

FAMILY HANDBOOK



Part C Program

Birth to Three

Early Intervention Program

Child Developmental Services of Fremont County

"Serving young children and their families in Fremont County"

Riverton: 307-856-4337

Lander: 307-332-5508



***Child Development Services of
Fremont County***

Child Development Services of Fremont County

Serving young children and their families in Fremont County

Lander Center

P.O. Box 593 (mail for both centers)
100 Pushroot Court
Lander, WY 82520
Phone: (307)332-5508
Fax: (307)332-7972

Riverton Center

1202 E. Jackson
1205 E. Lincoln
Riverton, WY 82501
Phone: (307)856-4337
Fax: (307)856-0851

For Dubois and Hudson please call the Lander Center for information.
For Shoshoni and Kinnear please call the Riverton Center for information.
For all other outreach locations, please call either center!

CDS Mission Statement

The mission of Child Development Services of Fremont County, Inc. is to provide early childhood education and intervention services for families with infants and preschool children with developmental disabilities and delays.

*Updated 6/22/2021

CONTACT LIST

Title

Name

Telephone #

Family Service Coordinator:

IFSP Team Members:

Other Contacts:

Notes:



Welcome to the Child Development Services of Fremont County Part C Program!

Child Development Services knows that you have hopes and dreams for your child's future. Sometimes, however, you may be receiving new and difficult information concerning your child that you never expected you would hear. You may have been worrying about your child's development for some time and are just now having your suspicions confirmed. Maybe your family has been told that your child may be at-risk for developmental delays.

Your Family Handbook will be a guide to the Wyoming Early Intervention Program (Part C) and the early intervention system. The Family Handbook will help you put the pieces of the early intervention puzzle together; pieces that can at first seem confusing. You will learn about how services and support can meet your child's and family's needs and about your rights within the Wyoming Part C Program.

Child Development Services understands this is "your" child. Therefore, you will be making the decisions about what is best for you and your child. It is important to us that you share your observations and thoughts with the caring professionals that will be part of your team.

We hope that this handbook will help you and your family on your journey through early intervention.

Sincerely,

CDS STAFF



The Part C Infant & Toddler Early Intervention Program

What is the Part C Program?

The Wyoming Part C Program is a combination of your regional Child Development Center working together with the Wyoming Department of Health's Part C Program within the Division of Behavioral Health to provide early intervention services for children ages birth to three who have special needs and their families. The Part C Program is responsible for making sure that the requirements of the Individuals with Disabilities Education Act (IDEA) are carried out in Wyoming. Part 'C' of this act applies to children birth to three.



Early intervention is a term that often is used to describe specific agencies, programs, services, and resources. In Wyoming, early intervention refers to the system of services provided by Regional Developmental Center programs for children birth to five and their families. There are two parts to Wyoming's Early Intervention Program; the Part C Program for children birth to three and the Preschool Special Education Program known as Part B for children ages three to five.

How do Part C early intervention services work?

Early intervention supports a child's learning and development during the important time from birth to three years of age. Staff from your local early intervention Part C Program will support your family in meeting the developmental needs of your child. Professionals provide ideas on how to best help promote your child's development and how to use their suggestions for Intervention throughout their day. There are opportunities for your child to learn and develop throughout their day, both when the service providers are with you and when they are not.

You and the early intervention professionals will work as a team to develop a plan called the Individualized Family Service Plan, or IFSP. This plan is unique to your child and family. As a parent/guardian, you will work with the members of your team to decide:

- What developmental disabilities or delays require early intervention services?
- What would you like to see change for your child and family as a result of early intervention (these changes are referred to as "outcomes")?
- What will need to happen to help make these changes occur — this will be a description of the people who will interact with your child and family and the activities that will be worked into your routines to help make these changes

happen?

- What kinds of early intervention services will be provided to help you and others in your child's life make the identified changes happen?

Young children learn from interacting and playing with you, family members and others such as a childcare provider. Toddlers also learn through play with other children.

How do Part C early intervention services work?

- The sooner early intervention begins: the sooner the child's growth and development can be enhanced.
- Early intervention is intended to help children and families get off to a good, solid start and can increase a child's ability to reach his or her expected development.
- When children's needs are met in their natural environment (everyday settings), outcomes are better and parents can learn ways to address their child's development.
- Early intervention can lessen the need for educational support services and specialize therapy later in life.
- Parents get information about their child's development through evaluations and assessments, and can connect with other parents through various networking opportunities.

Where are early intervention services provided?

Early intervention services are provided in the child's natural environment which may include the child's home, child care center, home daycare, grandparents house, at the CDS center, etc. Services are delivered on a year round basis. The early intervention staff will help you identify the learning opportunities that can be found in your child's typical daily routines, such as play, bath and mealtimes.

How do I know if my child could benefit from early intervention?

Early intervention can help with the development of children who have delays. The next section of the handbook, "Getting Started", will look at the eligibility determination process in more detail. Based on what is learned from the evaluation, you and other members of the IFSP team will decide if your child is eligible for the Wyoming Part C Program, but it is up to your family to decide if you want to begin early intervention services. You have the right to accept some services and decline others.

STEPS THROUGH THE PART C PROGRAM

- Routine developmental screening at your local child developmental center, daycare, or home
- Referral to the Part C Program if concerns are identified

- Family Service Coordinator is assigned and intake process begins;
- Evaluation and assessment process begins;
- A meeting will be scheduled to determine eligibility;
- If eligible an IFSP meeting is held;
- IFSP document is developed;
- Delivery of services and on-going assessment;
- IFSP is reviewed at least every six months ;
- A transition plan is developed up to 9 months before the anticipated date of transition, which is your child's third birthday. While the transition plan can be developed up to 9 months before your child's third birthday, it must be developed at least 90 days prior.

GETTING STARTED

Referral for early intervention

As the parent, or legal guardian, you may have concerns about your child's development or situations that might affect his or her development and have made contact with a local child development center yourself. A referral may have been made, with your permission, by your doctor, a childcare worker, another professional who knows your child, or through Child Find, "Screen For Success" routine developmental screening. The local Child Development Center will receive the referral and a Family Service Coordinator will meet with your family to discuss early intervention and your rights.



How can my Family Service Coordinator assist me?

Your Family Service Coordinator is available to:

- Help you understand information given to you;
- Inform you of your rights within the Wyoming Part C Program;
- Help you get the evaluations and assessments that your child needs;
- Let you know what services are available and how to get them;
- Coordinate and assist in the development and review of the Individualized Family Service Plan (IFSP);
- Make sure that you receive the services that are on your IFSP;
- Help you access support services, such as parent groups;
- Assist in the development and implementation of a transition plan to the Part B Program (three through five), if necessary, after early intervention;
- Refer you to other services, such as child care, health or family support services; and
- Help you to become your child's advocate.

In addition to your Family Service Coordinator, both the Special Education Coordinator and Executive Director are available to discuss any concerns you may have.

An evaluation for your child

An evaluation involves professionals trained in different areas, such as an early childhood special education teacher, occupational therapist, counselor, physical therapist or speech and language pathologist, who use assessment tools to look at your child's abilities and needs. This information can be used to determine eligibility for the Wyoming Part C Program as well as for recommending services and strategies.

An evaluation must be conducted by at least two professionals from two different fields of expertise and must involve assessment activities in the following areas of development:

- **Adaptive or self help skills** — such as bathing, feeding, dressing, toileting;
- **Cognitive skills** — such as thinking, learning, reasoning, and problem solving;
- **Communication skills** — such as understanding and using words or gestures;
- **Physical development** — such as vision, hearing, and movement; and
- **Social-emotional development** — such as feelings, getting along with others, relationships.

Your Family Service Coordinator will ask you to sign consent for the evaluation to take place. They may also ask for a "release of information" so that they can obtain a copy of your child's medical records and any other relevant documents. CDS will not share any information with anyone (including daycare providers, grandparents, medical facilities, etc) without a signed "Permission to Release Information" on file.

Giving permission to evaluation does not mean that you are giving permission for your child to receive services. You can review the results of the evaluation before making that decision.

Planning for your child's evaluation

The evaluation may take place where your child spends his or her day so that your child will feel more comfortable. This could include daycare, home or center appointments can also be arranged. When scheduling the evaluation think of the best time for you and your child. You might think about the times when he or she is most awake. The evaluation may be done on more than one day so that team members can get to know your child and your child can feel more comfortable with them. The evaluation must be completed within 45 days of your referral to the Part C Program.

You will play an important part in the evaluation. Evaluation team members will talk with you about your child's strengths and needs and will ask you to get involved in the assessment activities. Much of the evaluation will involve play with your child to see what he or she can do.

The results of the evaluation and what you should learn

After the evaluations are complete, an MDT (Multidisciplinary Team) meeting will be scheduled. You are an important part of this team. The evaluation should help you understand:

- your child's strengths
- whether or not your child has a disability or developmental delay
- whether or not your child is recommended to receive early intervention services
- whether or not your child needs related services, such as physical therapy, occupational therapy, speech therapy, or specialized instruction.
- what kind of aid or supports will be most helpful to your child
- whether or not your child needs intervention at home with your family

Determining if your child is eligible

Your child's eligibility for the Wyoming Part C program will be determined by a team that includes you, your Family Service Coordinator and other professionals who were part of the evaluation. The team will consider information from medical and other records, assessment results and professional judgment in determining eligibility for the Wyoming Part C Program. Your child's eligibility will be documented in his or her record.

The Wyoming Part C Program eligibility criteria are:

1. Developmental delay of 25% or more in at least one of the following areas of development:
 - a. Cognitive Development
 - b. Physical development (gross or fine motor)
 - c. Communication development
 - d. Social and Emotional development
 - e. Adaptive development
2. The child has a medical or mental condition that has a high probability of causing a developmental delay such as vision or hearing loss, Down Syndrome, Cerebral Palsy, etc.



3. Informed clinical opinion by qualified staff shall be used for the purpose of determining eligibility for all children under Part C. Using clinical opinion is especially important in determining whether or not a child is eligible for the Wyoming Part C Program if it is not possible to establish eligibility using standardized measures.

What if your child is found not to be eligible?

If the team decides, based on the evaluation, that your child is not eligible for the Wyoming Part C Program, your Family Service Coordinator will help you explore other supports or resources in your community. If you have concerns in the future, your child may have another evaluation. If you disagree with the results of the evaluation, you can appeal by calling the Wyoming Department of Health Part C Program at 307-777-5246.

Your Individualized Family Service Plan (IFSP)

Individualized...the plan will be written specifically for your child and family.

Family...the plan will focus on changes that you want to see for your child and family as a result of your participation in early intervention. These changes are referred to as 'outcomes'.

Service...the plan will include details of the early intervention services your child and family will participate in - including how, when, where, and how often services will be delivered.

Plan...the plan is a written document that can be changed as your child and family needs change.

Your initial IFSP

Your family's first IFSP meeting will be held within 45 days of the referral to the Part C Program. Your Family Service Coordinator will help you plan and prepare for your IFSP meeting. Child Development Services of Fremont County will coordinate the meeting with you and will invite the members of the IFSP team. If there is someone special you would like to invite (doctor, specialist, daycare provider, family, etc) please let your Family Services Coordinator or the staff member scheduling the meeting know.

Your IFSP team includes:

- you (one or both parents, guardians, foster or surrogate parents);
- your Family Service Coordinator

- other professionals (teachers, therapists, public health nurse, doctor); and other people you'd like to include (family, friends, childcare provider)



Preparing for your IFSP meeting

Information I want to share...

1. _____
2. _____
3. _____
4. _____
5. _____

Questions I want to ask...

1. _____
2. _____
3. _____
4. _____
5. _____

Your IFSP meeting

You are an important member of the IFSP team and your input and questions are extremely valuable. At the meeting a lot of information and ideas will be shared. Along with your fellow IFSP team members, you will:

- Review all the information that has been gathered about your child;
- Talk about your concerns and priorities as well as your family's strengths and resources (such as medical insurance, family support);
- Develop outcomes for your child and family, i.e., the changes you want for your child and family. For example "We want Sam to be able to play with his brother" or "We would like to meet other parents of children like Anna";
- Describe activities or strategies that will help you make progress toward the outcomes;
- Discuss which people in your child's life will best be able to participate in these activities and what they need to do;
- Decide on which services could help you to meet your child's and family's outcomes;
- Discuss the way progress towards meeting outcomes will be reviewed.

Your IFSP should include:

- Family concerns or priorities;
- An explanation of how your child's progress will be observed;
- A description of the services to be provided to your child and family;
- Information about how often services will be provided, and how long each session will be;
- A description of the places where services will be provided;
- The name of your Family Service Coordinator;
- The names of persons and providers who will be providing services to you and your child;
- Starting dates and length of time the services will be provided; and
- A description of other services your child will receive, if appropriate.

The IFSP is a document that will change as your child and family needs change. It should always reflect the current services and supports that you are receiving.

Early Intervention Services

Early Intervention services are free and include the following:

1. **Special Instruction** - the design of and consultation on developmentally appropriate activities that families and caregivers can include in the child's typical day and may include activities within all developmental areas.
2. **Family Training, Counseling and Home Visiting** - by social workers, counselors and other qualified personnel to assist a family in understanding their child's behavior and improve child and family interaction and other parenting skills.
3. **Occupational Therapy** - helping children gain skills needed for play and daily living activities, designing and providing adaptive and assistive devices, as well as addressing the sensory motor and fine motor needs of the child.
4. **Physical Therapy** - helping families and caregivers to enhance the child's movement abilities (including crawling, standing, walking and balance) through therapeutic activities, appropriate positioning and with adaptive and assistive devices that can be incorporated into the child's typical day.
5. **Social-Emotional Development** - counseling, psychological and developmental analysis and interpretation and support for a child's behavior.
6. **Service Coordination** - assisting families through the intake, evaluation and eligibility determination process and facilitating the IFSP process. Family Service Coordinators also provide information about and make referrals to

other community resources and coordinate and ensure delivery of services.

7. **Social Work Services** - assessing a child within the family setting, counseling and developing social skills building activities for a child.
8. **Speech-Language Pathology and Audiology Services**—helping families and caregivers to enhance the child's understanding of language and develop communication skills, which may include speech, sign and gestures.
9. **Assistive Technology** - equipment, devices and/or products, including those acquired commercially, modified or customized, that increase the functional abilities of children with developmental delays (such as a communication device or seating chair).

Reviewing your IFSP

Your IFSP must be reviewed at least every six months; however, you can meet whenever you think it would be helpful for your team to get together and review the plan. At your annual IFSP review, a new document will be developed. Some of the information may be carried forward from the previous plan. As with your initial IFSP, your Family Service Coordinator will coordinate the meeting with you and will invite the members of the IFSP team.

Where will services take place?

Services are generally provided in the places where your child typically lives, learns and plays. This can include your home, other family members' home, at childcare or other community settings. It is important for people who spend time with your child to be familiar with activities and opportunities to enhance your child's development. The early intervention staff will give you ideas of how to incorporate learning activities into your child's typical daily out- lines, such as playtimes, meals and bath time. You will decide which routines you can adjust to accommodate the interventions.

Hazardous Service Location

CDS policies require that staff provide services in a safe location. CDS reserves the right to deliver services at an alternate location if the current service location is considered unsafe and staff feel their safety is in jeopardy. Unsafe conditions include, but are not limited to: aggressive pets, poor sanitation, hazardous road travel, fear of bodily injury.

Any unsafe conditions will be reported to the Executive Director immediately. While unsafe conditions persist, therapy will take place at an alternate location or at the CDS facility.

If parents have concerns with the hazardous service location policy, they should contact the Executive Director.

What are Child and Family Outcomes?

Under the federal IDEA 2004, states are required to measure the effectiveness of early intervention services provided under the Part C Program.

Child Outcomes - Children will be measured in three categories when they begin receiving Part C early intervention services and when they exit or transition out of the Part C Program.



Child Outcomes measure:

- The child's ability to demonstrate positive social-emotional skills, including social relationships;
- The child's ability to acquire and use knowledge and skills, including early language and communication; and
- The child's ability to use appropriate actions to meet their needs.

Family Outcomes - Are measured through the Part C Family Survey. This helps measure how well Wyoming Part C Programs have helped families:

- In their ability to effectively communicate their children's needs;
- Help their children develop and learn; and
- Know their rights under the Part C Program.

Why are Child and Family Outcomes Important?

The Child and Family Outcomes system is designed to improve programs and supports for all young children birth to three years of age served by the Wyoming Part C Program. The purpose of implementing this system is to:

- Achieve and maintain a quality statewide system of infants and toddlers and their families participating in the Wyoming Part C Program;
- Assist regional child development centers in identifying the effectiveness of program practices;
- Guide the development of local and state policies and procedures;
- Provide data to measure results and the overall effectiveness of the Wyoming Part C Program.

What Responsibilities Do You as Parents Have?

In building partnerships with the Early Intervention Team that provides services and supports your child, parents have the responsibilities to ensure their working to the best of their ability to help their children grow to their potential. Some of these are:

- To attend IFSP and other team meetings

- To communicate with providers/team members
- To share important information with the team
- To attend and participate in related service and therapy sessions
- To notify the center if your child is sick
- To be an active member of the team
- To know your rights under IDEA

Part C to Part B Transitions

1. A child is eligible for Part C services up until their 3rd birthday. At that time, the team has to determine if they continue to be eligible for services under that Part B guidelines of IDEA.
2. A transition planning conference will take place at least 90 days prior to the child turning three years of age, this meeting will include at minimum the Family Services Coordinator and a representative from the Part B program. The purpose of this meeting is to discuss options and what will happen during the transition process.

Issues to discuss:

- Schedule of attendance
 - Schedule a visit to the classroom if applicable
 - When services may start?
 - What therapies might be available.
 - Transportation, if needed.
 - The future IEP meeting and what it will entail. The FSC will make sure that the parent receives information on the IEP process.
3. Approximately 75 days prior to the child's third birthday CDS will initiate the (Part B) Prior Written Notice and Consent for Evaluation and given to the FSC for parent's signature (The Consent cannot be signed prior to 65 days before the child turns three) exception is those kids transitioning over the summer. The Part B casemanager will call parents and set up placement if appropriate and evaluations.

Parental Rights and Responsibilities

Under Part C of IDEA, parents and families have some important rights, called procedural safeguards. That say:

- You must be included in planning services for your child
- Your views must be respected
- You must receive the information you need to play an active role in your child's development
- You must give permission in writing before screenings, evaluations, or services begin. Permission must be voluntary, and you must be fully informed about your choices

- You can say "no". You can also refuse some services while still accepting other services
- You can change your mind
- You can receive help in resolving problems

Some must tell you in writing before an evaluation can take place and before services can be added or changed. Again, if you disagree with a decision, you may ask to hold an IFSP meeting to discuss the matter or request the additional evaluations to take place.

The professionals involved in serving your child must make sure you understand all information about the services your child and family will receive.

Parents whose child is in an early intervention program have the right to:

- Timely resolution of complaints through mediation, state complaints, or due process hearings
- Confidentiality of personally identifiable information (written consent from parents is required before CDS can share information)
- Examine their child's early intervention records within 10 days of a request and to receive an initial copy of all records at not cost
- Prior notice for identification, evaluation, placement, or provision of services
- Notification in your native language
- Continuation of services to the child during a period when action is being taken on a complaint

Procedural safeguards can also be found on the Wyoming Department of Health, Behavioral Health Division, Developmental Disabilities at www.health.wyo.gov/DDD?index.html.

FAMILY RESOURCES

Parent Information Center (PIC)

500 W Lott St Suite A

Buffalo, WY 82834

307-684-2277

www.wpic.org

Wyoming Depart of Health

Behavioral Health Division-Developmental Disabilities Section

307-777-7115

Part C Coordinator

307-777-5246

Part B Coordinator

307-777-8672

www.health.wyo.gov

Wyoming Department of Health

Children's Special Health Program

1-800-438-5795

307-777-8225

www.health.wyo.gov/familyhealth/csh/index.html

Wyoming Department of Education

Special Education 307-857-9253

Services for Hearing Impaired 307-777-6376

Services for Visually Impaired 307-857-9267

<http://edu.wyoming.gov/>

Child Development Services of WY

307-752-0687

<http://www.cdswy.org>



Glossary of Terms/Acronyms

Advocate: a person who speaks up for themselves or others to make things better

Assessment: collecting and bringing together information about a child's learning needs. It is a process using observation and standardized testing materials to determine an individual's strengths and needs in order to plan his or her educational services.

Assistive Technology: devices or services that allow or improve independence in daily activities (examples: a curved spoon for eating, wheelchair, communication board)

Confidential: private, cannot be shared without your permission

Cognitive: a term that describes the processes people use for remembering, reasoning, understanding, and using judgement and learning concepts

Consent: the approval that you give for someone to do something that they could not otherwise do; consent is always voluntary and may be canceled at any time

Counseling: advice or help given by someone qualified to give such advice to help

Determination: the act of making a decision or discovering something while not a legal term, this language is used during screenings and/or evaluations about whether or not a child is eligible to receive early intervention services under IDEA

Development: the process of learning or mastering new skills over time; includes ability to move, communicate, think, see, hear, and play with toys or other people

Developmental Delay: when a child's growth or skill development is slower than that of most other children of the same age

Disability: a condition that limits or slows down one or more kinds of development: IDEA defines "disability" as a degree of mental disability, a hearing impairment, a speech or language impairment, a visual impairment, a serious emotional disturbance, an orthopedic impairment, autism, a traumatic brain injury, another health impairment, a specific learning disability deaf-blindness, or multiple disabilities that result in an individual's need for special education or related services; disability also means a developmental delay for children from birth through age 9

Due Process Procedure: an action that protects a person's rights; in special education this applies to action taken to protect the educational rights of students with disabilities

ECSE (Early Childhood Special Educator): A therapist that works with your child's special education, cognitive, adaptive, and social emotional concerns

Evaluation: the process used to find out if a child qualifies or continues to qualify for early intervention or special education services; the process includes finding out the status of the child in several developmental areas

FSC (Family Service Coordinator): A staff member who is the single point of contact for

families to coordinate the IFSP services for children ages birth through three while working in partnership with the family and providers

FAPE (Free Appropriate Public Education): One of the key principles of IDEA: FAPE ensures that special education and related services (1) be provided at not cost to the parent or child (2) be under public supervision and direction, (3) meet the standards of the state education agency, (4) include preschool, elementary and secondary school education in the state, and (5) are provided in conformity with an Individualized Education Program

IDEA (Individual with Disabilities Education (Improvement) Act): a federal law that guarantees certain educational rights for children from birth to age 21 (in Wyoming) who have developmental disabilities or delays that includes Part C for infants and toddlers ages birth to 3 years old and Part B for children ages 3 to 21 years old

IEP (Individualized Education Program): a written education plan for children ages 3 to 21 years old that is developed by a team of professionals and the child's parents outlining specialized instruction, accommodations, modifications, and related services which enable the child to participate in the benefit from the general education program

IFSP (Individualized Family Service Plan): a written plan describing what goals parents have for their child and family, the services and supports used to reach those goals, as well as where and when services will take place

Lead Agency: the agency within a state or area in charge of overseeing and coordinating early childhood programs and services; in Wyoming, the state lead agency is the Behavior Health Division - Developmental Disabilities Section within the WY Department of Health

LEA (Local Education Agency): for Part C, the local/regional developmental center is considered the LEA and after children turn 6, the LEA is the local school district

LRE (Least Restrictive Environment): a legal term meaning that each child with a disability has right to be educated with his or her disabled peers when appropriate and should remain in a regular education setting unless it is not appropriate to do so

MDT (Multidisciplinary Team): team members from all the areas that have evaluated your child

Multidisciplinary Evaluation: having professionals with different kinds of training assess a child's abilities or needs

Natural Environments: places where a child normally spends time living, learning, and playing (home, child care center, library, park, etc)

OT (Occupational Therapy or Therapist): activities designed to improve fine motor skills (finger, hand, and arm movements), oral-motor abilities (eating, imitation), and visual-motor and sensory processing (how a child relates to the world around him or her).

Part B: A section of IDEA, the special education law, that provides supports and services to for children ages 3 to 21 who have disabilities or developmental delays

Part C: A section of IDEA, the special education law, that provides supports and services to child with disabilities or developmental disabilities, ages birth to 3 years old

PT (Physical Therapy or Therapist): activities designed to improve and prevent loss of gross motor skills (leg, back, or whole body movements)

Placement: the setting or place where early intervention services are delivered

Procedural Safeguards Notice: requirement that CDS provides a full and easily understood explanation of specific procedures that describe a parent's legal right to an independent educational evaluation, to examine records, to request mediation and due process under IDEA.

Related Services: services that a child with disabilities requires in order to benefit from special education; examples of related services include: audiology, psychological services, physical or occupational therapy, recreation, counseling services, interpreters, parent counseling and education, and medical services for diagnostic and evaluation

Screening: the process of quickly looking at a child's development to find out if there are any developmental areas of concern

SEA (State Education Agency): in Wyoming, the SEA is the Wyoming Department of Education

SLP (Speech/Language Pathologist): works children on listening, speech and language skills, along with oral motor issues such as feeding or swallowing

Special Education: especially designed instruction offered at no cost to families for children with disabilities who require such services to benefit from general education

Speech and Language Services: activities or materials designed to improve a child's ability to understand and express thoughts and information

Strategies: agreed upon activity to help achieve outcomes and goals

Transition: moving from one service provider to another