

Elizabeth City/Pasquotank Schools
IDEA - Part B (619) Grant

**PARTIAL DRAFT -- This Plan Is In Process and Has Not Yet Been Approved by the
NC Department of Public Instruction Exceptional Children Division.**

**3B. Regular Early Childhood - B. Regular Early Childhood Classes - Funding
Source _ Row: 1 is required**

PART 3 - PROGRAM DESCRIPTION

PROGRAM DESCRIPTION - Briefly describe your **total** preschool program by addressing **each** of the following components. Include activities funded from federal, state and local or other funding sources to give a description of your total program.

1. Program Activities

Check all items that describe the activities of the preschool program and add any comments that highlight that service.

A. Child Find/Screening

The LEA must have in effect policies and procedures that ensure that all children with disabilities three through 21 residing in the LEA, including children who are homeless children or are wards of the State, regardless of the severity of their disability, and who are in need of special education and related services, are identified located, and evaluated. This applies to highly mobile children with disabilities (such as migrant and homeless children) and children who are suspected of being a child with a disability and in need of special education, even though they are advancing from grade to grade having a disability. Consistent with consent requirements in 300.300, either a parent of a child or a public agency may initiate a request for an initial evaluation to determine if the child is a child with a disability (300.301). Information received about a child with a suspected disability prior to consent shall be referred to as notification. The collection and use of data to meet Child Find requirements are subject to the confidentiality requirements (300.612) (300.622)(300.625).

1. Notifications & Referrals:

- a. Provide the total number of program notifications that the LEA has received for each of the following:**

Head Start Program:	7
Infant Toddler Program:	20
NC Pre-K Program:	4
Physicians:	1
Private child care:	37
Other sources:	0
Total number of	69

notifications:

b. Provide the total number of Parent referrals that the LEA has received:

Parent referrals: **30**

2. Complete the following description of your Child Find process. Check all that apply.

A. Children residing in the home

1. Conduct community wide screen clinics annually
2. Conduct community wide screen clinics several times a year
3. Advertise our child find program and who to contact
4. Have established person for taking child find requests
5. Have established process for scheduling timely individual child screens upon parental request

B. Children enrolled in state or federal Pre-K Programs

1. Have established process for reviewing Pre-K program developmental screen results with program staff
2. Have established procedures for follow-up to developmental screen results on suspected children
3. Have established criteria for when to act upon screen results
4. Conduct training for state and/or federal Pre-K program staff on how to do developmental screening and what to look for
5. Post child find materials in state and/or federal Pre-K programs

C. Children located in private child care or church preschool programs:

1. Conduct mass screens in all private child care programs in our community
2. Conduct mass screens in some private child care programs in our community
3. Conduct mass screens in all church preschool programs in our community
4. Conduct mass screens in some church preschool programs in our community
5. Screen individual children upon notification by private child care or church preschool programs only
6. Conduct training for local child care or church preschool program staff on how to do developmental screening and what to look for
7. Post child find materials in local child care or church preschool programs
8. Have established timely process for contacting families upon notification from a private child care or church preschool programs in our community

3. Please list the total number of screenings you have completed

Speech Only Screening **60**

Comprehensive Screening **45**

4. Please list the total number of assessments you have completed

Speech Only Assessment **30**

Comprehensive Assessment **13**

5. Please list the total number of children who were assessed and did not qualify for services.

Speech Only Assessment	2
Comprehensive Assessment	0

B. Interagency Collaboration

1. Please select all that regularly attend your LICC

- | | |
|--|---|
| <input type="checkbox"/> a. Infant Toddler Program Leadership | <input type="checkbox"/> i. Church Preschool Staff |
| <input checked="" type="checkbox"/> b. Infant Toddler Program Service Coordinators | <input checked="" type="checkbox"/> j. Child Care Resource and Referral Staff |
| <input checked="" type="checkbox"/> c. Special Education Program Leadership | <input checked="" type="checkbox"/> k. Smart Start Staff |
| <input type="checkbox"/> d. Special Education Program Staff | <input checked="" type="checkbox"/> l. Community Health Department Staff |
| <input checked="" type="checkbox"/> e. Head Start Leadership | <input checked="" type="checkbox"/> m. Department of Social Services Staff |
| <input type="checkbox"/> f. NC Pre-K Program Leadership | <input type="checkbox"/> n. Community College Representatives |
| <input type="checkbox"/> g. NC Pre-K program Staff | <input type="checkbox"/> o. Institute of Higher Education Representatives |
| <input type="checkbox"/> h. Private Child Care Staff | |

2. Please indicate how frequently your LICCs meet (check only one)

Monthly

3. Please indicate the primary function(s) of your LICC (check all that apply)

- a. Regular meeting to update one another on program activities
- b. Plan, coordinate and implement a cross sector professional development activity
- c. Plan, coordinate and implement a cross sector Child Find activity
- d. Plan, coordinate and implement a cross sector Transition to Kindergarten activity
- e. Plan, coordinate and implement a community parent information/training activity
- f. Other, please describe:

4. Do you meet annually with the Children's Developmental Services Agency for the Open Forum?

No

C. Transition

1. Do you meet annually with the Children's Developmental Services Agency to revise your Catchment Area Transition Plan?

Yes

2. Please indicate which of the primary components of transition to Kindergarten you have in place

- a. Elementary staff are notified about transitioning children
- b. Elementary staff are given in-depth information about transitioning children
- c. Elementary staff are invited to observe transitioning children within the Pre-K setting
- d. Parent transition workshops are conducted
- e. Parent transition materials sent home

- f. Pre-K children visit receiving elementary schools
- g. Transition meeting is held at the end of the school year; IEP is reviewed
 - h. Transition meetings are primarily held primarily at the Pre-K site
- i. Transition meetings are primarily held at the receiving elementary school site

D. Family Involvement

Check the different ways you provide information, support and assistance to parents beyond IEP meetings and regularly scheduled report periods

- 1. Teachers conduct home visits one time per year
 - 2. Teachers conduct home visits two or more times per year
- 3. Preschool Classes hold Open House
- 4. Program Parent Handbook
- 5. Newsletters
- 6. School calendar provided regularly
 - 7. Teacher-parent notebooks for communication purposes
- 8. Open door policy for parent school visits
- 9. Formal parent evaluation of preschool programs
- 10. Referral to community agencies
 - 11. Organized parent volunteer program
 - 12. Organized parent support group
- 13. Parent-Teacher conferences held at least two times per year
 - 14. Parent-Teacher conference held more than two times per year
 - 15. Parent training workshops conducted one time per year
- 16. Parent training workshops conducted more than one time per year
- 17. Parent training workshop content:
 - a. Reading to your child
 - b. Helping your child write
 - c. Positive emotional-social development
 - d. Learning through Play
 - e. Other:

E. Deaf/Hard of Hearing Children

N/A - if no children are in the category, then none of this section is required

- 1. Yes, we have a teacher of the deaf/hard of hearing
 - Yes, the above teacher is B/K certified?
- 2. Yes, teacher is a Classroom teacher
 - Yes, the above teacher is certified in deaf/hard of hearing.
- 3. Methodologies used last school year
 - a. Auditory-Oral
 - b. Auditory-Aural
 - c. Sign language
 - d. Total communication
- 4. Assistive approach used last school year

- a. Sound-Field systems
- b. Interpreters
- c. Language facilitators

F. Visually Impaired Children, including blind

N/A - if no children are in the category then none of this section is required

1. Teacher of the visually impaired- Governor Morehead Program
Number of children **1**
served last year:
2. Yes, we have a teacher of the visually impaired

Yes, the above teacher is B/K certified.
3. Orientation and Mobility
 - a. Service provided by Governor Morehead Program

- b. Services provided by the LEA

G. Children with Autism (check one or more)

Check any of the following evidence based practices that you use in your program.

1. TEAACH classroom
2. LEAP classroom
3. Inclusive classrooms using specific and intentional strategies - Extinction (stop reinforcing behaviors that have been reinforced)
4. Inclusive classrooms using specific and intentional strategies - Functional communication techniques
5. Inclusive classrooms using specific and intentional strategies - Pivotal response training
6. Inclusive classrooms using specific and intentional strategies - Joint attention training
7. Inclusive classrooms using specific and intentional strategies - Visual supports
8. Inclusive classrooms using specific and intentional strategies - Video modeling
9. Inclusive classrooms using specific and intentional strategies - Self-management training
10. Other, please specify:

H. Professional Development Activities

1. Professional Development Activities (select all that you regularly conduct for your staff)
 - a. Conducting developmental screenings
 - b. Curriculum implementation
 - c. Curriculum based assessment process
 - d. Standardized testing
 - e. On-going assessments and age referencing
 - f. Portfolio training
 - g. Child Outcome ratings
 - h. Health, safety and sanitation
 - i. Autism strategies

- j. Positive emotional social behaviors
 - k. Mental health
 - l. Facilitating positive parent communication
- 2. Did you collaborate with a community college or institute of higher education last year to provide professional development to your staff:

No

- 3. Do you provide professional development training to staff in the private sector?

Yes

If yes, please list content

**Social Emotional Foundations of Early Learning
Childcare Providers Institute
-behaviors to look for
-Kindergarten expectations**

- I. Primary Curriculum (select the primary curriculum used in current preschool classes - select only one)**

Creative Curriculum

- J. Supplemental Curriculum (select as many necessary)**

N/A - if no supplemental curriculum

- a. Read, Play and Learn
- b. Read it Again
- c. Letterland
- d. Carolina Curriculum
- e. Others, please list

- K. Related Service Providers**

- 1. Do your related service providers provide Embedded Instruction for the majority of their services:

Some of the time

- 2. Do you provide Child Outcome training to your related service providers:

Regularly provide training

- 3. For children who received Speech as the primary disability category, do you provide an early childhood staff member to assist your Speech-Language Pathologists in completing the Child Outcome Summary Rating upon a child's entry to the program?

Yes

- 4. For children who received Speech as the primary disability category, do you provide an early childhood staff member to assist your Speech-Language Pathologists in completing the Child Outcome Summary Rating upon the child's exit from the program?

Yes

- 5. Do you provide professional development training for Speech-Language Pathologists on how to conduct on-going child observations, age referencing and portfolio development?

No

2. Personnel and Instructional/Related Services

Please list all of the service providers for preschool children in your county, regardless of the funding source. These same providers may also be serving a proportion of school age children as well. In order to gain the best estimate of the total number of providers serving preschoolers in North Carolina, please list the number of staff serving preschoolers in your district by FTE estimates (e.g., .25 FTE or ¼ of the caseload for a given provider). Do not list providers that are not actively serving your preschool children. Enter zero for those positions that do not provide services to your preschoolers.

A. Provides Services to Children

<p>10 1. Teacher</p> <p>10 2. Teacher assistant</p> <p>3 3. Speech pathologist</p> <p>1 4. Occupational therapist</p> <p>1 5. Occupational therapist assistant</p> <p>1 6. Physical therapist</p> <p>0 7. Physical therapist assistant</p> <p>2 8. Psychologist</p> <p>0 9. Audiologist</p>	<p>0 10. Visually-impaired specialist</p> <p>0 11. Hearing-impaired specialist</p> <p>1 12. Nurse</p> <p>1 13. Social worker</p> <p>0 14. Case manager</p> <p>1 15. Intake coordinator</p> <p>1 16. Parent coordinator</p> <p>1 17. Transition specialist</p> <p>1 18. Preschool coordinator</p>
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19. Other, specify:

Remember to include the number if you list other personnel.

B. Assessment Teams

<p>2 1. Teacher</p> <p>0 2. Teacher assistant</p> <p>2 3. Speech pathologist</p> <p>1 4. Occupational therapist</p> <p>0 5. Occupational therapist assistant</p> <p>1 6. Physical therapist</p>	<p>0 7. Physical therapist assistant</p> <p>1 8. Psychologist</p> <p>0 9. Audiologist</p> <p>0 10. Visually impaired specialist</p> <p>0 11. Hearing impaired specialist</p> <p>0 12. Nurse</p> <p>0 13. Social worker</p>
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14. Other, specify:

Remember to include the number if you list other personnel.

3. Service Delivery Models/Program Settings

X A. Classroom Based Services- Self contained

If class funding, ages served, numbers of children and status of facility licensure with (DCDEE) are the same for a given number of classrooms, indicate the number of classrooms in the first box and complete the information for that set of classes. If there are variations between classes, please complete a row for EACH classroom you operate. Include any classes from your Developmental Day programs here.

If a teacher conducts two different classes per week (e.g., Monday- Wednesday- Friday and Tues-Thursday classes) , please list them as two separate classes

Number of Classes	Ages of Children	Number of Children in Class	Length of Time per Session	Number of Days in session per week	Status of Facility Licensure with DCDEE
<i>Enter number here</i>	<i>Select One</i>	<i>Enter number here</i>	<i>Select One</i>	<i>Select One</i>	<i>Select One</i>
1	3, 4 & Pre-K 5 year olds	10	Part Day	Four days per week	Have licensure
1	3, 4 & Pre-K 5 year olds	10	Full Day	Five days per week	Have licensure

X B. Classroom Based Services- Regular Early Childhood Classes

B. Regular Early Childhood Classes - Funding Source _ Row: 1 is required
B. Regular Early Childhood Classes - Funding Source _ Row: 2 is required

Please list all preschool classes administered by your school system, including those without children with disabilities. If class funding, ages served, numbers of children and status of facility licensure with (DCDEE) are the same for a given number of classrooms, indicate the number of classrooms in the first box and complete the information for that set of classes. If there are variations, please complete a row for EACH you operate. Include any classes from your Developmental Day program here.

If a teacher conducts two different classes per week (e.g., Monday- Wednesday- Friday and Tues-Thursday classes) , please list them as two separate classes

Number of Classes	Ages of Children	Number of Children in Class	Length of Time per Session	Number of Days in session per week	Status of Facility Licensure with DCDEE	Funding Sources
<i>Enter number here</i>	<i>Select One</i>	<i>Enter number here</i>	<i>Select One</i>	<i>Select One</i>	<i>Select One</i>	<i>Select All that Apply</i>
6	4 & Pre-K 5 year olds	18	Full Day	Five days per week	Have licensure	
2	4 & Pre-K 5 year olds	15	Full Day	Five days per week	Have licensure	

X C. Itinerant Teaching Services - Primary Service Delivery

Note all locations where itinerant teaching staff service preschool children. **Do not include related service providers**

Location of Services	Number of Classes Served at this Site	Number of Children Served
<i>Select One</i>	<i>Enter number here</i>	<i>Enter number here</i>
Head Start in other location	2	2
Private child care class with no state or federal funding	4	4

X D. Speech Therapy Services- primary disability services

Location of Services	Number of Classes Served at this Site	Number of Children Served
<i>Select One</i>	<i>Enter number here</i>	<i>Enter number here</i>
Service provider location- drive in	1	11
University preschool program	1	2
Head Start in other location	4	8
NC Pre-K in the schools	5	7