Child Find for Preschool Children with Developmental Delays

In accordance with the Individuals with Disabilities Education Improvement Act (IDEA), Horry County Schools (HCS) is obligated to locate and identify any child, age 3-5, that is suspected of having a disability (i.e. developmental delays) and is in need of special education services. HCS will locate these children through referrals from an HCS program (i.e. Child Development Class), referrals from BabyNet, and/or are identified through these HCS Child Find procedures. Referrals from BabyNet are processed in accordance with the Procedures for Transitions for Preschool Children and the procedures outlined herein. All other referrals are processed as outlined below.

Public Awareness: All Private School/Community Based Preschools/Day Cares are invited to an informational meeting each school year. Typically, this meeting is held in the late summer or fall of each school year. The purpose of this meeting is to inform the aforementioned agencies/businesses of the supports and services that are available to their students, how to access those supports, and the procedures for serving their students.

Child Find Screenings: The children referred as possibly needing special education services must be screened in accordance with the Child Identification Standards set forth by the South Carolina Department of Education (SDE). To accomplish this, upon receipt of a request for screening, an appointment is scheduled through the HCS Preschool Assessment Office and the HCS Child Find Packet entitled, “Getting on Board”, is mailed to the parents. This packet includes:

1. an overview of the screening sessions and what to expect at each screening station;
2. the date, time and location of the child’s screening appointment;
3. a list of documents for the parent to bring to the screening;
4. directions to the screening location;
5. an eye chart for practicing the vision screening procedure and ideas to prepare for the hearing screening procedure;
6. a Health and Developmental History form (CF-3);
7. a Medicaid Consent (form MC-1); and
8. a Release of Information (CF-4).

Child Find Screening Clinics: Screening Clinic locations are scheduled throughout Horry County once a week. A schedule and informational brochure is developed prior to each school year. At each Clinic, HCS screening personnel will:

1. Screen each child’s vision and hearing and document the results on the HCS Vision and Hearing form (CF-5);
2. Screen each child’s developmental skills;
3. Screen each child’s speech/language/communication functioning and document the results on the age-appropriate Communication Screening Protocol (CF-6a-c); and,
4. Conduct a review of existing data for each child attending the Clinic. This review will be conducted by a multidisciplinary team, consisting of the parent or primary caregiver, a regular education teacher, a speech/language pathologist, a special educator/school psychologist, an LEA or designee, and any other pertinent personnel. Documentation of this review will be completed using the Review of Existing Data Summary form (CF-9). The purpose of this review is to:
   • gather parent or primary caregiver information regarding the child’s medical, health, and developmental history (CF-3);
obtain parental permission for the release of information (CF-4) if additional agency information is needed and has not been made available at the time of the screening clinic;

obtain parental consent to access Medicaid funds (MC-1); and, gather and review any pre-existing data and current reports from other agencies. The sending agency (e.g., BabyNet or HeadStart) or the parent/primary caregiver may provide documentation of previous screening information if it was completed no earlier than one (1) year prior to the scheduled/anticipated evaluation date.

4. Develop a written plan using the Review of Existing Data Summary form (CF-9) summarizing the screening results, pre-existing data and recommendations for further actions. A copy of the Review of Existing Data form (CF-9) will be given to the parent at the meeting or mailed to the parent within seven (7) days of the screening clinic. If additional screening information needs to be gathered, HCS staff will re-screen the child in their natural setting and submit the completed screening forms to the Preschool Assessment Office.

5. After all screening data is obtained, an HCS Planning Conference Team will contact the parent for either an in-person or telephone conference review of the additional screening information.

• If the parent is in attendance at the Child Find Screening and an evaluation is warranted, the team will obtain Permission to Evaluate (Parcon-E) and provide the parent the Procedural Safeguards document entitled “Your Rights as Parents Regarding Special Education”.

• If further evaluation is not warranted, a proposed/recommended plan of action will be documented in the comment section of the Review of Existing Data form (CF-9).

6. If the parent is unable to attend any of the aforementioned meetings to review the existing data, telephone conference calls or home visits will be done to ensure parent participation.

Alternative Child Find Methods: If information is presented during the BabyNet Transition Conference (see Transition Procedures) or the initial parent contact which indicates a child is unable to participate in the Child Find Screening Clinic, alternative screening methods/locations may be used, such as:

1. In-home or In-daycare/community screening by qualified staff, including the child’s BabyNet Early Interventionist, as outlined in steps 1-3 of the Child Find Clinic; and/or,
2. Immediately refer the child to hearing and vision professionals.

Forms:

Child Find “Getting on Board” Packet - “What to Expect” Parent Letter (CF-1); Appointment Confirmation Sheet (CF-2); Directions to Screening Locations; Vision Practice Card & Vision Wall Chart; Health & Developmental History (CF-3); Medicaid Consent (MC-1); Permission for Release of Information (CF-4)

Child Find Screening Packet – Hearing and Vision Screening Protocol (CF-5); Communication Screen Protocol (CF-6a, b, c)

Child Find Results Packet - Review of Existing Data Planning Meeting (CF-9); “All Aboard” Parent Letter (CF-10); PCDD Eligibility Process Overview (CF-11); Permission for Release of Information (CF-4); Permission to Evaluate (Parcon-E)
Dear ________________________________,

Welcome to Horry County Schools Child Find Screening Process!

Your input as a parent is essential to us as we enter the screening process and we hope to get your input during your child’s screening appointment. However, if someone other than yourself attends, be sure you or their legal guardian signs the permission to screen, Medicaid consent form, and developmental milestones page of the enclosed packet. You may wish to bring evaluation reports and other records from service providers, if available, so that these can be reviewed by the team.

What to Expect at Screening:
You and your preschooler will participate with our school psychologist, speech-language therapist & nurse in “two stations” during the screening:

The Developmental & Speech Screening Station:
- Point to pictures & repeat sentences
- Hop, jump and balance on each foot
- Build with blocks and draw with pencils or crayons

The Hearing & Vision Screening Station:
- Listen to sounds through head phones
- Match or name pictures on a wall chart

Don’t worry about mastering skills before the screening, we want this to be a fun day! Be sure your preschooler has plenty of rest the night before and has breakfast or a snack before coming. If you have any questions or concerns, or if you are unable to make this appointment, please call 488-6220 and ask for Regina or Debbie. We are looking forward to meeting and working with you and your preschooler!

The Preschool Assessment Team
Conway Education Center, 1620 Sherwood Drive, Conway SC 29526-3046
Phone: (843) 488-6220, Fax: (843) 488-6222

cc: “Getting on Board” Reminder (CF-2)
Vision Practice Card & Vision Wall Chart
Directions to Screening Location
Health & Developmental History (CF-3)
Medicaid Consent (MC-1)
“Getting on Board”

Don’t Forget......

__________________________ has a Child Find Screening appointment on Tuesday, ___________________ at __________, at __________________.

Please bring the following to the screening:
- social security card
- birth certificate
- immunization record
- proof of residence (electric, phone or other monthly bill received at your address)
- Medicaid card (if applicable)
- completed Health and Developmental History forms (enclosed) (it will be very time saving to have this information completed before you arrive); and,
- any recent medical reports/evaluations that may be helpful to the screening team.
CONWAY EDUCATION CENTER

1620 Sherwood Dr. - Conway, SC - 29526

From MYRTLE BEACH
- Take US HWY 901 into Conway.
- Turn RIGHT into MILL POND RD at SHONEYS.
- Take MILL POND RD to US HWY 701.
- Go straight across US HWY 701 and you will be on SHERWOOD DR.
- CONWAY EDUCATION CENTER is on the LEFT.

From LORIS
- Take US HWY 701 into Conway.
- Turn LEFT onto SHERWOOD DR just past CONWAY FEED & GRAIN.
- CONWAY EDUCATION CENTER is on the LEFT.

From AYNOR
- Take US HWY 501 into Conway.
- Turn LEFT into MILL POND RD at SHONEYS.
- Take MILL POND RD to US HWY 701.
- Go straight across US HWY 701 and you will be on SHERWOOD DR.
- CONWAY EDUCATION CENTER is on the LEFT.

From NORTH MYRTLE BEACH
- Take US HWY 22 to the US HWY 701 Interchange.
- EXIT towards Conway.
- Take US HWY 701 into Conway.
- Turn LEFT onto SHERWOOD DR just past CONWAY FEED & GRAIN.
- CONWAY EDUCATION CENTER is on the LEFT.
Myrtle Beach Family Learning Center
3101 Oak Street
Myrtle Beach, South Carolina 29577
843-839-5400

From US HWY 17
- Take US HWY 17 towards BROADWAY AT THE BEACH.
- Turn RIGHT onto 29th AVE N.
- Take 29th AVE N to OAK ST.
- Turn LEFT onto OAK ST.
- Myrtle Beach Elementary and Intermediate are on the LEFT.

From SC HWY 22
- Take SC HWY 22 to US HWY 17.
- EXIT towards Myrtle Beach.
- Take US HWY 17 BYPASS South, stay on the Bypass.
- Turn RIGHT onto 29th AVE N.
- Take 29th AVE N to OAK ST.
- Turn LEFT onto OAK ST.
- Myrtle Beach Elementary and Intermediate are on the LEFT.
(Vision Wall Chart)

T
V
O
H

(VISION PRACTICE CARD)
Directions: Tape the ‘Vision Wall Chart’ to the wall and have your child hold this Practice Card. While your preschooler stands 8 to 10 feet away from the wall one adult should stand next to the Wall Chart and point to a letter asking your child to ‘point to the one that is the same on the Practice Card’. A second adult should stand next to the child and help them match the letter on the Practice Card with the one pointed to on the Wall Chart. Help them find the matching letter and say “here it is, this one is the same”. Continue until they understand the game and can match the symbols/letters without help. They do not need to know the letter names, they simply need to match them.
## HEALTH AND DEVELOPMENTAL HISTORY

### I. Student Information

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Social Security Number:</td>
<td>Medicaid Number:</td>
</tr>
<tr>
<td>Home School:</td>
<td>Screening Location:</td>
</tr>
</tbody>
</table>

- Female
- Male
- African-American
- Caucasian
- Hispanic
- Other________

**Language Spoken in the Home**
- English
- Other________

Parents’ Name: ____________________________
Parental Concerns: ____________________________
Source of Referral: ____________________________

Who is the primary caregiver of your child between 8:00 am and 5:00 p.m.? ____________________________

### II. Parent and Family Information

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Father’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

Mother’s Educational level:  
- high school
- college

Father’s Educational level:  
- high school
- college

Mother’s Occupation: ____________________________
Father’s Occupation: ____________________________

Mother’s Employer: ____________________________
Father’s Employer: ____________________________

If mother or father has had possible exposure to hazardous materials, please list: ____________________________

Is mother’s or father’s address different than student’s address?  
- Yes
- No

Medical Information/ Mother:  
- Problems during pregnancy or birth?  
  - yes
  - no
  - If yes, please explain ____________________________
Check the ones that apply to the mother during pregnancy:

- Anemia
- High blood pressure
- Diabetes
- Kidney Diseases
- Fast labor
- Medications
- Heart Disease
- Other

Brothers and Sisters:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Living at Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td>yes</td>
</tr>
</tbody>
</table>

Other Persons Living in the Home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
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</tbody>
</table>

III. Medical Information/Child

Birth weight _______________  Birth length _______________  Premature  no  yes  How many weeks? _______

Required extended stay in hospital?  no  yes, state reason__________________________________________

Check the ones that apply to your child:

- Allergies
- Cerebral Palsy
- Convulsions, seizures
- Dental problems/cavities
- Diagnosed illness/syndrome
- Fever of 104°F for more than several hours
- Frequent ear infections  tubes in ears
- Frequent illnesses
- Given oxygen at birth
- Unusual sleep patterns
- Hospital admissions

If yes, reason/dates ________________________________________________________________

Jaundice at birth
Routine medication (Name, dosage, time) ____________________________________________
Serious illnesses or injuries __________________________________________________________
Sucking/feeding problems
Syndrome
Wears glasses prescribed by _______________________________________________________
Wears hearing aid(s) prescribed by _________________________________________________
Head Injury
Concussions

Estimate your child’s present state of health:  Good  Fair  Poor  Very poor

Your Child’s Doctor  Your Child’s Doctor  Your Child’s Dentist

Name:  Name:  Name:

Address:  Address:  Address:

Phone:  Phone:  Phone:
IV. Developmental Information/Child

Did your child accomplish the following milestones at typical ages?

- Crawled □ Yes □ No
- Spoke first words □ Yes □ No
- Walked alone □ Yes □ No
- Began Self-feeding □ Yes □ No
- Put words together □ Yes □ No
- Toilet trained □ Yes □ No
- Weaned from pacifier □ Yes □ No

when:

Do you think your child is developing as well as other children his/her age? □ yes □ no
If no, please explain

Do you think your child gets along well with other children and adults? □ yes □ no
If no, please explain

Do you think your child interacts best with other children or adults? □ children □ adults
Please explain

Do you think your child talks as well as others his/her age? □ yes □ no
If no, please explain

Do you think your child is losing skills he/she once had? □ yes □ no
If yes, please explain

Does your child listen/attend as well as other children? □ yes □ no
If no, please explain

Do you think your child is as active as other children his/her age? □ yes □ no
If no, please explain

Do you think you child hears well? □ yes □ no
If no, please explain

Do you think your child sees well? □ yes □ no
If no, please explain

Are there any other behavioral concerns? □ yes □ no
If yes, please explain

Is there any other information we need to know about your child?

Has your child been evaluated by or received services from any agency or individual who might offer relevant information?
Please list:

_________________________________________________                             _____________________________________

(signed name of person completing form)                                                                                                      (date)

I give permission for my child to participate in Horry County Schools’ Child Find Screening.

Signed ________________________________ Date _____________________

Please check one: □ Parent □ Legal Guardian □ Foster Parent □ Other

Horry County Schools does not discriminate on the basis of race, religion, color, national origin, sex, disability, age, immigrant status, English-speaking status, or any other characteristic protected by applicable referral of SC law in its programs or activities. The following people have been designated to handle inquiries regarding the nondiscrimination policies: Title IX to Paul Hickman, Principal Specialist IV-Special Projects; for Section 504 or the Americans with Disabilities Act to Mollie Laut, Director of Special Education; and for all others contact Bill Latham, Chief Officer for Policy and Procedural Issues. You may call 843-488-6700 or contact Horry County Schools at 1605 Horry Street, Conway, SC 29527.
Consent for Treatment, Release of Information, and Medicaid Reimbursement

Student’s Full Name

Date of Birth

School

Parent’s Name

Student’s Social Security Number

Student’s Medicaid Number

Horry County Schools and the South Carolina Department of Education have my permission to provide health-related services to my child and to release and exchange medical and other confidential information, as necessary, to the Department of Health and Human Services and any third party insurance carrier regarding health-related services provided to my child prior to the date of this consent or thereafter for services that the school district/agency will provide in the future.

By signing this form, I give Horry County Schools and The South Carolina Department of Education my permission to bill Medicaid and any third party insurance and receive payment from Medicaid or any third party insurer for health-related services as set forth in my child’s individualized education program (IEP), and for psychological evaluation services, nursing services, school based mental health services, and other health-related treatment services billable to Medicaid without the requirement of an IEP.

I understand that Medicaid reimbursement for health-related services provided by Horry County Schools and the South Carolina Department of Education will not affect any other Medicaid services for which my child is eligible. I understand that my child will receive the services listed in the IEP regardless of whether I enroll my child in public or private benefits or insurance programs. I also understand that my refusal to allow access to the Department of Health and Human Services or any third party insurance carrier does not relieve the District of its responsibility to ensure that all required services are provided at no cost to me.

I understand that the granting of consent is voluntary on my part and may be revoked at anytime. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

I also understand that Horry County Schools and the South Carolina Department of Education will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child’s treatment and provision of health related services.

Signature

Date

☐ Parent   ☐ Guardian   ☐ Surrogate parent   ☐ Student if over 18
# Permission for Release of Information

**Child’s Full Name** ____________________________ **Date of Birth** ____________________________

Horry County Schools may exchange and use information from the following in making decisions:

- Developmental Pediatrics
- BabyNet
- Therapy Consortium
- Children’s Rehabilitative Service
- Pee Dee Speech & Hearing
- Pawley’s Pediatric Rehab
- Waccamaw Mental Health
- Loris Hospital/Seacoast Medical
- Other ____________________________
- Other ____________________________

X to Horry County Schools - Preschool Assessment Office
Conway Education Center, 1620 Sherwood Drive, Conway, South Carolina 29526
Phone: (843) 488-6220, Fax: (843) 488-6222

___ from ____________________________ (Agency/Organization Name)

______________________________ (Street)

______________________________ (City, State, Zip)

______________________________ (Phone)

<table>
<thead>
<tr>
<th>academic and attendance records</th>
<th>medical records</th>
</tr>
</thead>
<tbody>
<tr>
<td>anecdotal records</td>
<td>placement &amp; due process papers (student with a disability)</td>
</tr>
<tr>
<td>aptitude test scores</td>
<td>psychological/educational evaluation report</td>
</tr>
<tr>
<td>audiological evaluation report</td>
<td>social history report</td>
</tr>
<tr>
<td>class standing</td>
<td>standardized achievement test scores</td>
</tr>
<tr>
<td>counseling records</td>
<td>therapy record</td>
</tr>
<tr>
<td>extracurricular activities</td>
<td>verification of birth date</td>
</tr>
<tr>
<td>individualized education program (student with a disability)</td>
<td>other (specify)</td>
</tr>
</tbody>
</table>

**Purpose(s) for the disclosure**

__________________________________________________________________________________________

☐ I give consent for the information specified above to be released orally and/or in writing.

☐ I give consent for a photocopy of this form to be accepted with the same authority as the original.

**Signature of Parent, Legal Guardian, or Surrogate Parent** ____________________________ **Date** ____________________________

**Home Address:** ____________________________________________________________

**City, State, Zip:** ____________________________________________________________

**Telephone:** ____________________________