| Standard | Objectives | Strategies | Person(s) Responsible | Time Frame |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-----------------------|------------|
| (a)Screening (1) in collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program. | | | | |
| (2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior. | | | | |
| (3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through: (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and, (ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process. | | | | |
| (4) If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F of this part. | | | | |

INCA Head Start Education Plan

(5) If, after the formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:

(i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,

(ii) If the child has a significant delay, partner with parents to help the family access services and supports to help address the child's identified needs.

(A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability.
(B) A program may use program funds for such services and supports when no other sources of funding are available.

(b) Assessment for individualization.

(1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the Head Start Early Learning Child Outcomes Framework: Ages Birth to Five. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.

| Inca will supply a variety of materials and planned activities to | |
|--------------------------------------------------------------------|--|
| meet the individual learning styles | |
| of each child through the following | |
| observations and assessments: | |
| the INCA 60A Parent Observation, | |
| the LAP-D (Learning | |
| Accomplishment Profile – Diagnostic) 3, 4 and 5 year old | |
| screens, the LAP-D pre mid and | |
| post assessments, portfolios, | |
| anecdotal notes, journals, progress | |
| and planning reports, Health & | |
| Nutrition Summaries and when | |
| needed an IEP. | |
| . Teachers will adapt general | |
| classroom activities to | |
| accommodate the abilities of each child with the assistance of the | |
| Creative Curriculum and other | |
| | |

INCA Head Start Education Plan

1302.33 Child screenings and assessments

| INCA Head Start Education Plan | 1302.33 Child screenings and assess | nents |
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| (2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models. (3) If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA. (1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed. | developmentally appropriate materials. Community professionals will evaluate the children through regular screening processes. Parent will be consulted and permission will be given for all evaluations. Written reports of the results of testing will be maintained and made available to parents. Any assistive devices or special materials or equipment prescribed in accordance with IEP or IFSP will be made available to children with disabilities. IEP or IFSP will be maintained and show the expected outcomes, goals and objectives for each child and family. The IEP or IFSP will provide activities that allow all children equal opportunity to develop skills, concepts, autonomy, initiative, independence and self esteem. Creative Curriculum includes adaptations for children with differing abilities. | |
| (2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to: (i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition; (ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and, (iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer | | |

INCA Head Start Education Plan

the screening or assessment and to record and understand the child's responses, interactions, and communications.

(3) If a program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (2)(i) through (iii) of this section.

(4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.

(d) Prohibitions on use of screening and assessment data. The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.

| onses, interactions, and | | |
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| ild who speaks a n and qualified bilingual tants are not able to sessments, a program onjunction with a duct screenings and in paragraphs (2)(i) | | |
| ild who speaks a n and can demonstrate bilingual staff person or and assessments may such a case, a program ther information, ations over time and hild's home language valuating the child's | | |
| screening and of screening and on any screening or er this subchapter by vernment is prohibited for mparing, or otherwise n for purposes other echnical assistance, and es of providing rewards hildren or staff. A ening or assessments to ment or participation | | |