#)

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LEGAL REFERENCES

- [IC 31-9-2-101.5: Reasonable and Prudent Parent Standard](#)
- [IC 31-27-3-18.5: Use of Reasonable and Prudent Parent Standard](#)

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PRACTICE GUIDANCE – DCS POLICY 8.23

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

N/A

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EXIT INTERVIEW

Indiana Code 20-33-2-9 (c)

Name of School Corporation:		
Address of School corporation:		
Telephone of School Corporation:		
Name of Principal:		
Name of Parent (s)/guardian:		
Address of Parent (s)/guardian:		
Telephone number of Parent (s/guardian):		
Name of Student:		
Street Address of Student:		
City:	State:	Zip Code:
Telephone number of student:		
Date of Birth of Student:		

(a) This section applies to an individual:

(1) who:

- (A) attends or last attended a public school;
- (B) is at least sixteen (16) years of age but less than eighteen (18) years of age; and
- (C) has not completed the requirements for graduation;

(2) who:

- (A) wishes to withdraw from school before graduation;
- (B) fails to return at the beginning of a semester; or
- (C) stops attending school during a semester; and

(3) who has no record of transfer to another school.

(b) An individual to whom this section applies may withdraw from school only if all of the following conditions are met:

- (1) An exit interview is conducted.
- (2) The individual's parent consents to the withdrawal.
- (3) The school principal approves of the withdrawal.
- (4) The withdrawal is due to:

(A) financial hardship and the individual must be employed to support the individual's family or dependent;

(B) illness; or

(C) an order by a court that has jurisdiction over the child.

During the exit interview, the school principal shall provide to the student and the student's parent a copy of statistics compiled by the department concerning the likely consequences of life without a high school diploma. The school principal shall advise the student and the student's parent that the student's withdrawal from school may prevent the student from receiving or result in the revocation of the student's employment certificate and driver's license or learner's permit.

(c) For purposes of this section, the following must be in written form:

- (1) An individual's request to withdraw from school.
- (2) A parent's consent to a withdrawal.
- (3) A principal's consent to a withdrawal.

(d) If the individual's principal does not consent to the individual's withdrawal under this section, the individual's parent may appeal the denial of consent to the governing body of the public school that the individual last attended.

The signatures below acknowledge such consent following review of information compiled by the Department of Education and posted at <http://www.doe.state.in.us/sservices/sao.htm>. The student and the student's parents understand that withdrawing from school is likely to:

- (1) reduce the student's future earnings; and
- (2) increase the student's likelihood of being unemployed in the future.

Student

Student's Parent/Guardian

Principal

Superintendent Recommendation:

Last Day of Attendance

Only required if student is exiting to obtain a High School Equivalency Diploma (IC 22-4.1-18)



The Indiana HSE (High School Equivalency) is an alternative for earning a high school diploma. Your HSE Diploma can be earned after completing a test based on five subject areas (math, reading, writing, science and social studies). The skills you are taught and eventually tested on are at the same level as those of graduating high school seniors.

Education plays an important role in life by improving your knowledge and preparing you to get a better job. Workers who have a high school diploma earn over \$8,000 more per year than those who do not. Taking the HSE test is your first step to moving forward. Whether your goal is to get a better job or continue on your educational pathway to a certificate, 2-year associate degree or 4-year bachelor's degree, this is where your second chance starts.

[Indiana HSE Brochure](#)

Frequently Asked Questions:

Who can take the HSE?

- Anyone living in Indiana for a minimum of 30 days before taking the test.
- Those who have not already earned a diploma from an accredited high school in the United States.
- Students who are at least 16 years of age.

How do I sign up?

- In-person at a testing office. Bring ONE government-issued photo ID.
- Find the testing office nearest you at indiana.tasctest.com.

[More FAQs](#)

Copies of Transcript or Diploma:

[Diploma Sender](#) can assist in attaining copies of your transcript or diploma.

Contact

If you have any questions regarding the Indiana HSE, please call 1-866-220-6675 or email adulted@dwd.in.gov.



Who can enroll as a Scholar?

To be eligible for the Scholars program, students must:

- Be Indiana residents.
- Be U.S. citizens or eligible non-citizens.
- Be enrolled in the 7th or 8th grade at an Indiana school recognized by the Indiana Department of Education.
- Meet income eligibility requirements.
- Take the 21st Century Scholar Pledge.

Eligible students must enroll online before June 30th of their 8th-grade year at Scholars.IN.gov/enroll.



21ST CENTURY SCHOLARS CHECKLIST

- ☐ Apply online at Scholars.IN.gov/enroll before June 30th of your 8th-grade year.
- ☐ Create a ScholarTrack account online at Scholars.IN.gov/scholartrack to stay on track to earn your scholarship.
- ☐ Update your ScholarTrack account as you complete all 12 required Scholar Success Program activities throughout high school.
- ☐ Graduate high school with a minimum of a Core 40 diploma and a cumulative GPA of at least 2.5 on a 4.0 scale.
- ☐ File the Free Application for Federal Student Aid (FAFSA) by March 10th as a high school senior and each year thereafter until college graduation.
- ☐ Apply to an eligible Indiana college as a high school senior, and enroll in college as a full-time student within one year of high school graduation.
- ☐ Maintain Satisfactory Academic Progress (SAP) standards established by your college.
- ☐ Complete at least 30 credit hours each year in college to stay on track to earn your degree on time.
- ☐ Do not use illegal drugs, commit a crime or delinquent act, or consume alcohol before reaching the legal drinking age.

Updated 06-01-16



INDIANA COMMISSION for
HIGHER EDUCATION

A program of the Indiana Commission for Higher Education

YOUR ROAD TO COLLEGE STARTS HERE

Enroll online before
June 30th of 8th grade at

Scholars.IN.gov

**21st Century
SCHOLARS**
INDIANA



What is 21st Century Scholars?

The 21st Century Scholars program was established in 1990 to increase students' aspirations for and access to higher education. The Scholars Program provides income-eligible students the opportunity to earn a scholarship that covers up to four years of tuition and regularly assessed fees.

21st Century Scholars supports eligible students and parents with the tools they need to prepare for college, graduate on time and begin a successful career.

The scholarship is awarded on an annual basis. Scholars are provided resources and assistance to help them plan and prepare for

college and pay for expenses not covered by their scholarship. The scholarship does not cover the cost of books or room and board.



Visit Scholars.IN.gov/eligiblecolleges for a list of approved colleges.

What are Scholars expected to do?

Students who enroll in the 21st Century Scholars program must fulfill the Scholar Pledge to earn their scholarship.

THE SCHOLAR PLEDGE

- ✓ I will graduate with a minimum of a Core 40 diploma from a state-accredited Indiana high school.
- ✓ I will complete the Scholar Success Program that helps me stay on track for college and career success.
- ✓ I will achieve a cumulative high school GPA of at least 2.5 on a 4.0 scale.
- ✓ I will not use illegal drugs or alcohol or commit a crime or delinquent act.
- ✓ I will apply for admission to an eligible Indiana college my senior year.
- ✓ I will file the Free Application for Federal Student Aid (FAFSA) by March 10th as a high school senior and each year thereafter until college graduation.
- ✓ I will complete at least 30 credit hours each year in college to stay on track to earn my degree on time.
- ✓ I will maintain satisfactory academic progress (SAP) standards established by my college.

Students take the Scholar Pledge as part of the online enrollment process at Scholars.IN.gov/enroll.

SCHOLAR SUCCESS PROGRAM REQUIREMENTS

The Scholar Success Program includes annual activities that will help students stay on track for college and career success.

GRADE	REQUIRED ACTIVITIES		
09	Create a Graduation Plan ¹	Participate in an Extracurricular or Service Activity	Watch "Paying for College 101"
10	Take a Career Interests Assessment	Get Workplace Experience ²	Estimate the Costs of College
11	Visit a College Campus	Take a College Entrance Exam (ACT or SAT)	Search for Scholarships ³
12	Submit Your College Application	Watch "College Success 101"	File Your FAFSA

1. Plan should be updated annually to keep students on track for high school graduation and college admission.
2. Includes job shadowing, internship, part-time employment, interviewing a professional or related experience linked to a student's career aspirations.
3. Includes any additional scholarship opportunities beyond the 21st Century Scholarship.

SCHOLARTRACK

ScholarTrack is an online tool that helps students stay on track to earn their 21st Century Scholarship. Use ScholarTrack to complete the Scholar Success Program, keep your contact information updated and find helpful resources. Log in to ScholarTrack at Scholars.IN.gov/scholartrack.



INDIANA *for* COMMISSION
HIGHER EDUCATION





ETV FACT SHEET

SO, WHAT DO I GET?

The Education and Training Voucher, or ETV, is a federally-funded and state-administered program providing financial and academic support for current and former foster youth pursuing a postsecondary education.

Eligible students may be awarded up to \$5,000 per academic year and must initially apply before the 21st birthday.

HOW TO APPLY:

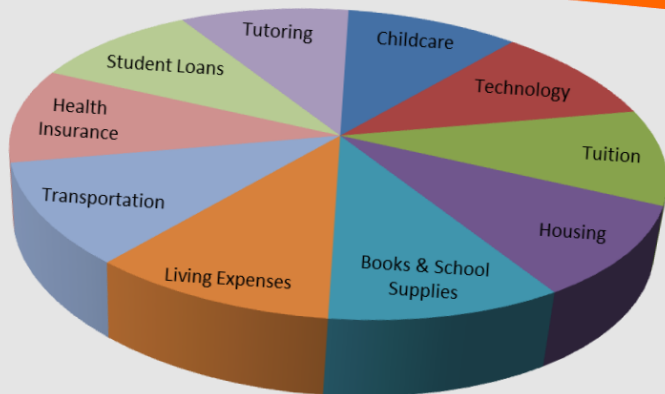
Go to www.indianaetv.org and create a user ID and password for the ETV website.

Fill out the online application form and submit through the ETV website. Print Forms: Cashier's Statement, Financial Aid Release Form, Participation Agreement, Release of Information & Aline Acknowledgement. Fill out the sections requiring "Student Information."

Take Cashier's Statement, Financial Aid Release Form to the appropriate school office, school will fax when complete.

Submit Participation Agreement, Release of Information & Aline Acknowledgement to ETV office with your transcript.

HOW ETV CAN BE SPENT:



ELIGIBILITY:

Initial Eligibility:

Former and current foster youth who fall into one of the below categories:

- Foster care case will be closed on or after the 18th birthday
- In foster care on the 18th birthday and age out at that time
- In foster care and 17 years old or older and not enrolled in high school and have earned a GED, Vocational Certificate, or complete state requirements and have a high school diploma and will remain in care until the 18th birthday
- Adopted or placed into kinship guardianship from foster care after the 16th birthday

Additional eligibility requirements include:

- Must be a U.S. citizen or qualified non-citizen

Continued Qualifications Requirements:

- ETV Students must show satisfactory academic progress by maintaining a minimum 2.0 GPA each semester/term.
- For a complete list of eligibility requirements, please visit the website.

www.indianaetv.org

ETV Program

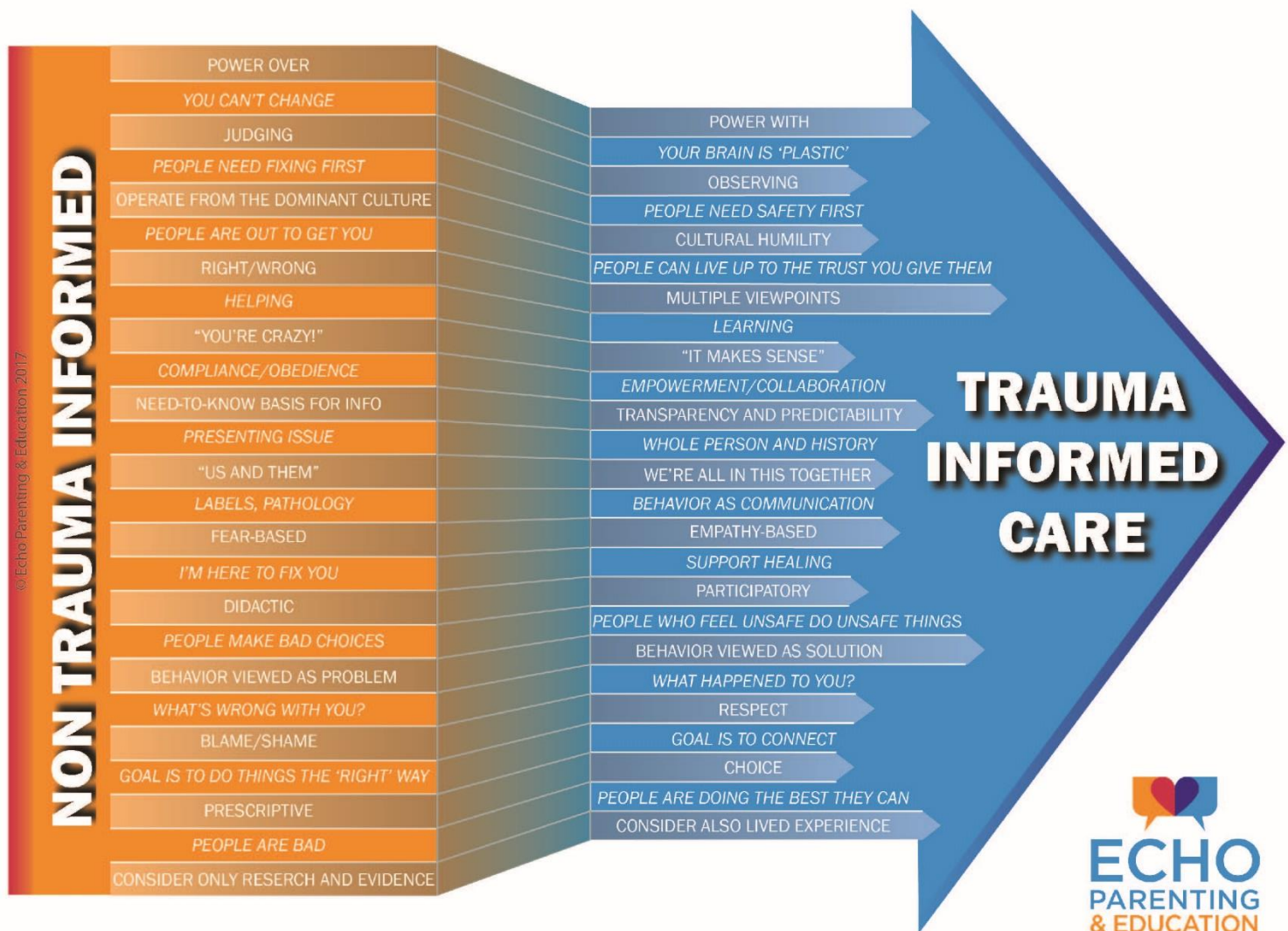
Phone: 317.917.8940
Toll free: 855.577.1ETV (1388)

Email: ETV@indianaetv.org
Website: www.indianaetv.org

Trauma Informed Care

DCS Education Services offers professional development trainings* for school and local office staff on a variety of topics. One of the topics we are quite passionate to share is the development of trauma sensitive classrooms, as the strategies are proven to help all children.

Trauma Informed Care is more than a phrase – it takes a conscious effort to change your language and responses (rather than reactions). This diagram can help. More resources like this can be downloaded at no cost from [Echo Parenting and Education](https://www.echoparenting.org/resources/) at <https://www.echoparenting.org/resources/>.



Remember – it is more helpful to not ask what is “wrong” with the children when negative behaviors erupt, but instead to inquire as to what happened to them.

*DCS Education Services team also provides trainings for foster parents with credit hours available to apply towards license renewal. Please contact your local DCS Education Consultant to inquire of available trainings.

U.S. Department of Education

Margaret Spellings
Secretary

September 2005

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To order copies of this booklet **write**: ED Pubs, Education Publications Center, U.S. Department of Education, P.O. Box 1398, Jessup, MD 20794-1398; or **fax** your request to: 301-470-1244; or **e-mail** your request to: edpubs@inet.ed.gov;

or call toll-free: 1-877-433-7827 (1-877-4ED-PUBS). If 877 is not yet available in your area, call 1-800-872-5327 (1-800-USA-LEARN). To use a telecommunications device for the deaf (TDD) or a teletypewriter (TTY), call 1-877-576-7734;

or order online at: www.edpubs.org.

This publication is also available at the U.S. Department of Education's Web site at <http://www.ed.gov/parent/academic/help/recovering/>

On request, this publication is available in alternate formats (Braille, large print, or computer diskette). For more information, call the Alternate Format Center at 202-260-0852 or 202-260-0818.

Acknowledgments

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Disclaimer

The information in this document is provided only as a resource that readers may find helpful and use at their option. The information does not necessarily represent the views of the U.S. Department of Education.

TIPS FOR HELPING STUDENTS RECOVERING FROM TRAUMATIC EVENTS

The devastation accompanying the recent hurricanes along the Gulf Coast has underscored the crucial role of recovery planning in schools and communities affected by natural disasters. This brochure, which is based on discussions with some three dozen experts who work with students, provides practical information for parents and students who are coping with the aftermath of a natural disaster, as well as teachers, coaches, school administrators and others who are helping those affected. Although the focus is on natural disasters, these tips may apply to other traumas students may experience.

Tips for Parents

Children will react in their own way and in their own time to their disaster experience. Most reactions are normal and typically go away with time. Be observant, though, if this does not happen.

- Often children will cling to parents and may not want to be away from them. When a child shows excessive clinging and unwillingness to let a parent out of sight, the child is expressing fear and anxiety of separation or loss. These fears should dissolve when the threat of danger dissipates and children feel secure again under a parent's protection. Parents should give them comfort and reassure them that they are safe. Once they feel safe, they'll begin to let go.
- Some children need to talk about a traumatic experience all the time and others don't want to talk at all. This is normal. While it is important not to force children to talk about their experiences, it is also critical for parents to let them know they're willing to listen, and then, to listen.
- Anxiety about disaster experiences and problems sometimes keeps children awake at night, or nightmares might wake them. Temporary changes in sleeping arrangements following a disaster may be helpful, such as parents letting children put sleeping bags on the floor in their room or sleeping closer to them at first. After a brief period of temporary changes, it is helpful to move back to pre-disaster bedtime routines.
- Giving children choices helps them feel some control when their environment has felt out of control. Choosing food, clothes, what games to play—any appropriate choices—can be helpful.
- Children still need discipline. It helps them feel safe to know their parents won't let them get away with too much and that normal rules still apply.

- Going to a new school is hard, especially now. Parents may want to see if they can visit the school with their child ahead of time.
- Enabling children to stay in contact with their old friends or even children they met in a shelter can help them feel that their whole world is not gone. The child's new school may want to help evacuated children get in touch with friends also relocated in the area.
- Parents will want to establish daily routines as soon as they can. Meals, bedtimes and other regular parts of their day can help children feel comforted and know what to expect.
- Sometimes students react to trauma and stress with anger. They may feel it gives them a sense of control. Adults should be understanding but hold children responsible for their behavior. It is not OK to hurt others and break other home and school rules, even if students are stressed.
- It doesn't help younger children to watch coverage of the disaster over and over. However, some older adolescents may find viewing some factual media reports helpful in order to better understand the disaster and recovery efforts. As an alternative, parents may want to read the newspaper or a book with their child.
- Parents should remember to take good care of themselves, too. This will help them have the energy necessary to take care of their children. Their ability to cope with this disaster will help their children cope as well.

Tips for Students

Here are some things to think about for students who are at a new school because their families had to move after a natural disaster:

- Millions of Americans watched the news coverage of the natural disaster and are volunteering their time and resources to help students and their families recover and rebuild their lives.
- With so many TV channels and news reports, it's easy to get too much exposure to news about the disaster.
- Students should remember to stay in touch with their old friends.
- Students should tell their new teachers what will help them feel comfortable in their classes and tell them if they are having trouble concentrating or doing schoolwork.
- Students should get involved in activities that they enjoy at school or in their new neighborhoods. They may also want to join a youth group such as the Boy Scouts, Girl Scouts, or 4-H. This will help them meet new friends who share their interests.
- Some students may find it helpful to have lunch or get together at other times during school with other students who have relocated because of the disaster.
- Students may want to find some way to express what they're feeling by creating artwork, writing, playing music, acting in a theater, singing in a choir or just talking to a friend or trusted adult.
- Students should get enough sleep and exercise and eat food that is good for them.
- Students should make time to do things they enjoy. They should play sports, read good books, go to movies, spend time with friends, go for walks or listen to music. Students should try to not dwell on the disaster or their family's situation all the time.
- It isn't unusual for students to want a light on at night or to leave music on while they sleep. They might have nightmares for a while, but this is normal. If they still feel really upset two or three weeks after a return to their normal routine, they should tell their parents or a teacher or school counselor.

- If students or their friends feel really upset, they should take time to talk to an adult about what happened. Some feelings can be overwhelming after a crisis like this and talking to an adult can help students feel better.
- This experience has changed students' lives, at least for right now. While they may not feel better immediately, most people will find that they start to feel better after a few weeks and begin to realize that things will be okay.
- If people ask about things that students don't want to talk about, it is fine for them to say that they don't want to talk about those things.
- When students feel anxious, it may help to find a calming activity. Doing math, working out, listening to music, making lists, doing crossword puzzles, or memorizing something sometimes helps give students a rest from worry.
- Students may feel better if they can help someone. It may make them feel good to help at home, do some volunteer work, help make dinner or clean up, babysit a little brother or sister, or fold laundry. It can make a real difference for students to help their parents and others.

Tips for Teachers

Teachers are among the most important adults in the transition and recovery of students impacted by a natural disaster or other crisis. Their efforts will begin to give students a sense of stability, security and belonging. Not only will students look to teachers for support, but the learning process and social environment of the classroom can all contribute to their ability to cope.

- Some students will cope fairly well early on and may have difficulty in the weeks or months ahead. Still others will be resilient when surrounded by caring and supportive adults.
- Some students may have difficulty concentrating, may feel a need for success or may exhibit anger.
- It is important to ensure that displaced students feel welcomed and supported and that they are not bullied or ostracized. Teachers should make sure that students understand that bullying will be taken seriously and not be tolerated. It is helpful to establish clear expectations about bullying and to discuss those expectations with students.
- Students will also benefit from teachers who:
 - Care and reassure students that they will be okay.
 - Avoid using television programs to watch disaster-related events (especially for younger elementary school students).
 - Maintain consistent and fair discipline.
 - Provide flexibility such as extra time to do work, extra support for challenging subjects and different ways of showing competence.
 - Show empathy for what they are going through and make time to listen.
 - Help them feel welcomed and part of a social group.
 - Allow them to keep in contact with others who survived the disaster.
 - Provide a variety of methods and opportunities to express their reactions to the disaster and to tell their stories of survival.
 - Create opportunities to do something to help others, even in small ways. Group activities such as fundraising events are ideal because they also reinforce a sense of connectedness.
- Teachers may already have children in their schools who are experiencing life stress and are not receiving the support provided to those who have been displaced by a natural disaster. This can provide fuel for contention, so teachers should try to ensure fairness and help for all students including those coping with distressing events.

Tips for School Psychologists, Counselors and Social Workers

Professionals who work with students are in a critical position to support displaced families as well as their teachers and administrators.

- While some displaced students may want to spend time with each other even though they aren't at the same grade level, by sitting together at lunch or in assemblies, it's important for educators to ensure that the school is not unnecessarily separating these students from their peers.
- Educators can help the school find ways to express the value contributed by all of its students, not just those who succeed academically and athletically.
- Staff members should try to keep red tape to a minimum whenever possible, realizing that school will be the place many families gain access to social services.
- School leaders should realize that not all students who arrive will have significant adjustment difficulties and a few will have very delayed responses.
- Children who have experienced a great loss will still often benefit by feeling like they can give to others less fortunate than themselves. School leaders should consider activities that allow them to help others in need.
- Educators should provide an in-service training program for school staff on the warning signs of serious crisis reactions and make certain that a referral process has been established and is understood by teachers and other staff members.
- Educators should create ways to help all families, not just the new families, to have social time together. Establishing these opportunities can be a helpful way of disseminating important information and ensuring that community support is provided.
- Educators should be mindful of the significant needs of all students, not just those affected by the disaster.
- Educators should work with community mental health service providers to help ensure a variety of services are available to students in need.

Tips for Coaches

Coaches hold an influential position in the lives of the nation's youths. For some students, sports can offer the opportunity to connect with others, to succeed in activities that require athletic skills and concentration, to temporarily escape disaster-related problems and to find a sense of normalcy.

- Coaches should consider ways for displaced students to play on sports teams. If fall teams are already formed, they may want to encourage new students to participate in intramural teams or to try out for winter sports. Coaches may want to consider creating new intramural teams, if necessary, and perhaps encourage players on competitive teams to serve as mentors, assistant coaches or referees for intramural leagues.
- Students often look up to coaches as role models. School leaders can identify ways for coaches to help new students feel welcome and promote their acceptance by other students in school.
- The role of a coach and the context of athletics are ideal for building trust between students and adults. This can be particularly important for displaced students who may feel vulnerable. Coaches should let new students know that they are there to help them and are willing to listen if they would like to talk.
- Coaches should be observant of new students' behaviors, as they may be able to identify signs of serious distress; if they do, then coaches should seek help for the student from administrators or school counselors.
- The school may want to offer informal pickup games after school. Members of the community can help with this effort.
- School leaders can support informal mentoring opportunities related to sports to connect youths with adults in the community.
- Coaches can encourage their players to help welcome new students.

Tips for Administrators

The decisions educators make early on will have far-reaching implications for both displaced students and for the overall school climate. Even if principals have not received any new registrations, they can think ahead about how to handle the registration process when the first family arrives.

- Some parents may have difficulty letting their children be separated from them. This is normal. Also, while some students look forward to the normalcy of school, others may not.
- Principals may want to sponsor parent gatherings for all parents in the mornings as school starts so they have a place to meet each other and share the challenges of being a parent.
- While assemblies often pay recognition to students involved in sports and leadership activities, administrators may want to recognize a wider range of students, with a special focus on making new students feel valued.
- Staff will need extra support for a while. The full scope of challenges may not be obvious at first and will likely change over time. Principals can provide in-service staff development on helping disaster victims, as well as time for teachers to gather and share their frustrations and successes. Teachers also need the opportunity to generate ideas on how to welcome the new students.
- Administrators can provide teachers with guidelines for leading class discussions on how to cope with disasters. Principals can encourage lessons on such topics as the science of hurricanes and other natural disasters, environmental impact issues, local development and economic revitalization, disaster preparedness and volunteerism. It may also be appropriate for teachers to lead class discussions on what it was like for students to experience the disaster and move to a new place and school. However, it will be important to let teachers know that every displaced child is different and that some will not find in-class discussion of the disaster helpful.
- As with many things in life, flexibility and adaptability are key for school leaders.

Additional Resources

These resources are intended only as a partial listing of the resources that may be relevant and available to readers. The U.S. Department of Education does not endorse private or commercial products, services or organizations.

Federal Agencies

Department of Education

www.hurricanehelpforschools.gov/index.html

Department of Education Office of Safe and Drug-Free Schools

www.ed.gov/admins/lead/safety/crisisplanning.html

Department of Homeland Security

www.ready.gov

Federal Emergency Management Agency

www.fema.gov/kids/hurr.htm

Department of Health and Human Services

www.hhs.gov

Centers for Disease Control Division of Adolescent Health

www.cdc.gov/HealthyYouth/crisis/hurricane.htm

National Institute of Mental Health

www.nimh.nih.gov

Substance Abuse and Mental Health Services Administration's National Mental Health Information Center

www.mentalhealth.samhsa.gov

Office of The Surgeon General and the Office of Public Health Emergency Preparedness

<https://volunteer.ccrf.hhs.gov>

Other Agencies

American Red Cross

www.redcross.org/services/disaster/0,1082,0_587_,00.html

National Child Traumatic Stress Network

www.nctsnet.org

Office of Safe and Drug-Free Schools Emergency Response and Crisis Management (ERCM) Technical Assistance Center

www.ercm.org

Center for Mental Health in Schools at UCLA

<http://smhp.psych.ucla.edu>

Salvation Army National Headquarters

www.salvationarmyusa.org

State Agencies

Florida Department of Education

<http://sss.usf.edu/hurricaneassistance/default.htm>

Mississippi Department of Education

www.mde.k12.ms.us/Katrina/

Texas Department of Education

www.tea.state.tx.us/hcane/

Louisiana Department of Education

www.doe.state.la.us/lde/index.html

Alabama Department of Education

www.alsde.edu/html/home.asp

Private Organizations

American Psychiatric Association

www.psych.org

American Academy of Child and Adolescent Psychiatry

www.aacap.org

National Center for Missing and Exploited Children

www.missingkids.com/

National Center for the Study of Traumatic Stress,

www.usuhs.mil/centerforthestudyoftraumaticstress

National Organization of Victim Assistance (NOVA)

www.trynova.org

National Association of School Psychologists (NASP) Hurricane Katrina Resources,

www.nasponline.org/NEAT/katrina.html

Council for Exceptional Children

www.cec.sped.org/cec_bn/Hurricane_Katrina.html

National Association of State Directors of Special Education (NASDSE)

<http://edla.aum.edu/serrc/partbhurricane.html>

American Counseling Association

www.counseling.org/hurricane

American School Counselor Association

www.schoolcounselor.org

Some Self- Care Resources for Resource Parents:

The Annie E. Casey Foundation – Resources for Foster Parents: https://www.aecf.org/blog/resources-for-foster-parents/?gclid=EAlalQobChMI-vzqi6_w3gIVWrbACh0cFwnWEAMYAAEgLDB_D_BwE

Child Trauma Academy – The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families: https://childtrauma.org/wp-content/uploads/2014/01/Cost_of_Caring_Secondary_Traumatic_Stress_Perry_s.pdf

Child Welfare Information Gateway – Supports for Foster Families: <https://www.childwelfare.gov/topics/outofhome/resources-foster-families/supports/>

Child Welfare Information Gateway – Navigating the Child Welfare System as a Foster Parent: <https://www.childwelfare.gov/topics/outofhome/resources-foster-families/parenting/navigating-the-child-welfare-system-as-a-foster-parent/>

Fostering Attachments Ltd. – Compassion Fatigue and Foster Carers: <https://www.bristol.ac.uk/media-library/sites/sps/documents/hadleydocs/compassion-fatigue-and-foster-carers-final%20report.pdf>

Fostering Perspectives – Resource Parent Self-Care and Secondary Traumatic Stress: <http://fosteringperspectives.org/fpv19n2/STS.htm>

National Foster Care Month 2018 – Resources for Caregivers: <https://www.childwelfare.gov/fostercaremonth/resources/caregivers/>

Indiana specific resources available:

Indiana Department of Education Foster Youth Resources: <https://www.doe.in.gov/student-services/student-assistance/foster-youth>

Indiana Licensed Foster Parent Resources: <https://www.in.gov/dcs/2985.htm>

Foster Parent FAQs: <https://www.in.gov/dcs/2955.htm>

HELPFUL EDUCATIONAL WEBSITES

Support and Resources for Parents and Educators

[Indiana Department of Education](#)

[FunBrain.com](#) - Online activities for kids (safe)

[www.superteacherworksheets.com](#) – Reinforcement activities for students.

[www.insource.org](#) – Special education parent support.

[www.tolerance.org](#) – Teaching tolerance/diversity.

[www.kidpointz.com](#) – Free printable behavior/reward charts, activities, worksheets, etc.

[www.gonoodle.com](#) – Movement and mindfulness at school and home (Grades K-7)

[www.edhelper.com](#) – Homework site for teachers (Elementary).

[www.abcmouse.com](#) – Early Learning Academy; activities for ages 2-8.

[www.enchantedlearning.com](#) – social studies/science

[www.readingAtoZ.com](#) – Literacy (Pre-K to 6)

[www.mathplayground.com](#) – Math games (Grades 1-6)

[www.gamequarium.com](#) – Educational games

[www.discoveryeducation.com](#) – Educational video streaming

[www.nationalgeographic.com](#) – Interactive education

[www.askrose.org](#) – Math and science homework help (Grades 6-12)

[www.IYI.org](#) – trainings, conferences, resources

[www.ascd.org](#) – Educational leadership

[www.interventioncentral.org](#) – Response to Intervention Resources; help for struggling learners



www.ies.ed.gov/ncee/wwc - What Works Clearinghouse – A way of determining if interventions are working

www.AtoZteacherstuff.com – resources to find lesson plans, tips, materials, printable worksheets, books, etc. for teachers

www.starfall.com – Preschool through 3rd grade Reading/Writing activities

www.khanacademy.org – Various subject tutorials K – 12th grade & even some college level courses (link is not supported through Internet Explorer)

<https://www.in.gov/dwd/index.htm> – The Indiana Department of Workforce Development

www.NCTSN.org – The National Child Traumatic Stress Network

www.nctsn.org/resources/audiences/school-personnel – Resources for School Personnel: Child Trauma Toolkit for Educators, Bullying and Cyber Bullying awareness/prevention, Psychological First Aid manual, Schools and Trauma Speaker Series, etc.

www.nctsn.org/resources/topics/secondary-traumatic-stress –Secondary Traumatic Stress information, resources and webinars

www.cpliofindiana.org – Children’s Policy and Law Initiative of Indiana: organization advocating for systemic change in laws and governmental responses for the decriminalization of children.

<https://www.rti4success.org/> – Center on Response to Intervention

www.pbis.org and www.indiana.edu/~pbisin/about/ –Positive Behavioral Interventions and Support: resources and technical support for implementing School Wide Positive Behavioral Intervention and Support

www.noodle.com – Lots of good information about schools, local and otherwise. A good cite for finding district boundaries. (Always double check with the district because district maps are sometimes a little off.)

www.lexile.com – Find a book at a student’s particular reading level or find out the level of the student’s book he/she is already reading. Then you can give that student a quiz about the book on READ 180 or Scholastic Reading Inventory (both reading systems use lexiles).

www.smithsonianeducation.org – The Smithsonian Institute. Features several activities and resources for children.

www.splcenter.org – Excellent resources dedicated to fighting hate and bigotry and teaching tolerance to youth

www.indianaieprc.org – Indiana IEP Resource Center site offering technical assistance and support for educators.

<http://www.ooeygooey.com/> – Hands on learning activities for children

<http://www.abcya.com/> – Grade level appropriate education games

www.education.com/games/kindergarten – Free online games for Kindergarten and First grade level practice of math and reading skills.

www.coolmath-games.com – site is for grades kindergarten to 5th grade. These are fun math games for students to work on math facts.

<https://scholars.in.gov/> – 21st Century enrollment page

<http://www.aboutspecialkids.org/> – About Special Kids is a parent led organization for helping children with special needs

<http://www.connect2help211.org/> – Resources to connect people to the help they need in their communities

<http://www.parenttoolkit.com/> – Online resources to help navigate your child's journey from pre-kindergarten through life after high school

[Find school district boundaries and school information by home address.](#)

<http://schooldistrictfinder.com/> Useful tool when trying to determine school districts based on an address

<http://www.babycenter.com/child-ready-for-school> Great information on expectations for children entering kindergarten through third grade

<https://adayinourshoes.com/> Practical information for parents and caregivers that is legally sourced.

Support and Resources for Students with Learning Disabilities

[National Center for Learning Disabilities](#)

<http://www.handsinautism.org> - Autism information

<http://www.asdperspectives.com> – Information for families affected by Autism and other related disorders

<https://www.collegeboard.org/students-with-disabilities> – Information for students with disabilities to ensure they have the accommodations needed for College Board exams (SAT, PSAT, etc.)

www.additudemag.com – ADD & ADHD support and resources for parents and educators.