

Please stand by for realtime captions. [Captioner is on hold, waiting for event to begin.]

Good morning this is Katie Humes, we are here from Renton , for the Raven are -- for the webinar, if you can hear me, your audio is working . The captioning is right below the video, the captions are rolling. If you would like to increase the size of the font for the captions , go to your screen at the far left of your caption pod. It says 18 point. There is a drop-down menu. You can increase the font size -- Thank you toddler learning Center, thank you for letting me know the audio is working. I will come in periodically to do the start, to do this test. - - Feel free to introduce yourself with your name and where you are located if you like. Thank you.

[Indiscernible-speaker away from microphone] great.

Good morning this is Katie Humes, I would like to welcome you all to the webinar. We will get started in about five minutes. You should be now looking at a screen that has two videos. To the right of that is the PowerPoint . Just below the PowerPoint on the right is a list of it can be. -- Is a list of the attendees.

At the bottom of the screen is the Chat Box, feel free to introduce yourself. I'm glad to see so many of you joining. >> At the far bottom left, is the captioning pod. We are to muting all phones, as you can hear when they are not muted, we can hear paperwork and people in the background, all phones will be muted except presenters. We will get back on in just a moment to start. Thank you. >> good morning, this is Katie Humes, Washington sensory disabilities, if you are hearing me, and you would like to use captions, -- use the phone line to call into the conference line. The chat pod is located to the bottom . -- We will get started in a couple of minutes. The webinar will be recorded and the link will be posted, we will send the information out afterwards. A PowerPoint will be available and we will send it out afterwards. Thank you for joining us today. It will be another moment before we get started. Thank you for introducing yourselves.

Good morning, thank you for joining us, thank you for joining us, we are semi- professionals, on the [Indiscernible], we are very happy for you to join us, would you will get to see our faces and hear the recording, we will record this so that you can watch it later.

Now I would like to introduce Kathy Grant-Davis. We will these recording now. >> Welcome and thank you everybody for joining, we will be introducing our new ESIT practice guide, I will refer to this one as our sensory pack this guide. I am Kathy Grant-Davis, a program consultant, my fellow presenters will be introducing themselves. Today I want to say a few words about the purpose of this ESIT practice guide, and how it was created . For infants and toddlers, they have provided practice guides to the local agencies, and our family resource coordinator , to help guide them to resources, to help children. This particular practice guide is a [Indiscernible] of resources , for explanation, and also provides an overview of our statewide system to local agencies and resource coordinators. We hope it

will be a support to improve the system , and resources that we get out to children and families. >> This slide talks about the partners that engaged over a number of years in creating these materials. Sharing these materials with our partners, locally. It is a statewide workgroup. Definitely work in progress , our practice guidance -- guides are improved with practitioners in the field.

We did know as we were developing these materials, we needed some coordination of our statewide system. Between our agencies. We think this will pull together some of the resources needed to outline our statewide system. We will continue to improve it with your help. I will let my partners talk specifically about the resources in this guide. Thanks .

I am going to introduce Kris Ching next. >> Thank you. >>
[Indiscernible-speaker away from microphone]

This is an overview of our practice guide. The introduction provides a surface of each of the components we are calling appendices. One thing to point out in the introduction, there is a clear definition for statement of eligibility for children who are Deaf/Hard of Hearing, Blind/Visually Impaired, or Deaf-Blind. We will go over the services today and the registry form. With this evaluation tool, this helps programs identify strength and needs for their programs . To ensure appropriate services are available. The last of the appendix, is to address all areas with families. That is self explanatory, we can get into that at another time.

For today, our focus is pathway to services, for Deaf/Hard of Hearing, and Blind/Visually Impaired, as well as the process and in coming trainings. I will take a moment to look at the pathway.

This may be familiar to some of you, it has been through some changes, we have had some pictures on there before we have removed them to make things simple. You can see on the left. Really this flowchart is split into two check sections , on the left starts with after the baby is born. The newborn screening takes place. I will not walk through each step. On the right side of this flowchart, it applies to our work.

I am going to point out on the bottom box at the left, the yellow box. This is the system between our EHDDI DI -- our program under the program state. Vialli all just will make --

The audiologist will make a referral through the link. To the resource coordinator, there is a drop-down menu. [Indiscernible - multiple speakers]

The referral is sent directly. FRC , we would like it to become a habit for FRCs to fill out the combined registry form, and send it via that link. Initiate early intervention services, I do want to point out really quick, you will notice the one month of age, three months of age, and six months of age are on the left side, they are the national EHDDI benchmarks. Once the child has been identified as Deaf/Hard of Hearing , the FRC knows you have a well developed early intervention

program or not. If so , you will proceed with your process, to create that initial IFSP, with other partners if desired. If not. The FRC would contact me/ CDHL, to look at regional and local resources.

There are other programs like the Washington chapter of hands and voices, the right by your side program, we have some participants , hello guys.

Our Deaf/Hard of Hearing partners, Claudia Foy , Debbie is the new director of OH H, and Washington disability services, we do look at these projects if a baby has both hearing and vision.

Once we put together a plan we move forward to an initial IFSP. At this point I will pass it over to DeEtte. >> Hi everybody, thank you for joining us for this webinar today, my name is DeEtte Snyder, I am with the Washington state for the blind, -- okay so I will go over the pathways to services for blind and visual impairment. You may notice some differences in the pathway document, unfortunately, or fortunately however you want to look at it, we do not have a newborn vision screening for children who may have blindness or visual impairment, it is really developed within the first six months to two years of the child's life. However some children are diagnosed at birth if they have ocular or structural or abnormalities that can be detected at birth. You can see we are indicating that some children will come into the early intervention system with a diagnosis of a blindness or visual impairment with a variety of different reasons, a neurological form of impairment compared to an ocular visual impairment, or children will come into the program without a diagnosis, and blindness and visual impairment will be identified after a child is already enrolled in early intervention services.

Told of those -- both of those scenarios could occur.

On the left-hand side you will see, it will address that. The children coming into the program with an existing visual impairment or blindness that grossest, the families -- blindness or visual impairment, the families are two complete the registry form, then complete

EI services, following the arrow to the right, you will ask the county does that allow a, or the -- does the LLA have a program with a partner, one that has [Indiscernible] that works for the school district. Or at the neural development center.

If so you would continue going down that yes program column, that nice green arrow, you would proceed with your IAF -- IFSP at that time. If you don't . A lead FRC can contact me. I will help the team figure out what are the local community resources, just like

Kris was talking about specific to that area with many options, there may be local services that the FRC is not aware of. WSSB may be able to provide support. The department services for the blind, or WS BS , they could work together, we would figure out the plan for the family and proceed .

The same can be true if you go to the left side, if the child is already entered into the intervention services, yet , is now being

diagnosed after the fact, sometimes those children are diagnosed at a well child, the pediatrician and the family get together and say we have a concern what do we do? Or they complete a three prong vision screening -- vision screening. For a complete eye examination. Sometimes the impairment will be identified. It will go through the cycle again, even though it would not be an initial IFSP, but we cannot -- there is no reason why we cannot add to it as we continue on the journey .

That is the pathway document for blindness and visual impairment.

We will move on to talk about the combined registry form can be -- form procedure.

Washington state school for the blind, and CDHL, our state agencies that are required to collect data on the numbers of children with sensory disabilities in the Washington state. This is where we are asking for your help to identify these children to make sure that services are available to them. When they need it no matter where they live in the state of Washington.

How we will do that, in release of information is required. This is where you will talk to the families about this. WSSB and CDHL can be added to the release of information form, when you meet the family or any time along the process.

The form is submitted electronically to WSSB database, you will see the link there, that will be in the PowerPoint that you can access later. You can also get it just from the WSSB website. All FRCs who have children with qualifying sensory disabilities are required to submit each form on their caseload.

What is being asked on this form? It is very simple, child and family contact information, the names, the phone number, County, since the earlier intervention system is directed by counties, and also school districts. We need hearing information. If the child is deaf or hard of hearing, we would like to have the audiologists name who has diagnosed this condition, and the date of the report if you happen to have that.

Also if the child is blind or visually impaired, the same information. The date of the report, and the ophthalmologists name. This information is very important for you to have on file, it helps us direct information, not all children who are deaf and hard of hearing, they are not the same, these are conditions that need to be known, we want your information, who is the early intervention agency, their contact information, you will submit that information to the link. I will pause and send it back to Kris . >> Hello again. I want to mention really quick. DeEtte and I have been noticing, this work especially related to the registry form. It has been putting something on the radar for FRC and direct providers for kids who they have concerns about, they may not have the identification quite yet. There is a concern. Sometimes there is a progression of hearing loss, or visual impairment that happens. Early in childhood. That is great having people contact us for kids who are at risk, so that we can them identified ASAP. This slide as you can see. This is our upcoming webinars the first one of course, is today.

The next several are the different appendices, that go along with different components of the practice guide. We will be going through these probably within the next couple of years. >> These last club -- last couple of slides I ECC coming up just around the corner, there are several presentations related to Deaf/Hard of Hearing, Blind/Visually Impaired, or Deaf-Blind, with more complex needs. I will give you a chance to look at the slides. We would love to see you there. Sitting in the audience. These presentations are not all by CDHL, or the Washington state school for the blind, or WSDS, there are other specialty providers in the state that are also providing, which is also great. This is wrapping up our webinar for this morning. We will turn it over to you for questions and comments that you may have. Please write your question in the text box. Thank you. >> [Indiscernible-speaker away from microphone] -- okay this is Nancy Hatfield in the presenters room, we have a question about when we will get a copy of the slides, from Vanessa, those will be available on the WTF website -- WSDS website.

There it is, Khanh has just typed it into the Chat Box.

Thank you.

Let's see Traci has a question. A question about the registry, if my County does not require services from WSSB, or CDHL, do I still need to register my kiddos? >> Kris, which you like to respond to that?

Yes I would like to ask a clarifying question Traci, when you say does not require services, I am assuming that they already have a diagnosis? The answer is yes. Because of our mandate. Our agencies are required to collect numbers of children, we report that to OSPI come for all children who are Deaf/Hard of Hearing, Blind/Visually Impaired, or Deaf-Blind. -- Would you like to add anything?

Yes, if services are not available, it would be important for the registry form to be filled out so that we can assist you in receiving services and getting assistance. The registry form is not a referral form. Please fill out the registry form. The child is identified with Deaf/Hard of Hearing, or Blind/Visually Impaired, contact us so that we can help you receive those services.

Thank you. We also have a question asking about the transcript. If that will be made available? I believe we may be able to get a Captions transcript, if you can email one of us, our email addresses are on the last slide, we will make sure that you get the transcript. I believe we can post the link to the transcript afterwards. We also have another question, do all local LLAs have this information if not when will it be sent out?

We will let The answer that information.

Probably tomorrow -- I will be able to send the link out to all of them with the PowerPoint. When we give the link to the transcript, the link to the audio and video. When we get this up on our website, we will also send that link out by email to local agencies, family local agencies,

Family Court, Nader's and etc. local agencies, Family Court, Nader's and etc. -- Family coordinators etc.

Also another question to Kathy. Is there a link to DMS on the registry?

That is a dream of ours, we have a quite long list of dreams for data management system, our DMS, to link to various websites and forms. It is not that we would not do that, I cannot tell you when that dream would be realized. Yes we would like you -- yes we would like to, but I cannot tell you when. >> We have a question that would take some time to respond to. Thank you for asking this question Kim. Should the registry be filled out with mild conditions, not to be determined current?

Excellent question thank you for asking Kim. Yes, a mild hearing level is considered under the eligibility for our state, part C services, as well as children who have cataracts. The conductive hearing loss. I guess that would depend on what does that do, these children are definitely still at risk. That is a good question we would want it to be diagnosed. Great question, Kim, Thank you.

Another question for you, if there is another child in a program not connected to a service -- I assume a specialty, for Deaf/Hard of Hearing, how would you handle that?

Another great question thank you Glenn. There is more of a general early intervention program available, -- this can impact CDHL, or me to come up with a plan to identify either local resources, or regional resources, to support that family. Great question.

Katie kludges into a question I had missed, as a local agency that does not provide direct services, what role can we play to support this process? >> Actually. I wanted before I address that question. I would like to complete that question that Glenn asked. That you would still want to fill out the registry form, even if there is not a centralized person, I will read that question again.

Hold on one second. >> We are looking at you as a partner. As the IFSP -- team members. We are all in this together. This could be a team approach, we can support through a consultation model, or provide direct service regardless we are all on the same team.

Would you like to answer that too?

I would like to add we have agencies, local agencies providing direct services, and also agencies supporting the system. But do not provide direct services, they are contracting, or have other arrangements with other local service providers. I think the message to the local lead agencies through these materials are to support their local providers. To be able to get the resources and fill out the registry form. >> We also have a question from Traci, to clarify the eligibility requirements for visual impairment, if there is not a diagnosis or a specific [Indiscernible] made.

Interesting question. Often teams and parents will have great concerns on how the child is using their vision, if they have not yet gone to an ophthalmologist to receive an official medical diagnosis, our qualifying procedures, or eligibility criteria, does not require an official medical diagnosis be obtained prior to the child receiving services.

Actually a teacher for the visually impaired is considered under ID A, to do what is called a functional visual assessment, who can determine a level of need of services. Teachers of visually impaired do not diagnosed. -- Diagnose. But we can assist families in assisting appropriate medical services to get that diagnosis, we do not have to wait for a medical diagnosis, however. -- However, when the child turns three, the diagnosis is required for qualifying services in preschool. That is something that we work towards, it is not required before they turn three.

Thank you DeEtte We have a question from Nancy, asking if the LLD shares the form with the supplying services, if there is an
-- LLD -- if you say LLD, I'm not sure if you are talking about LLA?

I will answer that question since I am sitting in front of the camera. Only, please only fill out the registry form one time. It would be important, that is why we indicated FRC should take the lead, we do not want to double count children. We only want to count them one time. The FRC should be the person to fill out the registry form, however this can be a conversation to the team, to see who will be filling out the registry form, if they are comfortable filling out the form, -- if they are uncomfortable filling out the form, they can make the decision to determine who fills the form out.

This is Kris, I just want to follow-up, Nancy if you mean there is a specialized, Deaf/Hard of Hearing, early intervention program, yes we want all children were identified Deaf/Hard of Hearing, or Blind/Visually Impaired, this form is for all children. If you need some support, or have questions, please contact DeEtte, or myself, this is for data collection only.

A good follow-up question for DeEtte and Kris, what if the specialist knows, but the parents are not ready to set up the service yet? What should we do? >> Yes, very good question. This goes back to the principle of early intervention. It is really driven by parent concerns, and priorities. What their needs are. While we might be very well aware that a child has deafness, or blindness, if the parents are not ready we need to respect that. We need to help that parent along with the IFSP process, I would recommend the team know we are therefore consult, and to support them as they support the families and the child. I think that is a really important point. We are here to help you, support children and families. Sometimes families or children, do not want direct services. From a specialist. That is okay. It is really the range of services, is what we need to think about. Thank you for that question Glenn, it was excellent.

This is Kris, I would like to add to that. It is important. We do need to have the parents signature for the release of information for the registry form, if the parent is not comfortable signing that release form, obviously you would not fill out the registry form.

Yes also, even if the parent is not quite ready yet. We can provide support to the IFSP team. I will go back to the webinars.

The webinars that we will be doing in the webinar series, to address that question. You can see appendix 4, areas to address around all families, not necessarily only by the specialist, but also by the whole team, everybody on the ISP -- IFSP team. >> If you are observing a family with sensory disabilities, if you know the family is not able to hear, that based -- that specialist -- can identify unique learning needs, that will help guide the family and support the family as you are on that journey with family. That is a great webinar you can attend.

Thank you DeEtte. Can you clarify are there 2 forms, and electronic form and the registry form? >> A registry form is not a referral form for services, this is a method for us collecting demographic data on children within the state, both Kris and I do have referral procedures for you to get in top -- in touch with us. There is a referral process electronically you can fill out, you can call me or email me, for Kris, it is the exact same thing. A registry form is not a referral for services. They are two separate things.

Thank you DeEtte. Another question from Suzanne. Would it be helpful to review the registry form during this webinar corks

And fortunately we did not have enough time to go over the specifics of the registry form. Let me find that slide. There are four basic things needed work -- needed. -- The ophthalmologist name, and within this information, you can but it is not required to indicate level of hearing loss, and also condition of visual impairment, or meta-condition. This information on this slide, is what is included on that registry form.

Okay thank you DeEtte. Another question about the registry form. Would we be needing to add children without a diagnosis also if there are team concerns about the risks, or hearing being addressed for some measure of support for that child?

Yes. Go ahead and fill out that registry form, if it is determined later that the child is not a medical condition, or an impairment, we can easily remove that information from the database, they would not be counted. I would say error on the side of caution, go ahead and do the registry form.

I see at least another person is typing. I wish I knew a joke, anybody have a good joke? [Laughter]

Here is the next question, do you take questions from optometrists, looking at vision you?

Yes, sometimes they can diagnose, and a neurological condition, neurologist can sometimes determine impairment as well as ophthalmologists as well.

Thank you, from Kerry, is a registry for just for birth to three clicks

Yes it is just for children birth to three. School districts have a different way of counting children through OS PI. That child will be counted in that procedure, this is our procedure for part C services, only under the age of 3, to air -- two years 11 months not -- and 29 days.

To follow up on that CDHL, as we are mandated to collect a number of accounts of children throughout the state, birth through 21, we do send out, it is in the form of a Survey Monkey to collect that demographic information from school districts. That is for 3- 21. >> This is part of the reason why we thought it was important as well to include the babies and toddlers.

Debbie asks , just to make sure, do we need a release to add family to the registry?

Yes you do. You are sharing information with another state agency. A release of information is required in order to complete that. You can add , at intake is usually the easiest way if you know you are going to do a registry form, you can add WSSB or CDHL to your existing information, or formatted it at a later date, you would need the families to receive -- to sign a release.

Thank you for that clarification , Kathy that is important.

I see we do have people typing, we will pause and let them finish. >> You are right Nancy. We should have had a list of jokes. [Laughter] next time.

Kim is asking, does the registry get data info to the Washington Deaf-Blind Project? >> Thank you for asking that question I was [Indiscernible] to mention that, it is a little bit of a competition, but not really, we are trying to make this as simple of a process as possible, there is a field on the registry form, there is a drop-down menu indicating a hearing loss as well, and vice versa, if you are registering a child with Deaf/Hard of Hearing . [Indiscernible Background Noise] There is a dog outside.

Nancy let me answer that question .

At the very top of that form, it says there is a drop box, is this for Deaf/Hard of Hearing, or Blind/Visually Impaired, or Deaf-Blind, if the child has both hearing and vision concerns, or diagnoses, you would fill out both sections for the hearing and vision. That information will be sent directly to Katie Humes, she will work with the team to also do the Deaf-Blind consensus, which is a little more comprehensive. To fill that out, this information is being shared, yes with the Deaf-Blind

Project. If this is a child who is Deaf-Blind, yes indicate on your release information.

You will need to complete the Deaf-Blind consensus form for those children who are presenting a hearing in prevalent -- a hearing impairment. Or [Indiscernible] .

What happens if you ask for therapy, but the doctor refuses?

Vision therapy. Fears -- vision therapy . This is an intervention that is provided by an optometric vision therapist, not a teacher of the visually impaired. Quite often, they would benefit from vision therapy are not people who have blindness or impairment, but vision dysfunction , not generally the same thing as a blindness or impairment , if they are referring therapy that is not provided by a vision services, by a teacher of the visually impaired. However, many children with vision functions, do well in programs, that is like I said, a medical intervention done within a clinical setting done with a therapist.

This is Kris. This is making me think within something within our Deaf/Hard of Hearing field, I was contacted by a mom who lived in Clark County, her daughter was recently diagnosed with neuropathy, those children would also be included, if they are diagnosed with auditory neuropathy, please fill out that registry form for those kiddos too.

If you have any of those specific child by child questions, call me we can work it out. That is what Kris and I have found out, these issues are very child by child, family by family, community by community, our whole goal is to work out that need, within that particular family. Really cool us we are here to -- really do call us, we are here to support you as you support the parents and children. >> A teacher of vision impaired and not therapist.

We are not vision therapists, that is a common misunderstanding take -- we are certified teachers, in early intervention, we do not use the word teacher very long, often times it is a case of mistaken identity, thin -- families have speech therapist, and you focus on vision you must be the vision therapist. As I said before, a vision therapist is an optometrist who is trained in a special medical technique, a special therapy, it is not medical it is a treatment. Teachers of the visually impaired are certified teachers in the education of children who have blindness or visually impairment

-- or a visual impairment. >> Here is another question, for hearing loss, and pupils, according to the parent the doctor thinks this time it is not a visual impairment, she would only register them for the hearing loss and not just

this -- can I call you with this question?

Call me with the later day, I would be concerned with someone who has small pupils, especially for a four-month-old, I would say we can answer those questions at a later date, yes. If a visual impairment -- here's where it gets fuzzy. So if you feel comfortable submit the form for

hearing loss for sure. Include some vision information as well. That is something that we might need to look into, above and beyond submitting a registry form.

Janet clarifies she is very concerned. See there you go.

Karen asks when and how old? Good question.

Very good question. I am not going to tell you there is a definite age range for that anytime a child is hampered by their mobility, I think it would be completely okay to include a mobility specialist as a part of your vision team. Sometimes a teacher of the visually impaired can address mobility concepts with the family, and not be a certified mobility specialist, but if you have an orientation specialist available in your area, please consider including them in your ISPs to -- please include them in their IFSP team. I would wait for a certain time, it could happen at any time. >> All right. I don't see anyone else typing at the moment. Last chance, if someone would like to ask a question.

Katie would like to let you know there are videos on the WSDS website, that can help teams and families understand early mobility questions and strategies. Thank you Katie for reminding us about www.wsdsonline.org -- I believe we have one more person typing. We will let that person finish.

Are you able to email contacts for children three and up? >> Contacts? - - I'm not sure -- for improved -- for information.

Monique Coleman is

for age 3 to 21, she is a person you can contact if you have a child turning three, your IEP team in the district needs vision services, for a child who is visually impaired, for Deaf/Hard of Hearing, that person would continue to be Kris, as she continues to work with children 3-5. Thank you .

Thank you DeEtte. I was starting to shake my head, my area is from preschool, if they are kindergarten through high school, they would contact Carol Carruthers, I can state her email, maybe you can type that in Carolc@cwu.edu 509-963-1131, I just typed in Emily's email address, and I am also putting it on here as well 360-947-3304 -- we are office buddies, if you get a hold of me I will direct you to her, one way or another we will make sure you get where you need to be.

Great. I believe we are close to wrapping it up. Katie and Kathy?

We will turn it back over to you. >> The only thing I can think of is thank you so much, for participating in all of the great questions. It has given us all new ideas. We will continue to provide resources and education through childhood contact webinar series. Thank you everybody. >> [Event Concluded]