

GUIDANCE ON CREATING AN EFFECTIVE MEMORANDUM OF UNDERSTANDING TO SUPPORT HIGH-QUALITY INCLUSIVE EARLY CHILDHOOD SYSTEMS

Vision:

The Office of Special Education Programs (OSEP) and the Office of Head Start (OHS) envision a seamless system of early care and education with a coordinated approach to service delivery for infants, toddlers, and preschool children (young children) with disabilities and their families. This requires heightened and sustained levels of ongoing collaboration between the Individuals with Disabilities Education Act (IDEA) Part C early intervention and Part B, Section 619 preschool special education programs and Head Start¹ programs. This may also include other early childhood programs such as childcare and State preschool programs.

Objective:

The purpose of this document is to provide an overview of factors to consider when developing, implementing, and sustaining memoranda of understanding (MOUs)² at the State level to create a coordinated approach to service delivery to improve outcomes for young children who are at risk for or have a developmental delay or disability. While this document focuses on IDEA and Head Start programs, States may wish to consider whether MOUs with the relevant early care and education partners may be helpful to provide seamless services to young children with disabilities and their families.

There are at least four potential purposes that the MOU can serve under Parts B and C of the IDEA. If an MOU or interagency agreement is needed for the delivery of IDEA services, an interagency agreement may serve as a method under IDEA sections 612 and 640. As a method under 34 CFR 303.511, the MOU must include appropriate service provision and dispute resolution provisions. A second purpose under both IDEA Parts B and C is the IDEA child find mandate under 34 CFR 300.111 and 303.115, which many States codify through an interagency agreement.

¹ Head Start, as referenced in this document, includes all Head Start program types: Head Start, Early Head Start (EHS), Migrant and Seasonal Head Start (MSHS), and American Indian and Alaska Native (AIAN) Head Start.

² How this agreement is labeled will vary from State to State, as some States may refer to these agreements as a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or inter-/intra-agency agreement. For the purposes of this document, the term MOU will be used to refer to any agreement that is established between agencies to facilitate the provision of special education and related services in Head Start or other early childhood program settings.

The IDEA Part C mandates for child find and seamless transitions for children are the bases for the very specific coordination required between IDEA Part C and Head Start (see 34 CFR 303.118(a)(3) (personnel development), 303.210 (collaboration), 303.302(c)(1)(ii)(E) (coordination and Advisory Panel) and 303.601(8) (SICC). Additionally, an early childhood transition intra-agency or interagency agreement is required under IDEA section 637(a)(9) and 34 CFR 303.209(a)(3), which may include the Head Start program. Finally, a fourth purpose of the MOU may be to permit data sharing--whether in the aggregate (deidentified) or individually (with parental consent where required and/or through an MOU that utilizes a specific exception under the Family Educational Rights and Privacy Act (FERPA) that is codified separately under the IDEA Part B and Part C privacy regulations in 34 CFR 300.622 and 303.414).³ Thinking through which of these four purposes that the MOU will serve is critical to ensuring that it both meets applicable legal requirements and serves to improve coordination and delivery of services to young children with disabilities and their families.

The intended audience for this document includes:

- IDEA Part C State and local level staff;
- IDEA Part B, Section 619 (preschool) State and local level staff;
- Head Start State Collaboration Directors;
- Head Start Disability Services Coordinators;
- OHS's Program Specialists;
- OSEP- and OHS-funded Training and Technical Assistance Centers and Providers; and
- State and local level leadership of other early care and education programs

Rationale

Early intervention and early childhood special education can support young children with disabilities in meeting high expectations and enhancing their developmental and learning outcomes. The earlier children receive services and support, the greater the opportunity to minimize the potential of developmental delays. Research identifies the benefits of providing these services and supports in high-quality inclusive learning environments.⁴ However, there has been little change in national inclusion data over the last 40 years. The percentage of preschool children with disabilities attending regular early childhood programs and receiving the majority of their

³ The IDEA confidentiality/privacy regulations are codified in 34 CFR Part 300 (for the 2006 IDEA Part B regulations) and 34 CFR Part 303 (for the IDEA Part C regulations). The FERPA statute is at 20 U.S.C. 1232g and the FERPA regulations are in 34 CFR Part 99. IDEA contains provisions that are broader than, and incorporate provisions of, FERPA and must be reviewed first before reviewing the applicable FERPA provisions. See, also IDEA/FERPA [Crosswalk](#).

⁴ U.S. Departments of Education and Health and Human Services, Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs (2015).

special education services in those settings has remained at an almost constant level of around 50 percent. This data and additional State and national data about young children with disabilities who receive early intervention, special education, or related services under the IDEA, collected through the U.S. Department of Education, can be found on the [OSEP Fast Facts website](#).

Additionally, families and providers continue to express concern and frustration with delays and inconsistencies in identification and evaluation processes, service delivery in inclusive programs, and transition into different services, as well as the expectations programs have for their child. The data, combined with reports from families, providers, and programs, highlight the need for State and local leaders to prioritize developing MOUs to formalize the collaborative efforts needed to build a seamless and coordinated inclusive system for all young children and their families.

Through the work of the [National Early Childhood Inclusion Indicators Initiative](#), a cross-sector partnership of early childhood stakeholders, led by the OSEP-funded Early Childhood Technical Assistance Center (ECTA) and the National Center for Pyramid Model Innovations (NCPMI), four sets of indicators were developed to support improved and increased inclusive opportunities for young children with disabilities and their families. The indicators address system and practice refinements at every level: [State](#), [Community](#), [Local Program](#), and [Early Care and Education Environments](#). Formal agreements are one of the elements identified as critical to support inclusive opportunities.

A comprehensive MOU is an agreement that can help form the foundation of a State's integrated early childhood system for young children who are at risk for or have a developmental delay or disability. It is a document that includes shared understanding, plans, and responsibilities between programs regarding the common goal of identifying young children with disabilities and promoting increased access to, and meaningful participation in, early childhood programs for young children who are at risk for or have a developmental delay or disability. Finally, an MOU can define and operationalize implementation of best and recommended practices that support meeting the requirements that infants and toddlers with disabilities be provided, to the maximum extent appropriate, services in natural environments and preschool children with disabilities be provided, to the maximum extent appropriate, services in the least restrictive environment.

Program Requirements

The development of strong, effective partnerships can be challenging. One barrier can be the lack of understanding of each early childhood program's requirements. The IDEA statute and regulations and the Head Start Performance Standards include specific requirements related to collaboration, identifying young children who may have or be at risk for disabilities, and the provision of services in inclusive environments. These requirements can be found at:

- IDEA Part C — [Early Intervention Program for Infants and Toddlers with Disabilities](#)

- IDEA Part B (Section 619, Preschool) — [Assistance to States for the Education of Children with Disabilities](#)
- Head Start Program Performance Standards — [Coordination and collaboration with the local agency responsible for implementing IDEA.](#)

Additionally, State and local leaders can review other documents that provide guidance and define expectations for the provision of IDEA Part C and Part B, Section 619 services in inclusive early childhood programs. The U.S. Departments of Education and Health and Human Services released the [Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs](#) and the [Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings](#). OSEP released the [Dear Colleague Letter on Preschool Least Restrictive Environment](#).

The interagency coordination provisions and natural and least restrictive environments requirements included in Part C and Part B, Section 619 of IDEA and their implementing regulations, the Head Start Performance Standards, and the relevant policy and position statements provide the necessary policy framework to build and sustain statewide infrastructure that supports an integrated early care and education system. State and local leaders should reference the appropriate regulations in the development of MOUs.

Development of MOUs

Who: The first step in developing an MOU or revising an existing MOU, at any level, is to identify members of a leadership team across agencies to work on the document and to then oversee its implementation. It is important to ensure membership includes representation from diverse perspectives, areas of expertise, and responsibilities (e.g., director, provider, family member, fiscal manager) as well as those with the authority to make decisions. This supports agreements that are well-informed and have a greater chance of successful implementation. For example, at the State level, the team would, at a minimum, include the: Head Start Collaboration Director, IDEA Part C and Part B Section 619 coordinators, monitoring, and legal personnel from both the State educational agency and State lead agency, local program leaders and service providers, other partner agencies, family members, and pertinent stakeholders from the State and regional levels.

Why: When developing relationships to establish an MOU, it is critical to review the benefits of having a formalized agreement and have shared values and understanding of the collective purpose, for example, to:

1. **Create an equitable and coordinated early childhood system.**
Equity in early childhood education is providing all children high-quality equitable services that allow them to grow and succeed. The provision of early care and education that meets the unique needs of each and every young child requires coordination among

multiple State systems. When State agencies that serve young children come together and define each other's roles in providing services to young children who are at risk for or have a developmental delay or disability and their families, they are better able to create a more coordinated system.

2. Improve relationships across agencies and staff.

IDEA programs, Head Start and other early care and education agencies, and their respective staff should connect regularly and intentionally about serving young children who are at risk for or have a developmental delay or disability and their families.

Outlining how often agencies will regularly meet and what collaborative efforts they are working to improve (e.g., child find, delivery of services, resource allocations, and MOU development and revisions) will help them build their partnerships.

3. Maximize resources, including fiscal resources.

IDEA programs, Head Start and other early care and education agencies should share resources to promote a coordinated approach to delivering services to young children who are at risk for or have a developmental delay or disability and their families. Fiscal resources may be blended, braided, and layered to the extent allowable under applicable laws. Agencies can more efficiently use their resources by outlining relevant resources each agency can share, including space, staff time, data, professional development, and funding.

4. Improve child and family outcomes.

IDEA programs require that State agencies report child and family outcomes data. Head Start is encouraged to share data from the [Program Information Report \(PIR\)](#) at the State and local levels to complement data collected from IDEA partners. A cohesive approach to improving services for young children who are at risk for or have a developmental delay or disability and families, requires that agencies outline child and family outcome data points collected by each agency and include steps each agency will take toward supporting the improvement of those data.

5. Identify young children with disabilities as early as possible.

Many early care and education agencies have requirements for screening and identifying children with suspected developmental delays or disabilities. Outlining their child find processes in the MOU may help agencies identify ways in which they could improve their child find efforts.

6. Increase IDEA services in the natural environment and in inclusive settings.

IDEA programs require that eligible young children are provided services in a natural setting where a child would be educated if they were not identified with a disability. Head Start programs must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in inclusive environments and that they fully

participate in all program activities. Agencies can review the range of settings that services are currently being provided in to identify areas that do not have inclusive settings and develop steps to expand the number of inclusive settings.

7. Increase cross-fertilization of ideas among interagency members.

IDEA programs, Head Start and early care and education agencies should share and consider how they can support one another in implementing innovative solutions or approaches to providing services to young children who are at risk for or have a developmental delay or disability and their families.

8. Increase understanding and implementation of transdisciplinary practices.

IDEA programs, Head Start and early care and education agencies should promote practices that include coaching and the implementation of cross-disciplinary team support that improves service delivery of early childhood services. Being clear on the services each agency provides will allow the agencies to identify gaps in services and plan for increasing transdisciplinary practices to improve child and family outcomes.

9. Increase staff collaboration skills.

IDEA programs, Head Start and early care and education agency staff members require an understanding of each other's work to support young children who are at risk for or have a developmental delay or disability and their families. Identifying strategies to bring staff together and ensuring time where they can work together can help them build their collaboration skills.

10. Increase cross-sector professional development opportunities.

IDEA programs, Head Start and early care and education agencies can provide professional development and technical assistance that staff from other agencies can access. Establishing areas for joint professional development and trainings can support the mission and shared values of the MOU.

11. Define roles and share responsibilities across agencies.

The roles of IDEA programs, Head Start, and early care and education agencies in serving young children with disabilities and their families should be clearly stated. In instances where service areas overlap, the expectations for collaboration and oversight should be described. An MOU can help each agency clearly define its role, which will assist with maintaining the group's focus on improving child and family outcomes.

12. Share data and information to strengthen services to young children with disabilities and their families.

IDEA programs, Head Start, and early care and education agencies collect data that can enhance service delivery for young children with disabilities and their families. Data sharing may be done in the aggregate (on a deidentified basis) or individually (with parental consent where required and/or through an MOU that utilizes a specific exception

under the IDEA privacy regulations in 34 CFR 300.622 and 303.414). It is critical to include legal review to ensure that the IDEA Part C and Part B confidentiality and privacy requirements are met.⁵ The development of the MOU may reveal additional areas for data collection and analysis across systems.

13. Meet requirements of IDEA and Head Start.

Under IDEA Part C, to the maximum extent appropriate, infants and toddlers with disabilities must receive early intervention services in the natural environment. Under IDEA Part B, to the maximum extent appropriate, children with disabilities must be educated with children without disabilities. Under Head Start program requirements, HS programs must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities. An MOU that ensures services across programs supports implementation of these and other requirements of the applicable laws and regulations and should improve outcomes for young children with disabilities and their families.

What: In order to effect system changes, States need time to consider factors across the implementation components (leadership, organization, and capacity-personnel & program) that make up their infrastructure. For example, MOUs might address leadership components through agreed upon commitments and community awareness strategies. Organization components include policies, procedures, data, funding, quality assurance, early learning and program standards, family engagement, and the systems to support and sustain these organization components. Capacity components include looking across programs to align early childhood personnel standards, preservice preparation, credential and licensing requirements, and ongoing cross-sector professional development, teaming, and coaching. The [Early Childhood Indicators of High Quality Inclusion](#) offer specific focus areas at each system level for States to consider including in their MOUs.

At the State and local levels, discussions should also consider each agency's role and responsibilities to address the successful implementation of IDEA requirements within Head Start programs at each major point of the service delivery continuum:

- Child find and referral;
- Evaluation and eligibility;
- Individualized Family Service Plan (IFSP)/Individualized Education Program (IEP) development and reviews;

⁵ The [IDEA/FERPA cross-walk](#) provides a helpful comparison of IDEA and FERPA requirements. Also helpful is the [Early Childhood FAQs at Understanding the Confidentiality Requirements Applicable to IDEA Early Childhood Programs FAQs Oct. 2016](#).

- Child and family outcomes;
- Placement decisions;
- IFSP/IEP implementation;
- Ongoing service delivery;
- Collaborative teaming, coaching, communication;
- Transition from IDEA Part C to IDEA Part B, Section 619 programs, and to kindergarten; and
- Contingency plans for national, State, or local emergencies.

The [Head Start Disabilities Services Coordinator Orientation Guide Appendix A: Building an Interagency MOU](#) provides additional details to consider in developing State and local level agreements. Also, the Service Delivery Component Considerations for Effective Early Childhood Memorandums of Understanding (attached Table A) offers examples of collaborative practices throughout service delivery to stimulate thoughts and discussions as MOUs are developed and reviewed.

An MOU should be written so that it is clearly understood. The language of an MOU should be simple and straightforward. A good approach is to use language that makes all parties feel important and vital to the relationship, keeping in mind that the written document should reflect what has been negotiated and agreed upon.

There is no standard MOU format. A common-sense approach should guide both the development of the instrument and the decisions regarding inclusions and exclusions.

Where: Many States and local programs have existing MOUs. In this case it is important to look at where the MOU is located, who has access to the MOU, how often it is reviewed, and who from each agency is responsible for updating the MOU. State-level MOUs should be in place and shared with local programs as a model to develop local agreements that detail more day-to-day service delivery process collaborations.

When: Specify an annual review schedule for the agreement to ensure that it is of high quality. Once the MOU has been written and signed by the agencies involved, the next steps are to implement and sustain the agreement. There are several strategies to help successfully implement and sustain the MOU:

- Maintain an open dialogue between the agencies involved as this will facilitate the ongoing development and evolution of the agreement;
- Establish a regular (e.g., quarterly, semi-annually, annually) schedule of formal meetings or workgroups to discuss the progress of the implementation of the MOU and potential areas of change to consider;
- Address potential conflicts and resolve in a respectful and professional manner;

- Maintain intentional and purposeful collaboration;
- Provide training and orientation on the collaboration for all new staff at each agency involved;
- Provide a centralized file location or repository for MOU documentation and meeting notes to be accessible by all involved; and
- Determine timelines for revisions, updates and overall schedules of MOU reoccurring activities, including revisions based on needs, leadership and staff changes, natural disasters, or health emergencies.

These strategies may serve as the foundation for successful collaborative work and to increase partnerships and joint activities to strengthen inclusive services for young children with disabilities and their families.

Resources and Support

OSEP- and OHS-funded technical assistance centers have a wealth of tools and resources to promote collaboration within and across agencies and programs at the State and local levels. States are highly encouraged to engage in technical assistance activities and utilize resources to support the development and implementation of effective MOUs to build and sustain high-quality inclusive systems of early care and education for young children with disabilities and their families.

Additional Resources:

- [A System Framework for Building High-Quality Early Intervention and Preschool Special Education Programs \(ECTA\)](#)
- [Early Childhood Indicators of High Quality Inclusion \(ECTA\)](#)
- [DEC Recommended Practices: Practice Improvement Tools \(ECTA\) \(ECTA\)](#)
- [IDEA Privacy/Confidentiality Resources](#)
 - [IDEA/FERPA Crosswalk](#)
 - [Understanding the Confidentiality Requirements Applicable to IDEA Early Childhood Programs FAQs Oct. 2016](#)
 - Technical assistance centers funded by the U.S. Department of Education ([PTAC](#) and [DaSy](#))
- Head Start Disabilities Coordinator Orientation Guide
 - [Appendix A: Building an Interagency MOU](#)
- TA Center Inclusion Landing Pages:
 - [ECLKC: Children with Disabilities in Head Start](#)
 - [ECTA Center](#)
 - [NCPMI](#)

Table A: Service Delivery Component Considerations for Effective Early Childhood Memorandums of Understanding (MOUs)

An effective MOU describes what each agency will do within each component of the service delivery continuum to ensure an equitable, coordinated, family-centered approach and the efficient use of all agency resources (e.g., time, personnel, fiscal), within the parameters of all applicable local, State, and federal requirements. The chart below provides examples of collaborative practices for consideration. MOU development teams are encouraged to be creative and innovative when thinking about coordinated responsibilities during different processes and procedures.

TABLE NOTE: * with parental consent

Service Delivery Component	Key Points	Early Intervention (EI) (IDEA Part C)	Local Educational Agency (LEA) (IDEA Part B Section 619 — Preschool)	Head Start (HS) (Inclusive of Early Head Start, Head Start, Migrant Head Start, and American Indian and Alaska Native Head Start)
Outreach/ Referral Process	<p>All programs have requirements to identify children with disabilities, including timelines once referred.</p> <p>Personnel should understand eligibility criteria for different agencies for appropriate referrals.</p> <p>States and local programs should develop relationships with the contact people that work on eligibility across programs.</p> <p>Consider responsibilities based on which program first comes in contact with the family and child.</p>	<p><i>Early intervention service (EIS) providers accept HS screening information* and do not duplicate or repeat to determine the need for evaluation to determine eligibility.</i></p> <p>[EIS providers have 45 days from the date of referral to determine eligibility and hold an initial meeting to develop the individualized family services plan (IFSP) (34 CFR 303.310).]</p>	<p><i>LEAs accept EI / HS screening information* and do not duplicate or repeat to determine the need for evaluation to determine eligibility.</i></p> <p>[LEAs have 60 days from the time parental consent is received (or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe) to complete the initial evaluation (34 CFR 300.301(c)(1)).]</p>	<p><i>HS screening information is shared* with EI programs and LEAs when making referrals.</i></p> <p>[HS programs are required to complete a developmental screening with all children and identify children who may need further evaluation. https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-33-child-screenings-assessments]</p>
Evaluation, Assessment, and Eligibility	<p>EI programs and LEAs have required timelines for conducting evaluations to determine eligibility. Information from other</p>	<p><i>EIS providers gather information* from HS providers during the</i></p>	<p><i>LEAs observe children in HS classrooms* during the evaluation process to develop</i></p>	<p><i>HS providers share information* with EI programs/LEAs during assessment activities.</i></p>

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	adults who know the child and family is valuable in that process.	<p><i>assessment process to develop functional IFSPs.</i></p> <p>[EIS providers have 45 days from the date of referral to determine eligibility and hold the initial IFSP meeting (34 CFR 303.310).]</p>	<p><i>functional individualized education programs (IEPs).</i></p> <p>[LEAs must conduct a meeting to develop an IEP for a child within 30 days of a determination that the child needs special education and related services; and, as soon as possible following development of the IEP, special education and related services must be made available to the child in accordance with the IEP (34 CFR 300.323(c)).]</p>	<p>[HS programs must complete or obtain a current developmental screening to identify concerns regarding a child’s developmental skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit.</p> <p>https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-33-child-screenings-assessments]</p>
IFSP/IEP Development	EI programs, LEAs, and HS have requirements for individualized service plans. Consider meeting with families* to simultaneously develop the program-specific plans to ensure the process is family-friendly and support coordinated service delivery.	<p><i>EIS providers consider HS family plans and goals when developing IFSPs. HS providers are invited* to IFSP meetings.</i></p> <p>[The IFSP must include a description of the child’s present levels of development and information about the family’s resources, priorities, and concerns (34 CFR 303.344).]</p>	<p><i>IEP Teams consider the child’s functioning in HS classrooms when developing goals and when making placement decisions.</i></p> <p>[The IEP must include a description of the child’s present levels of academic achievement and functional performance (including how the disability affects the child’s participation in appropriate activities) and measurable annual goals (including academic and functional goals) designed to meet the child’s</p>	<p><i>HS providers contribute to IFSP/IEP development by sharing a child’s program plan* and information about the child’s knowledge, skills, and behaviors.</i></p> <p>[HS programs must participate in the development of the IFSP or IEP if requested by the child’s parents, and the implementation of the IFSP or IEP (https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-63-coordination-collaboration-local-agency-responsible-implementing-idea)]</p>

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			needs resulting from their disability to enable the child to be involved in and make progress in the general education curriculum, and meet each of the child’s other educational needs resulting from their disability (34 CFR 300.320).]	
Child Outcome Ratings	EIS providers and LEAs use data from three early childhood outcomes to measure results and improve systems and services.	<i>IFSP Teams use information from all sources, including HS observations and reports, to determine child outcomes ratings.</i>	<i>IEP Teams use information from all sources, including HS observations and reports, to determine child outcomes ratings.</i>	<i>HS providers contribute information and participate in child outcomes rating discussions.</i>
Service Delivery	EI and special education and related services support the child’s meaningful participation in everyday routines and activities in home, classroom, and community settings. IFSP and IEP Teams have flexibility when identifying services, including the frequency and duration, based on individual child (and family) needs and resources. HS has service frequency requirements.	<i>IFSP Teams consider the frequency of HS home visiting requirements to determine when and how often IFSP services are provided, including planning joint visits* when appropriate.</i> [IFSP services must be provided in the child’s natural environments to the maximum extent appropriate (34 CFR 303.126).]	<i>IEP services are planned with HS teachers and provided within HS classroom routines and activities.</i> [IEP services must be provided in the least restrictive environment to the maximum extent appropriate (34 CFR 300.114(a).]	<i>HS providers support families in implementing IFSP strategies during HS home visits.</i> HS teachers integrate IFSP/IEP strategies throughout classroom routines and activities. [HS programs must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least

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				restrictive possible environment and that they fully participate in all program activities. https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-60-full-participation-program-services-activities]
IFSP/IEP Reviews	All programs have requirements for reviewing children’s individualized plans. Coordinating reviews and sharing information* supports robust and functional plans and service delivery.	<i>IFSP Teams may invite* HS providers (with parental consent where needed) to IFSP meetings and align IFSPs to HS family service plans.</i> [IFSPs must be reviewed not less than every 6 months (34 CFR 303.342(b)(1)).]	<i>IEP meetings include HS providers* and use information in annual evaluations to determine goals and services.</i> [IEPs must be reviewed at least annually (34 CFR 300.324(b)(1)(i)).]	<i>HS providers actively participate in IFSP/IEP meetings*, including aligning HS child program plans with the same/similar goals.</i> [HS programs must participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for HS enrollment, a currently enrolled child, or a child transitioning from a program. https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-63-coordination-collaboration-local-agency-responsible-implementing-idea]

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Transition Planning and Process	Smooth and seamless transitions are important for child, family, and program success. Everyone involved should understand their roles and responsibilities, and families need enough information to make informed decisions.	<p><i>IFSP Teams invite HS and LEA personnel to transition meetings to provide information about options for parents.</i></p> <p>IFSP providers support family visits to different program options.</p> <p>[Transition planning meetings must occur no later than 90 days before the child’s 3rd birthday (34 CFR 303.209(c)).]</p>	<p><i>IEP Teams provide information to families transitioning from Part C to Part B services, including how IEP services might be provided in HS classrooms.</i></p> <p>[LEA personnel must participate in transition planning conferences (34 CFR 300.124).]</p>	<p><i>EHS providers facilitate discussions with Part C families and HS programs.</i></p> <p><i>HS providers attend transition meetings to describe program options, including services for children with disabilities available in HS classrooms.</i></p> <p>[HS programs must work to develop interagency agreements with the local agency responsible for implementing IDEA to improve service delivery to children eligible for services under IDEA, including transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from preschool to kindergarten. (https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-71-transitions-head-start-kindergarten)]</p>
Training and Technical Assistance	Joint professional development across programs builds shared understanding of program requirements, knowledge of integrated child development, and	<i>EI programs invite HS personnel to coaching meetings, regular trainings, and special workshops and conferences.</i>	<i>LEAs invite HS personnel to coaching meetings, regular trainings, and special workshops and conferences.</i>	<i>HS programs invite EI and LEA personnel to coaching meetings, regular trainings, and special workshops and conferences.</i>

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	the capacity to implement evidence-based practices with fidelity. It also contributes to raising the early childhood profession and building comprehensive and coordinated early childhood systems.			