



**GLOSSARY  
OF  
TERMS  
USED IN  
HELP ME GROW  
AND  
WEB-BASED EARLY  
TRACK DATA FIELDS**

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## **Terms Used in Help Me Grow**

### **BCMh (BUREAU OF CHILDREN WITH MEDICAL HANDICAPS)**

BCMh is a health care program in the Ohio Department of Health that provides services to children with special health care needs. BCMh may be able to provide services to help diagnose and/or treat a child's chronic health problem.

Source: BCMh fact sheet, 2001

### **CENTRAL DIRECTORY**

The Ohio Department of Health (ODH) will maintain the Help Me Grow help line (1-800-755-GROW) and Web site (<http://www.ohiohelpmegrow.org>). The central directory will provide referrals to one central number in each county so families can access information about public and private birth-to-three services; resources and experts available in the county; and professional and other groups, including family support and education groups that provide assistance to children birth-to-three and their families.

Source: Central Directory Policy, Bureau of Early Intervention Services (BEIS), 2002

### **CENTRALIZED INTAKE AND REFERRAL SYSTEM**

The county process that includes intake, information and referral within the Help Me Grow (HMG) system for families.

Source: Centralized Intake and Referral System Policy, BEIS, 2002

### **CENTRALIZED INTAKE AND REFERRAL SITE**

The county site which houses the HMG phone line and performs the duties of the centralized intake and referral system.

### **DEVELOPMENTAL DELAY**

A delay in one or more areas of development: cognitive, physical (including vision, hearing and nutrition), communication, social or emotional and/or adaptive.

Source: Eligibility Policy, BEIS, 2002

### **DEVELOPMENTAL EVALUATION TEAM**

The Developmental Evaluation Team to determine Part C eligibility includes the parents and at least two qualified personnel from two different disciplines. The members of the team must hold the appropriate state license or certification. (see: Personnel Standards Policy).

Source: Developmental Evaluation to Determine Eligibility for Part C Services Policy, BEIS, 2002

### **DEVELOPMENTAL EVALUATION TO DETERMINE ELIGIBILITY**

To determine eligibility for Part C services because of a suspected developmental delay, an evaluation by qualified, licensed personnel must be completed in the following five domains: cognitive, physical, communication, social/emotional and adaptive. Vision,

hearing and nutrition screenings must also be completed as a part of the developmental evaluation process.

Source: Memo, 9/ 11/ 2001, BEIS, HMG Developmental Evaluation Tools to Determine Eligibility for Part C.

### **EARLY TRACK**

A Web-based application designed to collect outcomes or events, such as newborn home visits, referral, screening/evaluation, eligibility determination that occur as a part of providing HMG services to families and children in Ohio.

### **FAMILY SUPPORT SPECIALIST**

A parent, foster parent or grandparent who has experience in using the HMG system of services with a child. Specialists are paid to promote family support, participation and involvement in all levels of the HMG system in their county.

Source: Family Support and Participation Policy, 2002

### **HELP ME GROW SYSTEM REVIEW**

System reviews are intended to be a continuous quality improvement effort and will include a county self-assessment, onsite review with interviews and follow-up technical assistance.

### **HOME VISIT**

a) Prenatal services can be provided by home visits to eligible families by a registered nurse (RN), a HMG service coordinator, or HMG home visitor. Prenatal visits can be ongoing or one visit by a newborn home-visit nurse. A prenatal visit made by a newborn home visiting nurse should be followed up by a post partum newborn home visit.

b) Newborn home visits must be made by a RN within the first six weeks after birth or discharge from the hospital and the visit shall include the following components:

- ◆ maternal health assessment;
- ◆ newborn health assessment;
- ◆ education about the care of the newborn;
- ◆ promoting early literacy;
- ◆ referrals to service providers and/or ongoing HMG services, if appropriate.

c) Ongoing home visits are provided primarily in the family's home. Face to face contacts with the family should occur in everyday routines, activities and places and should include:

- ◆ screening of child health and development;
- ◆ referrals to service providers;
- ◆ family support, information and education;
- ◆ parent education that focuses on parent/child interactions, developmental instruction and promotion of early literacy.

### **INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**

The IFSP is the interaction, collaboration and partnership between parents and providers resulting in a written plan that lists outcomes for individual families and their infant or toddler and describes resources/services and their coordination that will support those outcomes. The purpose of the IFSP is to identify and organize formal and informal resources to facilitate families' goals for their children and themselves. The IFSP is a promise to children and families that their strengths will be recognized and built on, that their needs will be met in a way that is respectful of their beliefs and values and that their hopes and aspirations will be encouraged and enabled.

Source: "The Individualized Family Service Plan in the Field of Early Intervention", M. Espe-Sherwindt, 1996

"Guidelines and recommended practices for the Individualized Family Service Plan (Second Edition)", McGonigel, M.J., Kaufmann, R.K., & Johnson, B.H., Bethesda, MD:ACCH. 1991

### **INFORMED CLINICAL OPINION**

Informed clinical opinion is used by (licensed or certified) early intervention professionals in the evaluation and assessment process in order to make a recommendation as to initial and continuing eligibility for services under Part C of Individuals with Disabilities Education Act (IDEA). The professional uses both qualitative and quantitative information to shape an informed clinical opinion about a child's need for early intervention services. In order to reach an informed clinical opinion about a child's development, the professional may use any or all of the following:

- ◆ clinical interviews with parents;
- ◆ evaluation of the child at play;
- ◆ observation of parent-child interaction;
- ◆ information from teachers or child care providers;
- ◆ neurodevelopmental or other physical examinations.

Information from these examples and additional diagnostic data are synthesized to become the informed clinical opinion. The informed clinical opinion should reflect a child's development and family strengths and needs and suggest areas that may require further evaluation. (National Early Childhood Technical Assistance Center Notes – 1991). The professional providing informed clinical opinion must provide a written statement that includes the methods of collecting information, date(s) information obtained and a statement of professional opinion about the nature and severity of a disability.

Source: Eligibility Policy, 2002

### **LEAD AGENCY**

The agency in the state responsible for the administration of funds provided under Part C of the IDEA. In Ohio, the lead agency is the Ohio Department of Health.

Source: 34 Code of Federal Regulations § 303.142

### **LICENSED/CERTIFIED PERSONNEL**

Personnel providing services to eligible children and their families shall meet appropriate professional requirements. A person is considered qualified to determine eligibility if he or she holds an appropriate state certification and/or license which applies to the area in which he or she provides services. (Division of Exceptional Children Recommended Practices, 2000)

### **MEDICAL HOME**

An approach to providing health care services in a high-quality and cost-effective manner. Pediatricians and parents act as partners in a medical home to identify and access all the medical and non medical services needed to help children and their families achieve their maximum potential.

Source: American Academy of Pediatrics, "What is a Medical Home?"

### **NATURAL ENVIRONMENT**

Specialized services in natural environments is a system of supports to families that promotes interaction between the child and family and the family and community. These supports respect family experience and routines within individual homes, culture and community. Service providers partner with families to plan and implement supports and services at times and locations convenient to the family as described in the IFSP.

Source: Defined by HMG Advisory Council, BEIS, 2001

### **ONGOING ASSESSMENT**

Ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility in the HMG program to identify the child's unique strengths and needs and the services appropriate to meet those needs; and the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant and toddlers. Assessment can be carried out at varying levels of formality; sometimes it is a structured interview or observation, or it may occur during the intervention. Assessment is a continuous process for program planning after eligibility has been determined.

Source: 34 Code of Federal Regulations §303.322

Source: (National Early Childhood Technical Assistance Center) NEC\*TAC, 1997

Source: Ongoing Family and Child Assessment Policy, BEIS, 2002

### **PARENT**

(1) A natural or adoptive parent of a child; (2) The parent with legal custody of the child if the parents are separated or divorced; (3) The guardian or custodian, but not the State if the child is a ward of the State; (4) A person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or, (5) A surrogate parent who has been appointed in accordance with policies of the Ohio Department of Health.

Source: Parent Definition, Bureau of Early Intervention Services, 2002

## **PROCEDURAL SAFEGUARDS**

The term used for parent's rights under the Individuals with Disabilities Education Act (IDEA). Procedural safeguards represent the assurance and process provided by IDEA that protects parents' and children's rights as outlined in the law.

Source: Parent's Rights Policy, BEIS

## **QUALIFIED PERSONNEL**

Qualified means that a person "has met State approved or recognized certification, licensing, registration or other comparable requirements that apply to the area in which the person is providing early intervention services."

Source: 34 Code of Federal Regulation §303.21

## **SCREENING**

A strategy for determining which children need further evaluation. Not all children are screened; some are evaluated or assessed as a first step in the process of HMG.

Source: NEC\*TAC (1997)

## **SERVICE COORDINATION**

The activities carried out by a service coordinator to assist and enable a child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under HMG. These activities may include determining eligibility and coordinating services identified on the IFSP.

## **TRANSITION PLAN CONFERENCE DATE**

Date of conference must be at least 120 days before the child's 3rd birthday.

## **TRANSITION**

Every child exiting the HMG system will have a written transition plan as a part of the IFSP. The plan will include the sequence of activities, the individual responsible and the timeline for each activity.

Source: Transition Policy, 2002

## **WRITTEN MEDICAL REPORT**

Appropriate written medical documentation of the stated diagnosed physical or mental condition.

## **SOURCES**

- ◆ Code of Federal Regulations, Title 34 - Education, Part 303
- ◆ Code of Federal Regulations, Title 34 - Education, Parts 74-79
- ◆ Dictionary of Occupational Titles, U.S. Department of Labor, 1991
- ◆ Source: NEC\*TAC, "*Family Directed Child Evaluation and Assessment Under IDEA: Lessons from Families and Programs*", 1997
- ◆ National Center for Educational Statistics-Staff Data Handbook: Elementary, Secondary, and Early Childhood Education, 1995
- ◆ Ohio Department of Health, Help Me Grow Policies, 2002

## **Web-Based Early Track Data Fields**

### **A) REFERRAL SOURCE (Entries in drop down box)**

#### **CHILD CARE**

The care given to meet the needs of infant, toddlers and children in a place or residence by persons other than their parents or guardians.

#### **CHILDREN'S PROTECTIVE SERVICES**

The child is receiving services from a Children's Protective Services agency. Protective services "is a term used to describe a wide range of supportive services coordinated and delivered on behalf of children who are in danger of abuse or neglect."

Source: Adapted from Ohio Administrative Code rule 5101:2-39-01

#### **COMMUNITY SCREENING**

A developmental screening conducted at a community location for the purpose of identifying potentially eligible children for services.

#### **FAMILY MEMBER**

A member of the child's family such as parent, grandparent, aunt or uncle. This is the category for self-referral.

#### **FRIEND**

As defined by the family.

#### **GRADS PROGRAM**

Graduation, Reality and Dual-Role Skills is an in-school, secondary program for pregnant students and young parents (male and female), that focuses on practical problem solving and knowledge and skills related to positive self, pregnancy, parenting and economic independence.

#### **HEAD START**

A program funded by federal and/or state funds and carried out by a Head Start agency or a delegate agency that provides ongoing comprehensive child development services.

#### **HEALTH DEPARTMENT**

A city, county or regional department of health that provides public health programs to residents in the demographic area for which they are responsible.

#### **HOSPITAL**

A residential medical facility classified and registered as a hospital under section 3701.07 of the Ohio Revised Code.

**HUMAN SERVICES**

The county Department of Jobs and Family Services that provides basic supports to income-eligible families. Some of the programs are: Medicaid eligibility determination, Supplemental Security Income, Temporary Assistance for Needy Families, Home and Community-based Services Waivers and Healthchek.

**LEARNING, EARNING AND PARENTING PROGRAM (LEAP)**

A program designed to work with teenage parents and pregnant teenagers who are receiving financial assistance and who have not received their high school diploma. LEAP is a program of county Jobs and Family Service Departments.

**MENTAL HEALTH AGENCY**

An agency that provides counseling and psychological services.

**MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES (MR/DD)**

The Ohio Department of Mental Retardation/Developmental Disabilities is a state agency whose mission is to ensure the availability of services and supports to assist individuals with developmental disabilities in living the life they choose; to promote their health and safety; and to assist and support families of these individuals in achieving these goals. Each of Ohio's 88 counties has a county board of MR/DD funded by the state agency and local levies. Children birth to age 3 with developmental disabilities and delays can be served in the local county board programs.

**NEWBORN HOME VISIT NURSE**

Registered nurse who provides the Newborn Home Visiting component of Help Me Grow.

**OTHER COMMUNITY AGENCY/PROVIDER**

An agency or provider other than those listed under referral source.

**PHYSICIAN**

A licensed medical doctor who diagnoses and treats disorders of the human body.

**PUBLIC SCHOOL**

An institution for the instruction of children funded by public money.

**PUBLIC HEALTH NURSE**

A registered nurse who provides public health services through a local health department.

**WOMEN, INFANTS AND CHILDREN (WIC)**

A food program that provides supplemental foods, nutrition education and referral to health care for eligible women, infants and children. WIC is funded by the U.S. Department of Agriculture and is designed to be an adjunct to health care to improve the health status of mothers and children.

**B) ELIGIBILITY DETERMINATION (Entries in drop down box)**

## **CATEGORIES OF ELIGIBILITY:**

### **DELAY**

- A. Child is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
1. cognitive development;
  2. physical development, including vision, hearing and nutrition screenings;
  3. communication development;
  4. social or emotional development;
  5. adaptive development or,
- B. Diagnosed Medical Condition - child has a medically diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

### **RISK FACTOR**

Four or more risk factors are present in the child and/or family which might interfere with the care giving, health or development of the child. Risk factors include:

Acute family crisis: Any sudden and extremely stressful family event that substantially disrupts the equilibrium of the family and impacts on the care giving of the child. A death of a spouse or a child, a sudden hospitalization of a family member or an eviction from the home are examples of acute family crisis that may impact on the stability of the family and resulting care and/or development of a child.

Adolescent mother: Any mother who is less than the age 20 at the time of the birth of her child.

Asphyxia: Any infant with a one-minute Apgar score of zero to four (0-4); those with a five-minute Apgar score of zero to six (0-6); or those requiring the use of active resuscitative procedures such as CPR, endotracheal intubation or bagging/masking of an infant over five minutes of age.

Atypical behavioral characteristics of the infant: Specific behaviors in the infant or toddler including excessive irritability, crying or tremulousness, which are not responsive to usual comforting measures. These characteristics may be related to the infant's inability to self-regulate transitional behavioral states, physiological immaturity and/or temperament.

Atypical or recurring accidents involving the child: Unusual accidents of the type not commonly experienced by the child's developmental age (e.g., broken leg) and recurrent accidents that could imply the existence of physical disease, environmental neglect or child abuse.

Blood lead level of 20 ug/dL or higher: A child 36 months and younger with a confirmed blood level of 20 ug/dL or higher. A confirmed blood lead test consists of two finger sticks within 90 days or one venous test.

Chronic otitis media: Otitis media refers to the infection of the middle ear and resulting effusion (development of fluid) in the middle ear cleft behind the tympanic membrane. The greater the buildup of fluid, the more likely it is a mechanical blockage will result. Chronic otitis media refers to blockages/infections that do not drain in a timely fashion and are resistant to typical drug treatment procedures. A history of recurrent bouts of acute otitis media (i.e., at least six times in a year's period) often implies a condition of chronic otitis media.

Chronically disturbed family interaction: Chaotic and disorganized family patterns of interaction and/or disturbed family interaction characterized by domestic violence or threats of violence.

Demographic characteristics: The presence of one or more specific demographic indices typically found to be highly interrelated: neither parent has less than a ninth grade education, neither parent is currently employed or where there is only a single parent (i.e., separated, widowed, divorced or never married).

Family has inadequate health care or no health insurance: Families who have no regular health care maintenance for their child or the family has no private medical care. In some cases, this risk factor may include families who are Medicaid-eligible or covered by Medicaid.

Family income up to 185 per-cent of federal poverty guidelines: Families who are eligible for federal assistance programs such as TANF, Medicaid or WIC. The poverty line, which varies by family size, is the income level agencies within the federal government set to approximate the amount of money that will allow a frugal family to pay for its most essential needs which include food, shelter and clothing.

Family medical/genetic history characteristics: Characteristics in the medical history of the biological parents that may directly relate to the developmental status of the child. A family history of sensory impairment, a previous birth of a child with genetic anomalies or a death of a baby due to (sudden infant death syndrome) SIDS, are examples of medical factors that would be considered by this risk factor.

History of child abuse or neglect, including physical neglect, emotional neglect, physical abuse and sexual abuse: Parent has a reported history of abuse or neglect with other children in the family; or children under the custody of children services agency. Information on child abuse may be obtained through self-report or from the children services agency.

Lack of stable residence, homelessness or dangerous living conditions: The absence of permanent housing resulting in the need to be housed in temporary shelters or welfare hotels; transient living situations due to frequent shifts in residence; or dangerous living conditions which include housing situations characterized by a high level of crime and violence or housing situations which are physically unsafe and/or have been condemned.

Limited prenatal care: Mother had four or fewer visits prior to 34th week of pregnancy or the mother's prenatal care was not initiated until the third trimester of pregnancy.

Maternal prenatal substance abuse: Regular maternal use of tobacco, alcohol (more than one drink per day) or illicit and prescription drugs known to affect the developing fetus during pregnancy. Information on drug use may be obtained through self-report or results from urine analysis procedures.

Parent has four or more preschool age children: Families with four or more children under the age of 6 or families where the mother is pregnant and has three children under the age of 6.

Parent or primary caregiver with chronic or acute mental illness or developmental disability including mental retardation: Parent or primary caregiver has a formal diagnosis of mental illness, mental retardation or other developmental disability.

Parent with a developmental history of loss and/or abuse: This factor refers to either the history of perinatal loss, miscarriages or history of sexual or physical abuse that a parent or primary caregiver has experienced, or to the death of a parent, spouse or child as reported by a parent or primary caregiver.

Parent or primary caregiver with drug or alcohol dependence: Parent or primary caregiver is known or observed to regularly abuse drugs (e.g., barbiturates, marijuana, cocaine or heroin) or alcohol (e.g., more than three drinks per day).

Parent or primary caregiver with severe chronic illness: A parent or primary caregiver who has a terminal or severe chronic illness (e.g., cancer, multiple sclerosis) and has experienced the debilitating effects (emotional or physical) related to medical treatments (e.g., drug therapies) or progression of the disease.

Parent/child separation: Significant extended or recurrent separations of the parent or primary caregiver from the child. Examples of such events might include parent and child hospitalizations, divorce, parental separations, parental incarceration, parental military duty or foster care placement.

Physical or social isolation and/or lack of adequate social support: Families who are geographically or emotionally isolated such that there is a very limited connection to personal or community networks. Also refers to the isolation that may occur when families are non-English speaking.

Serious concern expressed by a parent or provider regarding a child's development, parenting style or parent-child interaction: Any serious developmental concern raised in relation to the child's development, (e.g., child's physical health status, emotional well-being, atypical development) by a parent, primary caregiver or professional. The concern may be specifically child-focused, related directly to the child's developmental status or

parent-child focused, related to the nature of parent-child interaction. If the concern raises considerable anxiety on the part of the parent, primary caregiver or professional, the presence of this concern should be interpreted as a risk factor.

Severe perinatal complications: includes complications around the time of birth, e.g., prematurity, respiratory distress syndrome; does NOT include very low birth weight.

Severe prenatal complications: includes complications in the mother's pregnancy prior to birth of the child, e.g., toxemia, placenta previa, abruptio placenta, or multiparity, i.e., more than one infant in a pregnancy (e.g., twins) or such prenatal maternal illness such as diabetes and rubella.

Small for gestational age: Infants whose birth weights are abnormally small for their gestational age. "Abnormally small" means having a birth weight below the 10th percentile for gestational age on one of several sets of sex-specific norms for that population. This term can refer to premature or full-term infants.

Very low birth weight: Premature infants whose birth weight is less than 1500 grams or approximately 3.3 pounds.

#### **DATE DETERMINED ELIGIBLE**

The date the child is determined eligible for services based on the categories of eligibility.

Source: Adapted from the work of the Michigan Part H Early Intervention Program "EARLY ON"

### **C. IFSP – Individual Family Service Plan**

**SERVICE LOCATION ON IFSP (Entries in drop down box)**

**EARLY INTERVENTION CLASSROOM/TEACHER**

An organized program at least one hour in duration provided on a regular basis for a group of children; the program is usually directed toward the facilitation of several developmental areas.

Source: Non-regulatory definition developed by the Office of Special Education Programs (OSEP) for data collection

**FAMILY CHILD CARE HOME**

Services provided to the eligible infant or toddler in a home, but the home is not the principal residence of the child's family.

Source: Non-regulatory definition developed by OSEP for data collection

**HEAD START**

A program funded by federal and/or state funds and carried out by a Head Start agency or a delegate agency, that provides ongoing comprehensive child development services.

**HOME**

The principal residence of the eligible infant or toddler and their family or caregiver.

Source: Non-regulatory definition developed by OSEP for data collection

**HOSPITAL INPATIENT**

A inpatient medical facility classified and registered as a hospital under section 3703.07 of the Ohio Revised Code.

**OTHER SETTING**

Any setting other than those listed.

**OUTPATIENT SERVICE FACILITY**

A center, clinic or hospital where the infant or toddler comes for short periods of time to receive services; these services may be provided individually or to a small group of children.

Source: Non-regulatory definition developed by OSEP for data collection

**REGULAR NURSERY SCHOOL/CHILD CARE CENTER**

A program or service, designed primarily for non-disabled children, regularly attended by a group of children; most of the children in the setting do not have disabilities.

Source: Non-regulatory definition developed by OSEP for data collection

**RESIDENTIAL FACILITY**

Treatment facility which is not primarily medical in nature where the infant or toddler currently resides and receives services.

Source: Non-regulatory definition developed by OSEP for data collection

**SERVICE TYPE ON IFSP (Entries in drop down box)**

**ASSISTIVE TECHNOLOGY SERVICE/DEVICES**

A service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Assistive technology services include:

- ◆ The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- ◆ Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- ◆ Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
- ◆ Coordinating and using other therapies, interventions or services with assistive technology devices such as those associated with existing education and rehabilitation plans and programs;
- ◆ Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
- ◆ Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities.

Source: 34 Code of Federal Regulations §303.12(d) (1)

### **AUDIOLOGY**

Identification of children with auditory impairment, using at-risk criteria and appropriate audio logic screening techniques;

Determination of the range, nature and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

Provision of auditory training aural rehabilitation, speech reading and listening device orientation and training, and other services;

Provision of services for prevention of hearing loss; and

Determination of the child's need for individual amplification; including selecting, fitting and dispensing appropriate listening and vibrotactile devices and evaluating the effectiveness of those devices.

Source: 34 Code of Federal Regulations §303.12(d) (2)

### **CHILD CARE**

The care given to meet the needs of infants, toddlers, and children in a place or residence by persons other than their parents or guardians.

### **CHILDREN'S PROTECTIVE SERVICES**

The child is receiving services from a Children's Protective Services agency. Protective services "is a term used to describe a wide range of supportive services coordinated and delivered on behalf of children who are in danger of abuse or neglect."

Source: Adapted from Ohio Administrative Code rule 5101:2-39-01

### **CLOTHING**

The service of providing clothing, e.g. shoes, diapers, coats, to meet the family's needs.

### **COUNSELING**

The service of providing counseling, by social workers, psychologists, and other qualified personnel to assist the family.

### **DRUG AND ALCOHOL COUNSELING**

The counseling services provided by a certified alcohol and drug counselor.

### **EDUCATIONAL**

The service of providing and/or connecting children or families with education services, e.g. GED classes, Lamaze classes, school.

### **EMPLOYMENT**

Work that provides wages or salary.

### **FAMILY TRAINING**

Services provided, as appropriate, by social workers, psychologists and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.

Source: Adapted from 34 Code of Federal Regulations §303.12(d)(3)

### **FINANCIAL SERVICES**

The service provided is supportive of families in financial matters such as those based on medical eligibility through the Bureau of Children with Medial Handicaps, developmental eligibility through Family Resource Services , banks, financial consultants and budget planning in the home.

### **GENETIC COUNSELING**

Genetic counseling is a communication process which deals with the human problems associated with the occurrence, or risk of occurrence of a genetic disorder in a family. It is a service proved by specially trained genetics health care professionals experienced in helping families understand birth defects and how inheritance works. They provide information that helps the individual or family:

- Comprehend the medical facts, including the diagnosis, the probable cause of the disorder and the available management;
- Appreciate the way heredity contributes to the disorder and the risk of recurrence in specified relatives;
- Choose the course of action which seems appropriate to them in view of their risk and their family's goals and act in accordance with that decision; and
- Make the best possible adjustment to the disorder in an affected family member and/or to the risk of recurrence of that disorder.

An individual or family should be referred for genetic counseling when there is:

- A family history of a birth defect such as cleft lip or palate, spina bifida, heart defects, club feet, etc.;
- A family history of a genetic disorder such as cystic fibrosis, muscular dystrophy, sickle cell anemia, Down syndrome, etc.;
- A family history of mental retardation;
- A genetic disorder due to ethnic heritage such as Tay Sachs in the Jewish population, sickle cell disease in African-Americans, thalassemia in people of Mediterranean descent, etc.;
- Concern about their own or their partner's medical history;
- A history of exposures to chemicals, toxins, radiation;
- A health condition that runs in families such as cancers, mental illness, heart diseases, kidney disorders, etc.;
- Concern about pregnancy because of their age;
- Concern about pregnancy because of medications taken; and
- A history of pregnancy losses, infertility, stillbirth or infant deaths.

### **HABILITATIVE SERVICES FOR HEARING LOSS**

Habilitative services include assessment of communication function of children who are deaf or hard of hearing, auditory or speech/language training and/or sign language instruction. These services can be home based or center based. Empowerment, education and advocacy for parents who have children receiving the above habilitative services are included.

### **HEALTH**

A. Health services may include:

1. Medical-health services such as immunizations and regular 'well-baby' care that are routinely recommended for all children.
2. Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services.
3. Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other Help Me Grow services.

B. Health services do not include the following:

1. Services that are surgical in nature such as cleft palate surgery, surgery for club foot or the shunting of hydrocephalus or purely medical in nature such as hospitalization for management of congenital heart ailments or the prescribing of medicine or drugs for any purpose.
2. Devices necessary to control or treat a medical condition.

### **HOME VISITS**

The service of providing home visiting to accomplish a task or deliver a service to the child/family.

## **HOUSING**

The service of assisting or referring the family to locate/secure housing.

## **LEGAL**

Services provided to families in legal matters such as those provided by Ohio Legal Rights, Legal Aid, pro bono work of individual lawyers and/or the distribution of pamphlets on legal rights related to such topics as due process.

## **MEDICAL (DIAGNOSTIC OR EVALUATION)**

Services provided by a licensed physician to determine a child's developmental status and need for services.

Source: 34 Code of Federal Regulation §§303.12(d)(5)

## **NURSING**

- A. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- B. Provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development; and
- C. Administration of medications, treatments and regimens prescribed by a licensed physician.

Source: 34 Code of Federal Regulations §303.12(d) (6)

## **NUTRITION**

- A. Conducting individual assessments in:
  - 1. Nutritional history and dietary intake;
  - 2. Anthropometric, biochemical and clinical variables;
  - 3. Feeding skills and feeding problems; and
  - 4. Food habits and food preferences.
- B. Developing and monitoring appropriate plans to address the nutritional needs of children.
- C. Making referrals to appropriate community resources to carry out nutrition goals.

Source: 34 Code of Federal Regulations §303.12(d) (7)

## **OCCUPATIONAL THERAPY**

Services to address the functional needs of a child related to adaptive development, adaptive behavior and play and sensory, motor and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school and community settings and include:

- A. Identification, assessment and intervention;
- B. Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- C. Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.

Source: 34 Code of Federal Regulation §303.12(d) (8)

### **PARENTING EDUCATION**

The service of providing education to the parent of the child about such things as child development, child safety, anticipatory guidance.

### **PHYSICAL THERAPY**

Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation.

These services include:

- A. Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
- B. Obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems; and
- C. Providing individual and group services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems.

Source: 34 Code of Federal Regulation §303.12(d) (9)

### **PSYCHOLOGICAL/MENTAL HEALTH SERVICES**

- A. Administering psychological and developmental tests and other assessment procedures;
- B. Interpreting assessment results;
- C. Obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development; and
- D. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.

Source: 34 Code of Federal Regulation §303.12(d)(10)

### **RECREATIONAL/SOCIAL**

Services that bring families together or are provided to families that are recreational or social in nature e.g. family fun days, pool days, play activities.

### **REHABILITATION**

Services provided which are to improve a condition, such as mobility.

### **RESPITE CARE**

Services that bring families together or are provided to families through temporary child care services that are short-term and non-medical in nature, provided either in or out of the home, designed to provide temporary relief to the primary care giver.

Source: Non Regulatory definition developed by OSEP for data collection

## **SERVICE COORDINATION**

Service coordinators work in partnership with families supporting and recognizing them as the central decision makers about their family. In partnership with families, the service coordinator is responsible for the following duties:

- ◆ Assure that parents have been informed of their rights.
- ◆ Assure that a developmental screening has been completed. If a delay is suspected, then a referral for a developmental evaluation must be made with the consent of the parent.
- ◆ If appropriate, referral and coordination of developmental evaluation and ongoing assessment in all five developmental domains, the family assessment and hearing/vision/nutrition screenings to determine eligibility for Part C.
- ◆ Facilitate and participate in the development, implementation, review and monitoring of the IFSP and its timelines.
- ◆ Facilitate development of family outcomes.
- ◆ Identify and establish medical/health home.
- ◆ Identify specialized services and other providers.
- ◆ Provide choices to families by identifying ALL service provider options.
- ◆ Inform families of the availability of advocacy services.
- ◆ Coordinate and monitor the delivery of services.
- ◆ Coordinate with medical and health providers.
- ◆ Coordinate transition to other programs and services.

Source: Service Coordination Policy, BEIS, 2002

## **SOCIAL WORK**

Services provided by a licensed social worker to evaluate a child's living conditions and patterns of parent-child interaction:

- A. Preparing a social or emotional developmental assessment (psychosocial history) of the child within the family context;
- B. Providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parents;
- C. Working with those problems in a child's and family's living situation that affect the child's maximum utilization of Help Me Grow services; and
- D. Identifying, mobilizing and coordinating community resources and services to enable the child and family to receive maximum benefit from Help Me Grow services.

## **SPECIAL INSTRUCTION**

- A. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- B. Curriculum planning including the planned interaction of personnel, materials and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- C. Providing families with information, skills and support related to enhancing the skill development of the child; and
- D. Working with the child to enhance the child's development.

Source: 34 Code of Federal Regulation §303.12(d) (13)

### **SPEECH-LANGUAGE PATHOLOGY**

- A. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills including the diagnosis and appraisal of specific disorders and delays in those skills;
- B. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- C. Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

Source: 34 Code of Federal Regulation §303.12(d) (14)

### **SUPPORT/SELF-HELP GROUPS**

Services that bring families together or are provided to families to provide a focus on self improvement or support to individuals.

### **TRANSPORTATION**

Transportation and related costs includes the cost of travel (e.g., mileage or travel by taxi, common carrier or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive Help Me Grow services.

Source: Non-regulatory definition developed from 34 Code of Federal Regulation §303.12(d) (15)

### **VISION SERVICES**

- A. Evaluation and assessment of visual functioning including the diagnosis and appraisal of specific visual disorders, delays and abilities;
- B. Referral for medical or other professional services necessary for the habilitation or
- C. Rehabilitation of visual functioning disorders or both; and
- D. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training and additional training necessary to activate visual motor abilities.

Source: 34 Code of Federal Regulations §303.12(d)(16)

## **PROVIDER TYPE ON IFSP (Entries in drop down box)**

### **AUDIOLOGIST**

An individual licensed under Section 4753. of the Ohio Revised Code to practice Audiology and who provides Audiology services.

**FAMILY THERAPIST**

A professional who assesses the unique strengths and needs of an infant or toddler referred for services; assesses the resources, priorities, and concerns of the child's family; and identifies services appropriate to the child's needs. Family therapists also provide family training, counseling, and home visits to assist the family of an infant or toddler with disabilities or at risk for disabilities served in understanding the special needs of the child and enhancing the child's development.

Source: Adapted from 34 Code of Federal Regulations §303.12(d) (3) and §303.322(b)(2)

**NURSE**

A qualified/licensed person who provides nursing services under Chapters 4723-1 to 4723-23 of the Ohio Administrative Code.

**NUTRITIONIST/DIETICIAN**

A qualified person who provides nutrition services.

**OCCUPATIONAL THERAPIST**

A qualified person who provides occupational therapy.

**ORIENTATION AND MOBILITY SPECIALIST**

A professional who assists clients who are blind or have visual impairments to achieve personal adjustment and maximum independence through training in techniques of daily living.

Source: Dictionary of Occupational Titles

**PARAPROFESSIONAL**

A staff member working under the supervision of a teacher or other service professional to assist in:

- A. Activities requiring minor decisions regarding infants and toddlers and their families;
- B. Such activities as monitoring, conducting exercises, operating equipment and clerking;
- C. This position:
  - 1. Includes only paid staff;
  - 2. Includes transportation aides; and
  - 3. Excludes volunteer aides.

Examples include certified occupational therapy aides, physical therapy assistants, audiology aides, resource mothers, home visitors and family support specialists.

Source: National Center for Educational Statistics-Staff Data Handbook: Elementary, Secondary, and Early Childhood Education, 1995

**PARENT MENTOR**

A parent, foster parent, grandparent, etc., who has experience in using the Help Me Grow system of services with their child. Mentors may or may not be paid to assist families new to Help Me Grow on a one-to-one basis.

**PARENT COORDINATOR /FIN CONSULTANT**

A parent, foster parent, grandparent, etc., who has experience in using the Help Me Grow services. Parent coordinators (also known as family support specialists) are paid to promote family support, participation and involvement in all levels of the Help Me Grow system in their county. Family Information Network (FIN) consultants are paid to provide family support, education and information to all families eligible for Help Me Grow services in Ohio. FIN consultants are also responsible for technical assistance and training for parent coordinators in their assigned counties.

Source: BEIS Policy

**PEDIATRICIAN**

A licensed medical doctor who diagnoses and treats disorders of the human body in children.

Source: National Center for Educational Statistics-Staff Data Handbook: Elementary, Secondary, and Early Childhood Education, 1995

**PHYSICAL THERAPIST**

A qualified person who provides physical therapy services.

**PHYSICIAN, OTHER THAN PEDIATRICIAN**

A licensed medical doctor authorized under Chapter 4731 of the Ohio Revised Code who diagnoses and treats disorders of the human body other than doctors who diagnose and treat children.

**PSYCHOLOGIST**

A qualified/licensed person who provides psychological/mental health services.

**SOCIAL WORKER**

A qualified person, licensed by the State of Ohio Counselor and Social Worker Board, who provides social work and/or counseling services.

**SPECIAL EDUCATION/TEACHER**

A qualified teacher who provides special instruction.

**SPEECH/LANGUAGE PATHOLOGIST**

An individual licensed under Section 4753. of the Ohio Revised Code to practice Speech-Language Pathology and who provides speech-language pathology services.