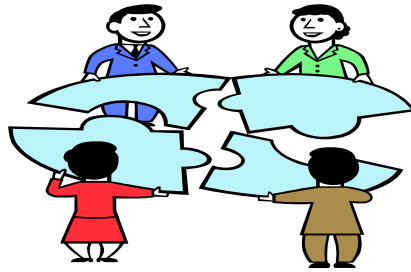


EXHIBIT B

WORKING TOGETHER TO COMPLETE THE PUZZLE



**EARLY INTENSIVE BEHAVIORAL
TREATMENT PROGRAM PROCEDURES
AND GUIDELINES**

**For Sole Use by Parents/Caregivers and
Representatives of the
Region 6 Autism Connection
(EIBT Providers, FRN, SELPAs, VMRC)**

3rd Publication Approved 5/24/06

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EARLY INTENSIVE BEHAVIORAL TREATMENT PROCEDURES AND PROGRAM GUIDELINES

In 1994, Valley Mountain Regional Center (VMRC), the Special Education Local Planning Areas (SELPA) in San Joaquin and Stanislaus counties, the Central Valley Autism Project (CVAP) and parent advocates in our local area forged a historic partnership to provide young children diagnosed with Autistic Spectrum Disorder (ASD) and their families with a broad range of appropriate, cost effective, publicly funded treatment programs, including Early Intensive Behavioral Treatment (EIBT). This shared responsibility approach to early intervention has led to the development of more than 40 school and home-based specialized educational programs in our five-county area (Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne) for ASD children across both age span and disability. Equally as important, a coalition of agencies serving children with ASD was formed to exchange ideas, as well as to develop, plan and monitor programs. The coalition evolved into the "Autism Connection," which meets monthly, sponsors an annual ASD Collaborative Forum and is composed of representatives from education, the Regional Center, service providers, Family Resource Network (FRN) and other parent advocacy groups from all five counties.

Autism Connection members took on the responsibility of establishing and implementing guidelines for the high quality delivery of Early Intensive Behavioral Treatment in our region. The EIBT subcommittee developed a "Collaborative Early Intensive Autism Treatment Program Handbook," which addresses policy, procedures and implementation issues. This handbook has been updated regularly as lessons are learned, and it articulates our region's commitment to a shared responsibility model among participating agencies. However, it became increasingly important to develop another document that provided practical information about EIBT programs.

The purpose of the EIBT Program Procedures and Guidelines is threefold: 1) to **communicate clearly** a common vision that describes and defines what EIBT is and what it is not; 2) to **delineate the roles and responsibilities** of each participant in an EIBT program; 3) to **protect the rights of families and consumers** participating in an EIBT program by assuring compliance with both federal (Individuals with Disabilities Education Act) and state (Lanterman Act) requirements.

The EIBT Program Procedures and Guidelines is in question-and-answer format. Questions listed are those that have been asked frequently by people involved with EIBT services.

GLOSSARY OF TERMS

ABA: Applied Behavior Analysis. The use of behavior analytic methods and research findings to change socially important behaviors in meaningful ways.

ASD: Autistic Spectrum Disorder.

EIBT: Early Intensive Behavioral Treatment for children with autism.

FAPE: Free and Appropriate Public Education.

FEAT: Families for Effective Autism Treatment.

FRN: Family Resource Network.

IDEA: Individuals with Disabilities Education Act.

IEP: Individual Education Program.

IFSP: Individual Family Service Program for children ages 0-3.

Lanterman Act: Division 4.5 of the California Welfare and Institutions Code (WIC or W&I). Provides legislative authority for governmental components of developmental disabilities system.

Local District Administrator: Person designated by district of residence who has authority to decide on EIBT programs for children ages 3 years and older.

Mandated Reporter: Person required to report child abuse or neglect.

MIND Institute: Medical Investigation of Neurodevelopmental Disorders Institute.

NPA/NPS: Non-Public Agency/School. A private agency/school that is certified by the California Department of Education to provide special education and related services to individuals with exceptional needs, pursuant to an IEP.

Parents/Caregivers: Responsible adult, age 18 or older.

Project P.E.A.C.E.: Parents, Educators and Administrators Collaborating Effectively.

SELPA: Special Education Local Planning Area. Planning unit for special education services. SELPAs are: Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne counties and Stockton, Lodi and Modesto City.

VMRC: Valley Mountain Regional Center. A private, nonprofit corporation under contract with the California Department of Developmental Services to provide services for people with developmental disabilities.

VMRC CAS: Valley Mountain Regional Center Coordinator of Autism Services.

VMRC Service Coordinator: A VMRC staff member trained to help consumers obtain services.

1. What is Early Intensive Behavioral Treatment (EIBT)?

EIBT programs are designed to provide children who are diagnosed with Autistic Spectrum Disorder (ASD) between the ages of 1 and 5 with a highly structured, typically in-home or center-based program. This is a demanding and intrusive intervention program aimed at giving them the tools to be independently included in a general education classroom. Children receive instruction from trained tutors for 35 to 40 hours a week (20 to 30 hours a week for children under age 3). An EIBT program is funded for 47 weeks a year. The five weeks that a child has off are divided among holidays, makeup days and the EIBT provider's calendar. Peer play with typically developing children and inclusion in preschool and primary school settings are added to the program as children master prerequisite skills. In accordance with the California Education Code, Section 3052, Designated Positive Behavioral Interventions, and Title 17, California Code of Regulations, Division II, Chapter 1, Sub-chapter 8, positive behavioral strategies will be implemented according to the Individual Family Service Plan (IFSP)/Individual Education Plan (IEP) team. Teaching methods are based on the principles of applied behavior analysis, which emphasizes positive behavior interventions and does not use physical or aversive punishment.

2. Other than EIBT, what programs are available for children with Autistic Spectrum Disorder?

After a child is diagnosed with ASD, parents/caregivers will receive a packet of information that includes additional references, links to support/advocacy groups and a Matrix of Programs for Autism in the five-county area. Parents/caregivers are encouraged to look into all appropriate and available educational programs for their child in conjunction with their IFSP/IEP team meetings. For children younger than 36 months old, an Early Start autism intervention program or other infant-toddler programs are available.

EIBT program placement is one of many special education services for an ASD child. Other educational services include but are not limited to placement in regular education with or without support, an autism classroom or other special day classes, such as a learning-handicapped class or a class for more severely handicapped.

3. Is there any cost to parents/caregivers for a child to receive educational services?

In accordance with federal and state laws, special education services are free. However, some requirements of an EIBT program may be of personal cost to the parents/caregivers. [See *EIBT Program Handbook, Attachment B, for details.*] If parents/caregivers cannot meet the financial requirements of an EIBT in-home program, the IFSP/IEP team will explore appropriate education services.

4. How long does a child receive EIBT services?

Duration of services is based on the child's IFSP/IEP and the child's progress.
[For more information, refer to Question 14 and the EIBT Program Handbook, Attachment B]

5. What agencies/organizations are involved with EIBT?

Effective EIBT programs are partnerships among parents/caregivers, service providers, educators and Valley Mountain Regional Center in Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne counties. Shared responsibility and open communication between the parents/caregivers and participating agencies is the cornerstone of effective EIBT programs.

6. How is a child's privacy protected?

In accordance with federal and state laws, a child's information will be shared only with those people directly responsible for the child's program. Parents/caregivers must consent to any other information sharing.

7. What are the potential benefits of EIBT?

Children with ASD typically do not benefit from natural learning opportunities in their environment that require spontaneity, observation and imitation. These children require specialized, systematic teaching methods that rely on tight structure, consistency, task analysis and shaping. Studies suggest that approximately 75 percent of children in EIBT programs make significant gains during their first year. Additional research indicates that 40 percent to 50 percent of children participating in EIBT programs demonstrate developmental "catch up" rates relative to typically developing same-age peers that warrant continued EIBT. These latter children may participate in EIBT programs for two to four years. Many of these children are included in primary regular education classrooms with diminishing need for aide support. As is the case with all special educational programs, the continued appropriateness of placement and continuation in an intensive in-home treatment program is reviewed at least once a year by the IFSP or IEP Team.

Acceptance into an EIBT program does not guarantee that a child will achieve independence in a general educational setting. A child's progress depends on many factors, including:

- ❖ The child's potential, taking into consideration:
 - intellectual and adaptive abilities,
 - vocal language,
 - interest in the environment, namely, toys, people, seeking of potential reinforcers,
 - self-stimulatory behavior or other behaviors that might interfere with treatment.
- ❖ Participation of parents/caregivers in their child's program.
- ❖ Clinical efforts of the EIBT program.
- ❖ Maintenance of number of recommended program hours.

8. What are the potential concerns about EIBT programs?

EIBT programs may be intrusive on families. This document recognizes that because of the intense nature of EIBT programs, parents/caregivers, and providers, in particular, are placed in an extended, highly pressurized, complex relationship with very high expectations. Providers must manage a team of up to eight to 10 people having varying levels of responsibility, experience and maturity. EIBT programs affect the day-to-day functioning of the whole family, including extended family. Parents/caregivers agree to open their home, relinquish some privacy rights and communicate with individuals at multiple levels. The goal of an EIBT program centers not only on the child, but also on the long-term stability and health of the family system. Open and shared communication among all parties is essential to a successful EIBT program.

9. How is a child referred to an EIBT program?

First, the child must be certified by the VMRC clinical team that s/he meets the diagnostic guidelines for an Autistic Spectrum Disorder, specifically, Autistic Disorder, Pervasive Developmental Disorder Not Otherwise Specified, or Asperger's Disorder. Our regional collaborative Early Autism Diagnostic Clinic in Stockton or Modesto evaluates most children. Some children are diagnosed by clinics outside of the region, including the University of California, San Francisco, Pervasive Developmental Disorders Clinic; the University of California, Davis, Medical Investigation of Neurodevelopmental Disorders (MIND) Institute; and the Stanford Pervasive Developmental Disorders Clinic. All diagnostic clinics must meet California Best Practice Guidelines in Screening, Diagnostic Evaluation and Assessment (published by the California Department of Developmental Services, 2002).

Second, the child must be eligible for Regional Center services and special educational services as determined by VMRC and the SELPA/local school district. If the child is younger than 3, s/he must be eligible for California's Early Start program.

Third, if parents/caregivers are interested in an EIBT program and if the child meets the EIBT Diagnostic Education Placement Entrance Guidelines (see next question), the VMRC educational program coordinator, in consultation with the SELPA/local school district administrator, will make a referral to an available EIBT provider. Parents/caregivers are encouraged to consider both EIBT programs, as well as center-based public school special education programs in their local area. Parents/caregivers should observe programs and discuss their child with the identified EIBT provider.

Fourth, an EIBT referral is based on the date the child met the EIBT Diagnostic Education Placement Entrance Guidelines. EIBT providers agree to serve the child in the order the referral was received. Referrals to specific EIBT providers are based on geographical location of residence, EIBT provider openings and district contracts with individual EIBT providers.

10. What is an EIBT Diagnostic Education Placement?

All children over the age of three, who meet the EIBT Diagnostic Education Placement Entrance Guidelines, will be placed in an educational program for a diagnostic period of up to three months. The IEP team will meet during that time to review the goals and recommendations that are appropriate for that child's needs. Children under the age of three may remain in a diagnostic placement until they turn 3, at which time the IEP team will determine the appropriate educational placement.

11. How does a child qualify for EIBT Diagnostic Education Placement?

The IFSP/IEP team will consider the following guidelines:

- ❖ Primary diagnosis of an Autistic Spectrum Disorder.
- ❖ Child must be younger than 60 months of age (5 years of age);
- ❖ Between 48 and 60 months of age, the child must have between 20 and 25 functional expressive words (vocal verbal, sign or Picture Exchange Communication System).
- ❖ Child has no chronic medical, motor or sensory deficits that would preclude full participation in treatment.
- ❖ Child's health allows for consistent participation in 90 percent of the recommended hours, 47 weeks of the year.
- ❖ Parent/caregiver may be asked to provide medical release from the child's physician; however, medical release does not guarantee acceptance into an EIBT program.
- ❖ Family environment supports an EIBT program.
- ❖ Child/family lives in the VMRC/Region 6 five-county area.

12. During the Diagnostic Education Placement, what will the IFSP/IEP team consider?

As part of the Diagnostic Education Placement, the IFSP/IEP team will consider:

- ❖ Whether or not the child can tolerate the required program hours.
- ❖ The level of parent participation/involvement and the ability to comply with expectations of the Parents/Caregivers Participation (Attachment A)
- ❖ Therapy and learning environment.

Children older than 3 years of age should be able to:

- ❖ Imitate 10 novel mediated objects.
- ❖ Retain five Gross Motor Imitation skills.
- ❖ Have emerging visual discrimination skills (objects in; puzzles; matching).
- ❖ Discriminate two receptive labels or commands.
- ❖ Tolerate required program hours and demonstrate ability to attend to tasks.
- ❖ Produce verbal imitation of 10 consonants, vowels, single syllable words.

Final acceptance into a particular private vendor program is by mutual agreement between the IFSP/IEP team and the individual provider. Meeting the Diagnostic Education Placement guidelines does not guarantee acceptance into or availability of a particular program.

13. How do children participate in an EIBT program?

Ultimately, the IFSP/IEP team determines the appropriateness of and placement in an EIBT program. The IFSP/IEP team is responsible for identifying the services that are needed to assist the child in meeting his/her goals and objectives.

14. What are the continuation guidelines for an EIBT program?

The IFSP/IEP team uses the following guidelines, in conjunction with the child's progress towards IFSP/IEP goals which are reviewed quarterly, to assist in determining whether an EIBT program continues to be the least restrictive and most appropriate placement for a child. .

A child younger than 3 should meet appropriate markers as identified in the IFSP goals.

What is expected by six months of programming including the diagnostic placement time:

A child older than 3 should meet the following markers:

- ❖ Produce verbal imitation of 18 to 20 consonants, vowels, single syllable words.
- ❖ Demonstrate and retain auditory discrimination of five receptive labels.
- ❖ Demonstrate auditory discrimination of commands.
- ❖ Demonstrate generalized visual discrimination skills for matching and sorting.
- ❖ Specific IEP team goals for children who begin the program after age 4 would be met within this time period.

What is expected by 12 months of programming:

- ❖ Child demonstrates appropriate progress on IEP goals towards achieving independent functioning in general education setting
- ❖ Demonstrates behaviors that will allow initial inclusion in a preschool/peer environment, namely, ability to follow instructions and to make wants and needs known (follows S^D or adult instruction).
- ❖ Some indication that the child's cognitive abilities may be in the average range which would typically be an IQ of 85 or above (for example, some WPPSI performance subtests are within 1 standard deviation of the mean; or standard scores on measures of cognitive ability have increased from pretreatment measures).
- ❖ Standard scores/percentile ranks on language tests demonstrate child's acquisition rate is accelerating.
- ❖ Demonstrates use of spontaneous language.
- ❖ Generalization of skills across settings and people.
- ❖ Emergence of initiation toward others.
- ❖ Initial inclusion into school setting.

What is expected by 24 months of programming:

- ❖ Child demonstrates appropriate progress on IEP goals towards achieving independent functioning in general education setting
- ❖ Standardized cognitive testing or rate of acquisition is indicative of steady growth or functioning near the normal range.
- ❖ Initiating language.
- ❖ Initiating peer interaction.
- ❖ Child is included in a general education placement for systematically increasing increments of time with near-age peers. Child is approaching or meeting age-appropriate, grade-level academic skills.

What is expected by 36 months of programming:

- ❖ Child demonstrates appropriate progress on IEP goals towards achieving independent functioning in general education setting
- ❖ Shadow aide is systematically fading within a general education classroom. (If the child started program before age 3, then it is possible that this would be after 36 months of programming.)
- ❖ Child continues to demonstrate academic and social success relative to near-age peers.

The IFSP/IEP goals and continuation guidelines are reviewed at each EIBT quarterly meeting.

15. Who provides EIBT services for children?

Early Intensive Behavioral Treatment services for children with an Autistic Spectrum Disorder meeting EIBT Entrance Guidelines in Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne counties are provided through a collaboration of VMRC, Special Education Local Planning Areas (SELPA), individual school districts, providers and parents/caregivers. EIBT providers are private, either not-for-profit or for-profit agencies, and are not employees of VMRC, SELPAs or local school districts. Each EIBT provider has submitted program designs that delineate program philosophy, instructional principles, curriculum, evaluation methods and quality control measures, such as supervision and monitoring. The program designs have been approved by FRN, SELPAs and VMRC. EIBT providers meet California standards for Non Public Agencies (NPA) and/or Non Public Schools (NPS). Approved providers in Region 6 are: Applied Behavior Consultants, Inc., Behavioral Education Strategies and Training, Inc., Central Valley Autism Project, Inc., Genesis Behavior Center, Inc., and Therapeutic Pathways, Inc. Each provider has a booklet that explains its program's guidelines. *[See Provider's Guidelines, Attachment C]*

16. May parents/caregivers choose a specific EIBT provider?

Placement is an IFSP/IEP team decision. As members of the IFSP/IEP team, parents/caregivers have input in all decisions. However, parents/caregivers do not have the right to require a school district to provide services from a specific EIBT provider.

EIBT providers vary in geographic areas served. Placement with a particular EIBT provider is determined by several factors, including but not limited to vacancy availability, district location, provider availability in the geographic area of the child's residence, the child's age and preference of parents/caregivers.

17. What are the responsibilities of parents/caregivers in EIBT?

Parents/caregivers actively participate in EIBT programs and play a critical role in the effectiveness of the intervention. They learn acquisition, maintenance and generalization skills through hands-on classes, direct instruction, modeling and participation in weekly clinics. Parents/caregivers provide opportunities for their child to practice skills acquired through application at home and in the community. Parents/caregivers must be able to designate a physical space in their home as a work area for their child. A parent or other adult (18 years or older, authorized by the parent and not provider's staff) must be present in the home and community during intervention hours.

It is the responsibility of parents/caregivers to provide a safe environment for the EIBT program. If the treatment environment is determined to be unsafe by the EIBT provider, intervention will cease, and an IFSP/IEP meeting will be scheduled. Intervention will not resume until the EIBT provider determines the environment is safe.

Each EIBT program has specific roles and responsibilities for parents/caregivers and program staff. Clearly defined roles will help ensure that a child receives the most effective service from his/her EIBT program. All program guidelines are reviewed for consistency to State and Federal laws. Refer to the EIBT provider's guidelines for specific information.

[Refer to IFSP/IEP Attachment A for more detailed information on parental/caregiver responsibilities. In addition, individual EIBT program provider guidelines may contain further information regarding parental/caregiver responsibilities that are unique to their services. Individual EIBT program provider guidelines cannot conflict with the legal rights of parents/caregivers.]

18. What are the responsibilities of the agencies/organizations involved with EIBT?

Education Agency Role:

- *Participate in the referral process.
- *Attend quarterly EIBT meetings.
- *Coordinate and facilitate IFSP/IEP meetings.
- *Provide classroom services and facilitate program/parent classroom observation.
- *Provide parent information regarding autism treatment services.
- *Monitor the EIBT program for children older than age 3.
- *Education will share funding with VMRC for children older than age 3.

Valley Mountain Regional Center Role:

- *Upon recommendation of the IFSP/IEP team, the VMRC Coordinator of Autism Services will initiate referral to the EIBT program.
- *VMRC will fund the EIBT program for children younger than age 3 and will share funding with the education agency for children older than age 3.
- *VMRC service coordinator will attend all EIBT quarterly meetings.
- *VMRC service coordinator will attend all IFSP/IEP meetings.
- *VMRC service coordinator will consult with Coordinator of Autism Services before the IFSP/IEP meeting regarding Regional Center funding, in accordance with VMRC's autism treatment policy.
- *VMRC will monitor the EIBT program for children younger than age 3 and assist the education agency in EIBT program monitoring for children older than age 3.

EIBT Provider Role:

- *Upon receipt of referral, the EIBT provider will meet with the family to review program design.
- *Notify the education agency and VMRC of the child's acceptance into the EIBT program.
- *Implement the program in accordance with IFSP/IEP.
- *Attend quarterly EIBT team meetings.
- *Facilitate EIBT quarterly meetings by providing feedback, in accordance with items on the EIBT quarterly review sheet.
- *Make program and placement recommendations to the IFSP/IEP team.
- *Submit quarterly update reports, including progression of goals and suggested new goals.
- *During transition/phase out stages, communicate with other service professionals.
- *Provide appropriate instructional materials.
- *Staff members should leave the intervention area in the same condition as they found it.
- *Staff members should ask family permission to bring food or drink (with the exception of water) into the intervention area.
- *Keep log of in-home service hours at the site and notify IFSP/IEP contact person if hours are not being maintained.

19. How many hours a week will a child participate in EIBT?

For children younger than 3 years of age, one-to-one instruction in the home begins with 20 to 30 hours a week. By age 3 or older, most children are receiving 35 to 40 hours a week of instruction. This may include weekend and evening hours. *[Refer to the EIBT program provider's guidelines for intervention hours, Attachment C]* As children progress through the EIBT program, peer play and inclusion in appropriate educational settings, such as preschool and kindergarten, are added and become part of the total hours of instruction. For example, a child may receive 30 hours of one-to-one instruction at home, three hours of structured peer-play training and seven hours of preschool with a tutor present in the educational setting. The distribution and number of hours among these three components are determined by the EIBT provider and the child's progress in meeting IFSP/IEP goals and objectives.

20. How will a child's hours be scheduled?

The EIBT program provider will take the schedule of parents/caregivers into consideration when arranging intervention hours.

21. What is peer-play training?

Peer-play training consists of a child and a typically developing similar-age child/children engaging in activities as directed by the EIBT provider. Peer-play training is necessary to provide children the opportunity to use newly learned skills. Frequency and location of peer play will be recommended by the EIBT provider when appropriate, with mutual agreement by parent/caregiver. The EIBT provider may assist parent/caregiver in identifying potential peers.

22. What about preschool?

Preschool is an integral part of the child's EIBT program. The IFSP/IEP team determines specific placement. Based on the recommendation of the EIBT provider, many children are served in a public preschool setting. If an appropriate public preschool is available but the family chooses a private preschool, payment for the private preschool would be at the family's expense.

23. How often does a child's IFSP/IEP team meet?

An IEP meeting is held at least once a year to discuss the child's progress. For children younger than age 3, IFSP meetings are held, minimally, semi-annually. However, an IFSP/IEP meeting could be called at any time by any member of the IFSP/IEP team to discuss program issues, related services or change in placement.

24. How is a child's progress monitored in the EIBT program?

- a. The EIBT provider conducts an initial assessment and submits a report to the IFSP/IEP team. This is used to establish the child's current performance levels and develop goals and objectives.
- b. Regularly scheduled clinic team meetings are held with the provider and parents /caregivers to discuss specific programs and to add or modify them as data indicates.
- c. Quarterly reviews are held with the EIBT provider, education agency, VMRC service coordinator and parents/caregivers. The provider prepares a written report on progress made on goals and objectives, notes benchmarks approached or achieved, and the parents/caregivers provide feedback. If any team member requests that a quarterly meeting become an IFSP/IEP meeting, proper written notice and procedural safeguards will be given.
- d. IFSP meetings are held twice a year, or more frequently as determined by team members.
- e. IEP meetings are held once a year, or more frequently as determined by team members.
- f. Schedule for psychometric and speech and language evaluations:
Years 1, 2, 3, 5 and 7.

25. Who does the parent/caregiver contact if they have questions about their child's program?

Parent/caregiver should contact the EIBT program clinical supervisor assigned to the child for specific program questions. Each EIBT program also will provide their agency guidelines on program staff roles and responsibilities.

26. Who does the parent/caregiver contact if they have a concern about their service provider?

Issues regarding service providers need to be brought to the attention of the onsite supervisor. If the issue is with the onsite supervisor, the program director should be contacted. Such concerns need to be addressed immediately so that resolution can be prompt. If a parent/caregiver is uncomfortable talking with the service provider directly or feels that their concerns are not being addressed, parent/caregiver should contact the school district or Regional Center representatives, and the representative will contact the service provider to assist in resolving issues.

27. What if parents/caregivers are told not to address concerns with providers?

Providers need to know the concerns of parents/caregivers immediately so that issues can be addressed. For the program to be successful, it is imperative that parents/caregivers feel safe to discuss any concerns they have with their provider at any time.

28. What does the parent/caregiver do if they have a concern with the school district or Regional Center?

Issues with the school district or Regional Center should be brought to the attention of the district representative or the VMRC Service Coordinator. Addressing concerns in a timely manner will more likely expedite a resolution.

29. Who does the parent/caregiver contact if they disagree with an IFSP/IEP team recommendation?

The school district, SELPA or VMRC service coordinator will provide the parent with a copy of their rights that will include advocacy resources. If they disagree with an IFSP/IEP team recommendation, they can refer to rights of parents/caregivers for assistance.

30. Can services be lost by addressing concerns with a service provider/school district/ Regional Center?

No. Service changes are the responsibility of the IFSP/IEP team. All parties have agreed to discuss concerns in good faith. Parents/caregivers are encouraged to discuss issues as soon as they arise. All issues will be addressed until a resolution is reached. Parents/caregivers who feel they are being intimidated or counseled not to address their issues should contact their EIBT provider program director, school district or Regional Center representative immediately. Everyone involved with EIBT has agreed to act professionally and in accordance with applicable federal and state special education laws.

31. What if parents/caregivers change their mind about EIBT services?

Parents/caregivers are integral members of the IFSP/IEP team. As with any special education placement, parents/caregivers can request an IFSP/IEP team meeting at any time to discuss a change in placement. The meeting must be held within 30 days.

32. What happens to EIBT services if the child moves?

When anticipating a change in residence, the family should consult with the EIBT provider immediately. If the family stays within the current school district, EIBT services will continue. If they move outside the school district, an IFSP/IEP team meeting should be held to determine if there would be a change in EIBT services or provider. It is possible that an EIBT provider may not be available in the area of the new residence.

33. Are parents/caregivers required to participate in autism research as a condition of participating in an EIBT program?

No. Participation in any research project is strictly voluntary and, by law, cannot be used to determine eligibility for an EIBT program. VMRC currently supports a number of research projects into the etiology of autism and treatment effectiveness. Written parental/caregiver consent is required to participate in research studies. While parental/caregiver consent to participate in these studies is encouraged to help increase knowledge and best practice in the field of Autistic Spectrum Disorder, declining to participate is a basic privacy right and will be respected.

34. What is Project P.E.A.C.E.? How is it different from an EIBT program?

P.E.A.C.E. is an acronym for Parents, Educators and Administrators Collaborating Effectively. The program is administered by Central Valley Families for Effective Autism Treatment (see What is FEAT?) and is funded by Valley Mountain Regional Center. Project P.E.A.C.E. provides orientation classes to parents/caregivers who are either considering an EIBT program or have recently begun an EIBT program. It is not an EIBT program. Classes are held regularly in Stockton and Modesto and give parents/caregivers an opportunity to learn how to prepare themselves both practically and emotionally for the rigors and family stresses of participating in an EIBT program. Contact the service coordinator regarding availability of classes. The P.E.A.C.E. classes particularly recognize that an EIBT program is a family affair and can be emotionally taxing on the whole family, including extended family members, such as grandparents, aunts and uncles. Communication, problem solving, organization, access to resources and overall coping skills are fostered through activities with experienced EIBT parents/caregivers. Advanced and follow-up classes also are available. *[Check for program availability.]*

35. What information, support and advocacy services are available for families?

- ❖ **Families for Effective Autism Treatment (FEAT):** Central Valley FEAT is a nonprofit organization of parents/caregivers that helps families with children diagnosed with Autism Spectrum Disorder. It offers a network of support where families can meet each other and discuss issues concerning autism and treatment services.

- ❖ **Family Resource Network (FRN):** FRN matches parent/caregiver-to-parent/caregiver, enabling families to share information and gain emotional support in their challenges. FRN has collected books, audiotapes, videotapes, journals and periodicals for parents/caregivers and professionals to borrow. FRN holds workshops and consultations to help parents/caregivers understand their rights and responsibilities in the various service systems. FRN works to educate the community by providing a wide variety of information packets specific to many special needs, support group lists, lists of local, state and national parent organizations and referral information. FRN supports parents/caregivers and professionals who want to start support groups by offering facilitation, training, public awareness, location and speakers. Current information about FRN can be obtained from its website, www.FRCN.org.

36. What is the Hands-on Behavioral Parent Training Workshop? Are parents/caregivers required to complete this program?

Yes. Parents/caregivers are expected to take the Hands-On class either before or within three months of their child's acceptance into an EIBT program. At least one parent/caregiver must attend, actively participate in class and demonstrate competency. Family members who care for the child are encouraged to enroll, as well. If childcare is an issue, contact the service coordinator.

The Hands-on Behavioral Parent Training Workshop Series is a 10-hour course designed to teach parents/caregivers of VMRC practical behavioral instructional techniques using role-playing and group activities. The Hands-On Series is offered monthly in both the Stockton and Modesto VMRC offices. For Spanish speakers, "Introduction to Behavior Change" is offered, but less often. Both classes are continually rated "excellent" and "very helpful" by parents/caregivers.

37. What is mandated reporting?

California law mandates the protection of children from abuse and neglect and requires the reporting of such abuse and neglect. All personnel involved with EIBT services are legally required to report such abuses. *[A complete copy of the California Penal Code, Section 11166, is available from a VMRC or school representative.]*

38. What is Special Incident reporting?

A *Special Incident* is defined by an event that occurs in the presence of any staff member to either the client or the staff member, in the home, school or community. These events may include but are not limited to injury, neglect, abuse, property damage or any *unique and negative* event involving the absence of injury to either party.

39. What is the basic code of conduct that all parties associated with an EIBT program agree to follow?

Parents/caregivers, EIBT providers and VMRC and SELPA personnel are expected to abide by the following principles of behavioral conduct:

ESTABLISH AND MAINTAIN MUTUAL TRUST AND RESPECT

- *Enforce the legal requirement for confidentiality in oral and written communication.
- *Respect the privacy needs of the family.
- *Respect the need to provide a safe, healthy environment in the home and community during program hours.
- *Establish and maintain clear lines of communication among the parties.
- *Create and sustain a cooperative and collaborative team environment.
- *Identify and respect clear lines of authority through specification of roles and responsibilities among the parties.
- *Communicate in an honest, open, frequent and direct manner.
- *Listen to each other with compassion and without prejudice.

The undersigned parties have read and agree to the conditions as outlined in the EIBT Program Procedures and Guidelines and the EIBT program Provider's Guidelines and Responsibilities (Attachment C) as reviewed at the IFSP/IEP meeting for:

_____ held on _____
(Child's name) (Date)

This agreement supersedes any previous agreements signed by the parties.

Child's EIBT provider is: _____

Parents/Caregivers received and reviewed the EIBT Program Procedures and Guidelines and Parents/Caregivers Participation, IFSP/IEP Attachment A, on: _____
(Date)

Service Provider Representative Date

SELPA/District Representative Date

Valley Mountain Regional Center Representative Date

cc: Parents/Caregivers
Service Provider Representative
SELPA/District Representative
VMRC Representative

IFSP/IEP ATTACHMENT A

Date: _____

Student Name: _____

PARENTS/CAREGIVERS PARTICIPATION

Treatment is a collaborative effort among Early Intensive Behavioral Treatment (EIBT) providers and parents/caregivers, as well as the Valley Mountain Regional Center, school districts and other agencies providing services. Contributions of parents/caregivers are critical to the effectiveness of intervention. Therefore, parents/caregivers are asked to participate in the intervention process with the following expectations:

Parents/Caregivers Participation

1. Attend staff/clinic meetings and EIBT provider training workshops. Work in a collaborative manner with the program coordinator and clinical director.
2. Attend a VMRC behavior training course.
3. Remain informed about the child's program status and participate as a tutor/instructional assistant during intervention hours, when requested, to ensure generalization and maintenance of intervention effects.
4. Implement recommendations and intervention components as specified by the EIBT provider, such as conducting programs outside of regular intervention sessions, conducting generalization and maintenance tests and performing data collection.
5. Actively participate in the child's IFSP/IEP including collaboration with all service agencies involved and attendance at meetings.
6. Dress appropriately during intervention hours.
7. Abuse of alcohol and/or drugs will not be tolerated.

Parents/Caregivers Supervision

1. A parent/caregiver or other responsible adult age 18 or older designated by a parent/caregiver must be at the home, on time and with the child. The family should be prepared for intervention at the beginning of a scheduled shift. The parent/caregiver or other designated adult must remain at the home for the entire session. The designated adult must have written authorization to obtain medical care for the child in the absence of parents/caregivers.

2. While intervention sessions may be observed, avoid unnecessary entry into the work area, and refrain from asking questions or making comments during the child's session, except for emergencies or the communication of critical information about the child. Should emergencies or other concerns arise, contact appropriate EIBT supervisory staff.

Parents/Caregivers Supplied Material

1. Teaching materials and potential reinforcers are critical to the intervention process and need to be varied and supplemented continually. Parents/caregivers are responsible for supplying any edible potential reinforcers. In addition, parents/caregivers may be asked to supply teaching materials, using items already present in the household, to assist with their child's program. Parents/caregivers are encouraged to use local resources, including toy-lending libraries, to obtain appropriate materials.

2. Vendors will supply items not already in the household; these materials remain the property of the vendor.

Parents/Caregivers Responsibility Regarding EIBT Staff

1. Treat staff members with respect, and maintain a professional relationship with all staff. Do not engage in personal relationships or discuss personal issues. Do not be verbally or emotionally abusive toward the staff.
2. Do not ask EIBT staff about other children in the program, due to privacy and confidentiality concerns.
3. Have knowledge about staff roles, attendance policy and staff dress code and report staff absences, infractions or other concerns to the appropriate staff member in the "chain of command." [*Refer to EIBT Provider's Guidelines and Responsibilities*]
4. Inform EIBT provider of any other professional working with the child; for example, physical or occupational therapists.
5. Do not ask EIBT provider staff to provide childcare or respite services.
6. Address questions regarding the child's EIBT program to EIBT supervisory staff. [*Refer to EIBT Provider's Guidelines and Responsibilities*]

Illnesses/Vacations/Emergencies

1. Inform appropriate EIBT staff when child is ill. Provide 24 hours notice, if possible, when canceling a session due to illness.

2. Make every effort to minimize intervention cancellations, and make the child available for makeup sessions. EIBT provider will make every effort to work with the schedules of parents/caregivers when arranging for makeup hours. If program hours are not maintained, it is recommended that parents/caregivers request an IFSP/IEP.
3. If a child's health does not allow consistent participation in 90 percent of the recommended hours (47 weeks of the year), then an IFSP/IEP will be held.
4. An EIBT program is funded for 47 weeks a year; the five weeks that a child has off are divided among holidays, makeup days and the EIBT providers' calendar. Notify EIBT providers at least one month in advance of any lengthy family vacations, leave or other reasons that would interrupt the in-home program.
5. Notify EIBT supervisory staff as soon as possible when injury, accidents or emergencies arise.

Break Time During In-Home Intervention Hours

1. Parents/caregivers are responsible for supervising their child during break times. Use break times to engage the child in program activities as recommended by the EIBT provider.

Community Outings

1. A parent/caregiver or other primary person age 18 or older designated by the parent/caregiver must be present at all times during community outings. The designated person must have written authorization to obtain medical care for the child in the absence of the parent/caregiver.
2. Intervention-related community outings may not include personal shopping trips or errands. Community outings are based upon goals and objectives and take place at a mutually agreed upon location. Parents/caregivers are responsible for any fees incurred during community outings requested by parents/caregivers.
3. Transportation arrangements will be made on an individual basis. EIBT staff may not transport the child to community outings, and parents/caregivers may not transport instructional aides/tutors to community outings.
4. Outside of intervention hours, parents/caregivers are encouraged to take their child on community outings independent of an instructional aide/tutor as set forth in their EIBT program.

Regular Education Classroom

1. Participate in identification of possible school and classroom placements. The IFSP/IEP team will then determine final placement based on input from all members.
2. Ensure that EIBT program staff is included in any meetings with school personnel that affect a child's intervention. Parents/caregivers also shall be included in and/or informed of any meetings between EIBT staff and school personnel regarding the child.

Peer-Play Training

1. Identify appropriate peers and arrange for the transportation of the peer for a peer-play session. EIBT provider, LEA and VMRC will assist with peer identification as appropriate.

Environmental Considerations

1. Temperature in the working area should be kept at a comfortable level.
2. The working areas should be free of smoke.
3. Working areas should be free of offensive odors.
4. Lighting should be kept at an adequate level during intervention hours and clinic meetings.
5. Exits should not be blocked.
6. A clean, functional bathroom should be made available at all times to staff in accordance with U.S. Department of Labor, Occupational Safety and Health Administration requirements.
7. Garbage receptacles in the working area should be clean and odor-free.
8. Tables and chairs should be wiped down as needed.
9. Carpets and floors should be kept clean.
10. All weapons kept in the home will be inaccessible during the hours that staff is in the home.
11. First-aid supplies should be immediately accessible to the program provider and staff members.

Complaint Process

1. Use the EIBT provider's complaint/concern procedures. Parents/caregivers have the right to inform EIBT providers regarding any complaints either orally or in writing.

General or Miscellaneous Responsibilities

1. Parents/caregivers may install video and audio monitoring equipment as mutually agreed upon with the EIBT provider.
2. Parents/caregivers are strongly encouraged to review all logbooks, data and program files pertaining to their child.
3. Parents/caregivers may request specific guidelines for tutor eligibility, such as a tutor's gender, but parents/caregivers need to be aware that this may create a delay in shifts being covered. Guidelines requests will be addressed at the IFSP/IEP meeting.
4. Parents/caregivers may be asked to allow new families to observe the implementation of their child's EIBT program. These new families will be made aware of all confidentiality concerns regarding the child's program.
5. Parents/caregivers are expected to provide adequate homeowner's/renter's insurance of at least \$300,000.00 per occurrence throughout the duration of the home program implementation. This is not required by statute or regulation. Seek the advice of an insurance agent or broker to ensure compliance. Inability of parents/caregivers to provide insurance coverage will not prevent implementation of the agreed-upon plan. *[As stated in the EIBT Handbook, VMRC Treatment Policy, Financial Responsibilities Section, Attachment B]*
6. Parents are important participants in the program review. An IFSP/IEP will be held within 3 months of the start up and a second within 6 months (if needed). Quarterly meetings are not IFSPs/IEPs and will be held as a communication tool for progress updates. The team consists of the parents/caregivers, LEA, VMRC and the EIBT program provider.

There will be objective data monitoring of the child's progress toward meeting the IFSP/IEP goals. Educational benefit and continuation of the EIBT service delivery model will be determined by the IFSP/IEP team.

ATTACHMENT B



**Early Intensive Behavioral Treatment
Program Handbook**

Region 6 Collaborative

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EIBT Review and Signature Procedure

1. At the time of EADC, the EIBT Program Procedures and Guidelines and IFSP/IEP Attachment A are given to the family as part of the EADC resource packet.
2. For children diagnosed outside of EADC (MIND, UCSF, etc.), families are given the EIBT Program Procedures and Guidelines and IEP Attachment A at the post diagnostic treatment meeting with VMRC/SELPA/District.
3. At the time of EIBT program consultation, the Non-Public Agency (NPA) will provide and review the EIBT Program Procedures and Guidelines and IFSP/IEP Attachment A. NPA will ask Parents to review the document and bring questions to the IFSP/IEP meeting.
4. At the IFSP/IEP team meeting, the IFSP/IEP Attachment A outlining the Parent/Caregiver Participation will be reviewed by the LEA and become part of the IFSP/IEP as the offer of FAPE.

SELPA/District, VMRC and NPA will sign the signature page of the EIBT Program Procedures and Guidelines.

VALLEY MOUNTAIN REGIONAL CENTER SERVICE STANDARD

Autism Treatment Policies and Procedures

The intent of this policy is to institute shared responsibility and collaboration among families, Local Education Agencies (LEA), and the regional center. It applies to any therapy or intervention initiated for children ages one through five (1-5) with a diagnosis of Autistic-Spectrum Disorder (ASD) that qualify the consumer for regional center services.

Basic VMRC Policy

1. VMRC reserves the option of refusing to authorize payment for therapies that are not based on adequate foundation of scientific research as determined by regional center clinical staff.
2. VMRC requires detailed entrance and exit guidelines for any clinical therapy or treatment program.
3. VMRC will not pay for any clinical therapy for an individual who does not meet the program's established entrance guidelines.
4. Services must be effective in meeting the documented needs of a consumer. Consistent with the Individuals with Disabilities Education Act (reauthorized 1997), the Lanterman Act and Title 17 of the California Administrative Code, VMRC will discontinue payment for services only after reevaluation and concurrence by the interdisciplinary team that the services are no longer effective. The consumer will be notified in writing of intent to discontinue payment and have the right to appeal as in any regional center decision.
5. Services funded by VMRC shall be data-based, curriculum driven, and provided by appropriately trained and competent personnel.

Procedures

1. Early Autism Screening Clinic. Composed of family members, Families for Early Autism Treatment (FEAT), school and regional center clinicians, this clinic looks at cases of suspected ASD and determines if such a diagnosis is warranted. If the child is currently not receiving services from his/her LEA, a referral to the appropriate school district will be initiated.

If ASD is found, the treatment/education matrix of alternatives will be given to and discussed with the family. A team consisting of the family and representatives of FEAT, the LEA, and VMRC will be convened to explore treatment alternatives.

Families will cooperate and collaborate with the team throughout all phases of the planning and implementation process – including attendance at all team meetings.

2. Determination of Appropriate Treatment Option. VMRC employee will work with the family to explore specific types of treatments best suited to the child's needs.

The family is responsible for visiting treatment/educational program services, reading recommended materials, and meeting with program directors or their designees prior to Step #3 below.

3. Individual Education Plan (IEP)/Individual Family Service Plan (IFSP)/Individual Program Plan (IPP) Development. Based on all relevant factors including but not limited to an assessment of family resources, priorities and concerns related to the development of their child, direct observation and evaluation of the child, and VMRC employee recommendations to the Team identified in #1 above, the child's plan shall be written with family, clinical and educational input to reflect the major outcomes expected to be achieved for the child and family. The plan shall identify the program consultant/agency and the number of hours per week of therapeutic intervention.

The plan, itself, shall be clear about a) what services are to be provided, b) the actions that are to be taken by each interdisciplinary team member in initiating and sustaining the services, c) what actions will be taken by the family, d) where the services are to be provided and the extent to which natural environments are considered.

Payment for services by VMRC is contingent upon adherence to the policies and procedures contained herein.

4. IEP/IFSP/IPP Implementation. Active family participation in both the training and implementation phases of therapy is an essential component for an effective interactive education program. The extent of family involvement shall become part of the implementation plan.

Non-family members providing direct or consultative treatment/education to the child shall include but not be limited to Program Director, Case Supervisor, Service Coordinator (SC), Senior Tutor, and Staff Tutors, who may be volunteers or family members. All personnel working with the child must meet minimum guidelines for competence as designated by the program consultant or VMRC employee.

Families shall adhere to the specific intervention program developed by the Program Director in consultation with the other interdisciplinary team members. As active interdisciplinary team members, families shall be responsible for providing regular input to major program providers and regional center staff, minimally in each of the following areas: their child's developmental progress, program effectiveness and direct staff monitoring.

5. Continuation of Services. VMRC will assess the effectiveness of the therapeutic intervention initially within three (3) months of start-up and a second review at six (6) months. The designated team consisting of the parents, SC, LEA representative and Program Director, shall meet up to three (3) times during the first three (3) months and as often as necessary thereafter.

Continuation of service is contingent upon a determination by VMRC clinical and case management staff and the family that there is acceptable movement toward achieving IEP/IFSP/IPP outcomes and that transition guidelines have not been met. If it appears that outcomes are not being accomplished, the family will be asked to request an IEP, IFSP or IPP meeting. Program reviews shall be conducted at each six (6) month interval.

VMRC reserves the right to conduct independent assessment at any time.

Families are expected to:

- a. Provide an environment that is conducive to effective program implementation based on existing resources and supports. Any payment for materials by families is voluntary and will be reflected in the IFSP. If needed, the family will be assisted in seeking funding for or provision of materials from other agencies such as FEAT, the LEA and VMRC.
- b. Review data collection on a regular basis sufficient to demonstrate knowledge of techniques used in order to assure generalization across environments.
- c. Sign a contract with the selected service provider agency that clearly states all parties' responsibilities regarding implementation of the home program, as well as specific rules that apply to the program, as defined by the Program Director.

Financial Responsibilities

1. For all children eligible to receive services from an LEA, the following policy shall be followed:
 - a. VMRC will pay 50% of start-up therapeutic intervention costs (Proceure #4) for programs which have as a goal full inclusion in regular education and are initially home-based. Balance will be provided by LEA.
 - b. VMRC will pay 50% of continuing therapeutic intervention hours occurring in the home (Procedure #5). The actual percentage to be paid by VMRC will be determined on an annual basis and will match the percentage of program hours delivered in the home during that year. Balance shall be paid by the LEA.

- c. After the six-month review (Procedure #5), the percentage of the home component paid by VMRC may increase as the total number of instruction hours decreases but shall not exceed 50% of the total continuing therapeutic intervention costs. Balance to be paid by the LEA.

Under no circumstances will a family's inability to pay for the above-stated services prevent implementation of the agreed upon plan.

2. For children under the age of three (3) who are not eligible to receive service from an LEA, VMRC will pay for 100% of the therapeutic intervention costs for an IFSP approved program.
3. Families are expected to:
 - a. Provide adequate homeowner's/renter's insurance of at least \$300,000.00 per occurrence throughout the entire duration of the home program implementation. **This is not required by statute or regulation.**
 - b. Seek the advice of an insurance agent or broker to ensure compliance.

Under no circumstances will a family's inability to provide insurance coverage prevent implementation of the agreed upon plan.

4. For primarily school site-based therapies, VMRC will not pay for therapeutic intervention hours.

Service Eligibility

The inability of the family of an otherwise eligible child to pay for services will not result in the denial of services to the child or the child's family.

VMRC Board Approved: March 9, 1998

HGC:sm

EIBT Quarterly Document Instructions

These instructions are for the EIBT Quarterly Progress and Communication Report. The intention is to have one final, complete document of the child in his main file. Please look at the report and make copies of the appropriate pages for the meeting that corresponds to the amount of time in program. Remember that the "timeline" for the continuation guidelines actually begins when the child turns 3. You will also get new signatures for each meeting.

For children under age 3: complete pages 3-5 for each quarterly meeting. Prior to turning age 3 a transition IFSP/IEP will be held to determine appropriate placement at age 3. If child enters an intensive program, begin with the 90-day diagnostic placement on page 2, as well as pages 3-5 at the end of the 90 days. Provide team members with copies of completed documents.

For all children: fill out page 1 for the initial meeting; complete and place the signature page (page 14) at the back of each document.

For children over 3:

90 day placement:

- Fill out pages 1-5 for the 90 day placement meeting. Provide copies to the team. Keep the original in client's agency file
- Complete and place the signature page (page 14) at the back of each document

6 month meeting:

- Fill out pages 3-6 (new copies)
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1,3-6 with signature page (14) last

9 month meeting:

- Fill out pages 3-6 (new copies)
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1, 3-6 with signature page (14) last

12 month meeting:

- Fill out pages 3-6 (new copies)
- Complete relevant sections of pages 7-9 (get test scores from report)
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1, 3-9 with signature page (14) last

15 month meeting:

- Fill out pages 3-6 (new copies)
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1, 3-6 with signature page (14) last

18 month meeting:

- Fill out pages 3-6 (new copies)
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1, 3-6 with signature page (14) last

24 month meeting:

- Fill out pages 3-5 (new copies)
- Fill out relevant sections of pages 10-11
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1, 3-5, 10-11 with signature page (14) last

30 month meeting:

- Fill out pages 3-6 (new copies)
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1, 3-6 with signature page (14) last

33 month meeting:

- Fill out pages 3-6 (new copies)
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1, 3-6 with signature page (14) last

36 month meeting:

- Fill out pages 3-6 (new copies)
- Fill out pages 12-13
- Make any changes/additions to page 1
- Complete signature page (page 14)
- Make copies for the team of pages 1, 3-6; 12-13 with signature page (14) last

Early Intensive Behavioral Treatment (EIBT) Quarterly Progress and Communication Report

Statement of Purpose

The intent of EIBT education programs is to help young children with Autistic Spectrum Disorder achieve independent, full inclusion in a primary general education setting. The quarterly report is the communication tool designed to monitor collaboratively the child's progress and discuss parental concerns as they relate to the continuation guidelines. As is the case with all special education programs, the appropriateness of placement in an intensive in-home behavior treatment program is reviewed by the IEP/IFSP team.

Children under age 3 years will be: Considered to be in a Diagnostic Placement until their third birth date. The IFSP team will meet on a quarterly basis to determine appropriateness of the placement based on:

- ❖ Child's ability to tolerate a progressive increase in the number of hours from 20-30 hours/week by 2.9 mos.
- ❖ The level of parent participation/involvement and the ability to comply with expectations of the 4-Way Agreement.
- ❖ Parent demonstration of agreement with daily intervention routine
- ❖ Progress on the IFSP goals which are written to provide the prerequisite skills which will lead towards successful acquisition of the diagnostic guidelines for over 3 year olds.

Identifying Information:

Child's Name: _____ Birthdate: _____ Age: _____

Parent Name: _____

Address: _____ Phone Number: _____

Program Start Date: _____

Diagnostic Placement Review Date: _____

Year 1 Dates/Age: Quarter 1 ___/___ 2 ___/___ 3 ___/___ 4 ___/___

Year 2 Dates/Age: Quarter 1 ___/___ 2 ___/___ 3 ___/___ 4 ___/___

Year 3 Dates/Age: Quarter 1 ___/___ 2 ___/___ 3 ___/___ 4 ___/___

Contact Information:

Program Contact: _____ Phone #: _____

VMRC Contact: _____ Phone #: _____

School Contact: _____ Phone #: _____

FEAT Contact: _____ Phone #: _____

Other Contact: _____ Phone #: _____

90-Day EIBT Diagnostic Education Placement Guidelines

Children Over 3 Years: IEP team to review the following at the end of the 90 day diagnostic placement:

1. Imitates 10 novel object-mediated actions: Y (80%+) N (<80%) N/A
If no, what is current skill level?

2. Retains five Gross Motor Imitation skills: Y (80%+) N (<80%) N/A
If no, what is current skill level?

3. Has emerging visual discrimination skills (objects in; puzzles; matching):
Y (80%+) N (<80%) N/A

If no, what is current skill level?

4. Discriminates two receptive labels or commands: Y (80%+) N (<80%) N/A
If no, what is current skill level?

5. Intervention Hours are based on a maximum 3 month diagnostic placement in the program:

Intervention hours recommended as per IFSP/IEP: _____ hours/week

Intervention hours received: _____ hours

6. Tolerates required program hours and demonstrate ability to attend to tasks:
Y (80%+) N (<80%) N/A

If no, what is current tolerance level? _____

7. Produces verbal imitation of 10 consonants, vowels, single syllable words:
Y (80%+) N (<80%) N/A

If no, what is current skill level? _____

Quarterly Progress Review

Sections I - VI are completed by the agency prior to the meeting: Sections I - Items 1 - 10 (pages 3 -5) and will need to be copied, filled out and attached to original packet for each quarterly meeting;

The other applicable section(s) should be filled out when the child reaches that timeline in program (6 mos. 1 year etc.) Keep the same packet for each meeting, adding on a new Section I each quarter.

Program Contact: _____ Phone # _____

VMRC Contact: _____ Phone #: _____

School Contact: _____ Phone #: _____

Other Contact: _____ Phone #: _____

Other Contact: _____ Phone #: _____

Meeting Date: _____

Year of intervention: _____ **Quarter:** _____

1. Quarterly Intervention Hours

- Intervention Hours are based on a 47 week EIBT program
- 5 week non-intervention hours include observed holidays, child illness, family vacation and may include staff absences as defined by provider policy

Quarterly intervention hours recommended as per IFSP/IEP: _____

Quarterly intervention hours received: _____

Quarterly deficit intervention hours: _____

Reason for deficit intervention hours: _____

Based on the quarterly intervention hours received, is a plan of action needed: **Y N**

If yes, describe plan to fulfill program hours: _____

Please list any planned vacations or holidays that exceed one week for the next quarter:

2. Review of EIBT Benchmarked goals (attach program report):

Domains [skills achieved/skills targeted per quarter]:

visual/spatial: _____ play skills: _____

cognitive/language: _____ self-help skills: _____

social/language: _____ behavioral: _____

academic/school readiness: _____ motor skills: _____

3. Parents follow through with the program guidelines as designated in the "Agency Parent Roles and Responsibilities" handbook. **Y N N/A**

Ways parent(s) is/are providing support to the program: _____

Areas of concern: _____

How are concerns being addressed? _____

4. List child's behaviors that interfere with EIBT program:

Behavior:

How addressed:

_____	_____
_____	_____
_____	_____

Is there a current behavior plan? **Y** **N** **N/A**

If not, is one needed? **Y** **N** **N/A**

5. Are other Designated Instructional Services (DIS) recommended - speech therapy, O.T., etc.?
Y **N**

Items 6-10 should be facilitated by VMRC (under age 3) or District/SELPA representative at the end of the Quarterly Meetings:

6. Is the EIBT agency providing timely and adequate information/training to the family? (e.g., programming recommendations, prompting strategies, reward systems, behavior plans, etc.) **Y** **N**

Please give an example:

7. Are parental concerns with program management (clinical supervision, tutor training, etc.) addressed adequately and timely by the EIBT agency? **Y** **N**

8. Are adequate resources and supports in place to ensure quality of family life (e.g. respite, counseling, parent support groups, parent workshop information, etc.?) **Y** **N**

If no, please give details: _____

9. Does the data indicate that the child continues to meet the EIBT Continuation Guidelines? **Y** **N**

10. Based on the information contained in this document, is an IFSP/IEP other than the annual IFSP/IEP warranted? **Y** **N**

If "Yes" date for IFSP/IEP: _____

Children Over 3 Years

II. Expected by 6 Months of Intervention (including Diagnostic Placement)

Meeting Date: _____

11. Produce verbal imitation of 18 to 20 consonants, vowels, single syllable words **Y N**

If No, provide current level _____

12. Demonstrate and retain auditory discrimination of five receptive labels **Y N**

If No, provide current level _____

13. Demonstrate auditory discrimination of commands **Y N**

If No, provide current level _____

14. Demonstrate generalized visual discrimination skills for matching and sorting **Y N**

If No, provide current level _____

15. **Generalization of skills:** Child is generalizing 80% of the skills/behaviors taught in a structured setting to natural environment: **Y N**

Examples of skills generalized	Environment	80% or greater	Current Level
	Home	Y N N/A	
	Community	Y N N/A	
	Peers	Y N N/A	
	School	Y N N/A	

Refer to benchmarks if child is over 4 at entry into EIBT program.

**III. Expected by 12 Months of Intervention for children starting 3.0-3.11 years old
OR**

**Expected by 6 Months of Intervention for children starting over the age of 4
years old**

Meeting Date: _____

16. Demonstrates behaviors that will **allow initial inclusion in a preschool/peer environment**, namely, ability to follow instructions and to make wants and needs known (follows S^D or adult instruction).

Y N

If No, provide current level: _____

17. Initial inclusion into school setting.

Child has met EIBT agency guidelines for school placement (indicate grade level):

Y N N/A

If no, why not? _____

18. Has child started school?

Y N N/A

If no, why not? _____

List skills needed to attend and/or be successful in school: _____

Amount of days/time child is in school: _____

List successful school skills: _____

19. Child is making progress in functional and spontaneous expressive language skills specific to the social context, at a level consistent with benchmarked IEP goals/ EIBT continuation guidelines:

Y (80%+) N (<80%) N/A

If no, what is current plan to reach benchmarks? _____

20. **Generalization of skills:** Child is generalizing 80% of the skills/behaviors taught in a structured setting to natural environment:

Y **N**

Examples of skills generalized	Environment	80% or greater	Current Level
	Home	Y N N/A	
	Community	Y N N/A	
	Peers	Y N N/A	
	School	Y N N/A	

21. Child is initiating social interaction at a level consistent with benchmarked IEP goals/ EIBT continuation guidelines:

Y (80%+) **N (<80%)**

If no, what is current plan to reach benchmarks: _____

22. Child is engaging in interactive play with peers/siblings at a level consistent with benchmarked IEP goals/ EIBT guidelines:

Y (80%+) **N (<80%)**

If no, what is current plan to reach benchmarks? _____

23. Is child participating in a peer program? **Y** **N**

Recommended # of peer play sessions per week: _____

Avg. # of peer play sessions per week: _____

If no, what is the plan of action? _____

24. Some indication that the child's cognitive abilities may be in the average range which would typically be an IQ of 85 or above (for example, some WPPSI performance subtests are within 1 standard deviation of the mean; or standard scores on measures of cognitive ability have increased from pretreatment measures).

Y N

If No, provide current Year 1 full scale IQ _____

25. Standard scores/percentile ranks (for annual review and/or when available on over 4 year old) on language tests demonstrate child's acquisition rate is accelerating.

Y N

Baseline receptive Lang. scores _____ Year 1 receptive Lang. scores _____

Baseline expressive Lang. scores _____ Year 1 expressive Lang. scores _____

IV. Expected by 24 Months of Intervention:

Meeting Date: _____

26. Standardized cognitive testing or rate of acquisition is indicative of steady growth or functioning near the normal range (above 85) **Y N**

If No, provide: Baseline full scale IQ _____
Year 1 full scale IQ _____
Year 2 full scale IQ _____

27. Standard scores/percentile ranks (for annual review) on language tests demonstrate child's acquisition rate is accelerating. **Y N**

Baseline receptive Lang. scores _____ Year 1 receptive Lang. scores _____
Baseline expressive Lang. scores _____ Year 1 expressive Lang. scores _____

28. Child is making progress in functional and spontaneous expressive language skills specific to the social context, at a level consistent with benchmarked IEP goals/ EIBT continuation guidelines:

Y (80%+) N (<80%) N/A

If no, what is current plan to reach benchmarks? _____

29. Child is engaging in interactive play with peers/siblings at a level consistent with benchmarked IEP goals/ EIBT guidelines: **Y (80%+) N (<80%) N/A**

If no, what is current plan to reach benchmarks? _____

30. Is child participating in a peer program? **Y N N/A**

If No, what is the plan of action? _____

Recommended # of peer play sessions per week: _____

Avg. # of peer play sessions per week: _____

31. Child has met EIBT agency guidelines for school placement. **Y** **N** **N/A**

32. Has child started school? Grade Level: _____ **Y** **N** **N/A**

If no, why not?

Amount of days/time child is in school: _____

List successful school skills: _____

List skills needed to attend and/or be successful in school: _____

33. Child is approaching **academic standards** of grade (indicate grade level): _____
(Attach District Guidelines and consider including State Standards or California
Department of Education Standards) **Y** **N** **N/A**

V. Expected by 36 Months of Intervention:

Meeting Date: _____

34. Child has met EIBT agency guidelines for school placement: **Y** **N**
Grade Level: _____

35. Has child started school? **Y** **N**

If no, why not? _____

Amount of days/time child is in school: _____

List successful school skills: _____

List skills needed to attend and/or be successful in school: _____

36. Child is approaching **academic standards** of grade **Y** **N**
Grade Level: _____

37. Review any standardized testing:
Child's Full Scale IQ _____
Child's Receptive Lang. Age: _____ Expressive Lang. Age: _____

38. Shadow aide is systematically fading within a general education classroom by age 7.
(If the child started program before age 3, then it is possible that this would be after
36 months of programming). **Y** _____% fade **N**

If No, provide a projection of fading (%) within:

next 3 months: _____%

next 6 months: _____%

39. Child continues to demonstrate Academic and Social success relative to near-age peers; **Y N**

a. Child is initiating social interaction at a level consistent with benchmarked IEP goals/ EIBT continuation guidelines: **Y (80%+) N (<80%)**

b. Child is making progress in functional and spontaneous expressive language skills specific to the social context, at a level consistent with benchmarked IEP goals/ EIBT continuation guidelines:

Y (80%+) N (<80%)

c. Child is engaging in interactive play with peers/siblings at a level consistent with benchmarked IEP goals/ EIBT guidelines: **Y (80%+) N (<80%)**

d. Is child participating in a peer program? **Y N**

Recommended # of peer play sessions per week: _____

Avg. # of peer play sessions per week: _____

40. What is the percentage of time that the child is shadowed in the school setting?

41. Are there any modifications to the child's class day? **Y N**

Describe: _____

42. Child is generalizing 80% of the skills taught in a structured setting:

Examples of skills generalized	Environment	80% or greater	Current Level
	Home	Y N N/A	
	Community	Y N N/A	
	Peers	Y N N/A	
	General Education Setting	Y N N/A	

Quarterly Progress Report Signature Page

Meeting Date: _____

Participants' Signatures:

_____/_____/_____

Name/Title/Date

_____/_____/_____

Name/Title/Date

_____/_____/_____

Name/Title/Date

_____/_____/_____

Name/Title/Date

_____/_____/_____

Name/Title/Date

_____/_____/_____

Name/Title/Date

_____/_____/_____

Name/Title/Date

_____/_____/_____

Name/Title/Date

Placement Change Process (Early Intervention Behavior Treatment Exit)

For a child involved in an EIBT program, quarterly meetings are held to consider whether the current EIBT program is the most appropriate and least restrictive placement. This team includes parents, providers, school personal, and VMRC staff.

Initial Recommendation for Placement Change

At each quarterly meeting, the child's progress is reviewed to determine if the child is meeting EIBT continuation guidelines. For the child that does not meet these guidelines, a recommendation for placement change will occur. This will initiate an Individual Educational Program (IEP) meeting to be held within thirty (30) calendar days of the quarterly EIBT meeting.

The placement change process from EIBT programs to district programs is a collaborative effort, well planned, and implemented carefully with periodic team reviews.

IEP #1

The IEP team reviews the current assessment documents and the current goals/objectives. The team completes a change of placement plan from EIBT [*see Attachment B*], which establishes timelines and specifies responsibilities for parents, providers, service coordinators and school staff. This plan is attached to the IEP document.

Alternative educational placement services are discussed and parents visit these sites with the EIBT provider and/or the District Representative. The prospective receiving teacher/staff will be invited to the next IEP.

IEP #2

The placement change plan is reviewed and modified.

The alternative appropriate educational placement is discussed and a date of entrance established. The IEP team shall develop and agree on an appropriate assessment plan and identify the responsible school staff to conduct assessments. As part of the assessment process, the district case manager is identified. New educational benchmarked goals/objectives are developed by the receiving district prior to the next scheduled IEP.

The IEP team will identify the parameters of overlap between the EIBT provider and the receiving school staff. The EIBT provider will consult with the new education program to assist with the transition.

An IEP will be held within sixty (60) calendar days from the start date to review the district's assessment results and discuss proposed goals/objectives.

IEP #3

The IEP team reviews all assessments. Objectives are reviewed and modified, as appropriate. The change of placement plan is reviewed and modified. The EIBT provider is phased out.

Change of Placement Plan
From an Early Intervention Behavior Training Program
To an Alternative Placement

Transition IEP Meeting Date: _____

Child's Name: _____ DOB: _____

District/SELPA: _____

District Case Manager: _____

Program Exiting From: _____

TASK	PERSON RESPONSIBLE	OTHERS INVOLVED	DATE TO BE COMPLETED	OUTCOME

Next IEP Meeting Date: _____

ATTACHMENT C

[ATTACH EIBT PROVIDER'S GUIDELINES AND RESPONSIBILITIES]