

Put Me In Coach: Successful Collaboration in Part C Service Delivery

Charting the Cs
Conference 2025:
April 29th

*To Literacy and
Beyond*

Cooperation
Communication
Collaboration

April 29, 2025

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Session Outcomes:

- ★ **Literature** - Evidence-based literature in support of Part C collaborative practices, specific for children with hearing loss and their family.
- ★ **Resources** - Minnesota specific resources to support Part C collaborative practices.
- ★ **Stories** - Learn more from examples of Part C collaborative practices happening in Minnesota.

Session Goals:

- ★ **Make a Plan** - Utilize at least 1 resource to support Part C collaboration practices in your service delivery.
- ★ **Network** - Discuss collaborative practices and strategies to consider utilizing.

About Us:

- ★ **Katie Barth** - Itinerant Teacher Deaf/Hard of Hearing & Hard of Hearing Individual
- ★ **Marleigh Van Arsdale** - Itinerant Teacher Deaf/Hard of Hearing & Hard of Hearing Individual
- ★ **Jess Moen** - MN Statewide Specialist Early Hearing Detection & Intervention
- ★ **Who else is here today?**

Terms:

Low Incidence Providers - Low incidence refers to disability areas that occur rarely or in low numbers. In Minnesota there are seven low incidence disability categories: Autism Spectrum Disorder (ASD), DeafBlindness (DB), Deaf/hard of hearing (DHH), Other Health Disabilities (OHD), Physically Impaired (PI), Traumatic Brain Injury (TBI), and Blind/Visually Impairment (BVI)

Part C - Special education services for children birth until they turn 3 years.

Best Practices in Early Intervention = ~~Evidence-based Quality Intervention Practices (EQIP)~~ - An approach to early intervention which incorporates evidence-based practices to build caregiver capacity using coaching interaction practices and to embed intervention into daily routines in the child's natural environment.

Individualized - Unique needs of the child and family

Terms 2 (continued):

Primary Service Provider (PSP) / Primary Coach Approach (PCA) - One team member selected to serve as the liaison between the family and other team members.

Secondary Service Provider (SSP) - A team member who uses coaching to support the PSP, parents, and other care providers.

Teaming - A regularly scheduled, formal or informal opportunity, for colleague-to-colleague coaching and support to build the capacity of parents and care providers.

Joint Visits - A visit in which a SSP accompanies the PSP in order to coach and support when a question or issue is identified by the PSP, family members, other care providers, or other team members. (some programs refer to this as consultative or co-visit)

Collaboration defined

Collaboration refers to interaction relationships between adults, such as family members and professional who work together to achieve mutually agreed upon outcomes/goals.

Wording from the [Division for Early Childhood \(DEC\) Recommended Practices \(RP\) Interactive Glossary, 2025](#)



Division for Early Childhood Recommended Practices

Teaming and Collaboration (TC): Key Points

- ★ (TC1) **Represents multiple disciplines** working together as a team to plan and implement supports and services to meet unique needs of each child/family.
- ★ (TC2) **Work together as a team** to regularly **exchange expertise, knowledge, and information** to build team capacity, solve problems, plan, and implement interventions.
- ★ (TC3) enhance team functioning and **interpersonal relationships** with an among team members.
- ★ (TC4) **Informal and formal resources** to meet **[informed]** family-identified child and family needs.
- ★ (TC5) one primary liaison between the family and **other team members** based on **[informed]** child and family priorities and needs.

Self Reflection:

Identify a challenge/barrier you currently encounter regarding collaboration in Part C when working with a child who has a low incidence disability and their family.



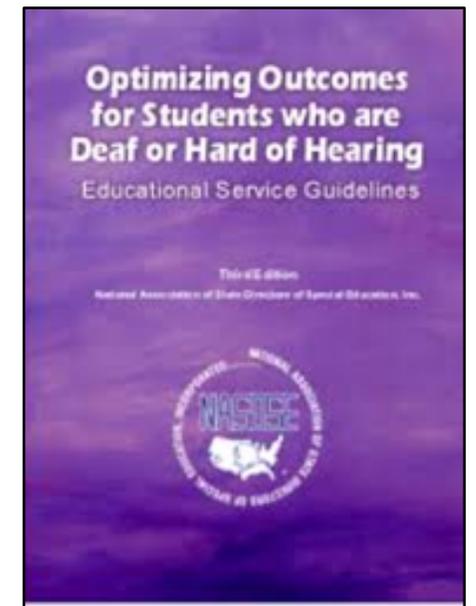
Session Outcomes: LITERATURE

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Literature: NASDSE

Importance of Specialized Providers:

All early intervention (EI) providers need education and training that support early childhood best practices (Francois, Coufal, & Subramanian, 2015). Examples include: practices that support culturally responsive, family-centered services in naturally occurring environments, routines and everyday activities; coaching families to implement Individualized Family Service Plan (IFSP) goals; writing developmentally appropriate goals for the child; monitoring development and making recommendations to the IFSP team about modifications to service provision; knowledge of community resources families can access; and recognizing abuse and neglect and reporting it accordingly.

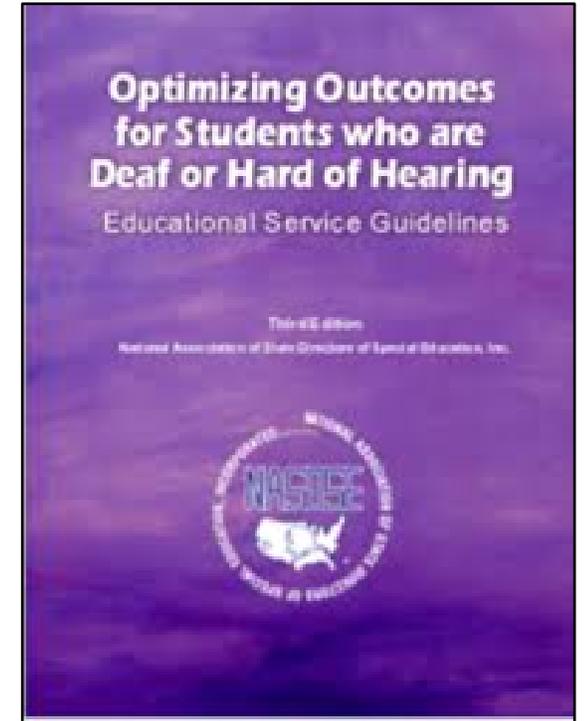


Literature: NASDSE, cont.

Importance of Specialized Providers:

What separates an EI provider for children who are deaf or hard of hearing from a general EI provider? In addition to the general knowledge that all EI providers must have, EI providers for children who are deaf or hard of hearing require formal, specialized education and training in deafness. (page 15)

[Optimizing Outcomes for Students who are Deaf or Hard of Hearing Educational Service Guidelines, NASDSE](#)



Literature: DCD

The Role of TODHH

Given their [teachers deaf/hard of hearing (TODHH)] in-depth knowledge of the types of services from which a student who is DHH may benefit, TODHH are able to collaborate with professionals included on the IEP/IFSP team and to provide field specific expertise. TODHH should be involved in initial and ongoing evaluations to determine special education services and accommodations needed to access instruction and standardized testing. (page 9)

[Teachers of Students Who are Deaf or Hard of Hearing A Critical Resource Needed for Legal Compliance, 2022.](#)

2022

Teachers of Students Who are Deaf or Hard of Hearing

A Critical Resource Needed for Legal Compliance

On Behalf of the Board of Directors of the Division for Communication, Language, and Deaf/Hard of Hearing



Literature: JEHDI

Updated Principles Beyond EHDI 1-3-6 Goals

8. The EHDI system should be family-centered with infant and family rights and privacy guaranteed through **informed** and **shared** decision-making, and family consent in accordance with state and federal guidelines.

9. Families should have access to information about **all** resources and programs for intervention, and support and counseling regarding the child's educational and communication/language needs.



Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs
The Joint Committee on Infant Hearing

Table of Contents	Abbreviations
Executive Summary..... 2	AAA - American Academy of Audiology
Background..... 3	AABR - Automated Auditory Brainstem Response
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Guidelines for Early Hearing Detection and Intervention Programs..... 4	ABA - American Board of Audiology
Newborn Hearing Screening Programs..... 5	ABR - Auditory Brainstem Response
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Early Intervention: Services for Infants/Toddlers from Birth to Age Three Years and Their Families..... 24	ASHA - American Speech-Language-Hearing Association
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Future Directions..... 35	CAEP - Central Auditory Evoked Potentials
Research Needs..... 36	CMV - Cytomegalovirus
Acknowledgments..... 37	ICRF - Congenital Cytomegalovirus
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	CE - Cerebral Evident
	CI - Cochlear Implant
	DB - Decibel
	DEC - Division of Early Childhood
	DPOAE - Distortion Product Otoacoustic Emissions
	DLS - Distal Serratia Level
	ECMO - Extracorporeal Membrane Oxygenation
	EPI - Early Hearing Detection and Intervention
	EI/ID/FI/IE - Early Hearing Detection & Intervention: Pediatric Audiology Links to Services
	HIPAA - Health Insurance Portability and Accountability Act
	HL - Hearing Level
	HRCT - High Resolution Computed Tomography
	HHS - Health Resources and Services Administration
	IDEA - Individuals with Disabilities Education Act
	IEP - Individualized Education Program
	IFSP - Individual Family Service Plan
	IOA - Institute of Medicine
	ISO - International Organization for Standardization
	JCAHO - Joint Commission on Accreditation of Health Care Organizations
	JCIH - Joint Committee on Infant Hearing
	LTP/LTD - Loss to Follow Up/Loss to Documentation
	MRI - Magnetic Resonance Imaging
	NCHAM - National Center for Hearing Assessment and Management
	NICHD - National Institute for Children's Health Quality
	NIDCD - National Institute of Deafness and Communication Disorders
	NICU - Neonatal Intensive Care Unit
	NIH - National Institutes of Health
	NLM - U.S. National Library of Medicine
	NQF - National Quality Forum
	OAE - Otoacoustic Emissions
	PCP - Primary Care Physician
	PHI - Public Health Information
	RECD - Real-Ear to Coupler Difference
	SPL - Sound Pressure Level
	TEOAE - Transient Evoked Otoacoustic Emissions
	TJC - The Joint Commission
	UNHS - Universal Newborn Hearing Screening
	VRA - Visual Reinforcement Audiometry
	WNL - within normal limits

Literature: JEHDI, cont. 1

Updated Principles Beyond EHDI 1-3-6 Goals

10. All infants and children, regardless of newborn hearing screening outcome, should be monitored within the medical home according to the periodicity tables regarding their communication development (American Academy of Pediatrics [AAP] Committee, 2017).

[Teachers of Students Who are Deaf or Hard of Hearing a Critical Resource Needed for Legal Compliance, 2022.](#)



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ABRQ - Agency for Healthcare Research and Quality
ANSI - American National Standards Institute
ASHA - American Speech-Language-Hearing Association
ASL - American Sign Language
ASST - Admitted Status/Status Response
BDA - Behavioral Observation Audiotape
CAPT - Communication Access Real-time Translation
CAEP - Critical Auditory Evoked Potentials
CEN - Communication
CMV - Congenital Cytomegalovirus
CDC - Centers for Disease Control and Prevention
CE - Click Evoked
CI - Cochlear Implant
DB - Decibel
DEC - Division of Early Childhood
DPOAE - Distortion Product Otoacoustic Emissions
DSL - Digital Speech Level
ECHO - Echotape Membrane Organization
EHDI - Early Hearing Detection and Intervention
EHDI PALS - Early Hearing Detection & Intervention: Pediatric
Hearing Loss Services
HIPAA - Health Insurance Portability and Accountability Act
HRCT - High Resolution Computed Tomography
HSLA - Health Resources and Services Administration
IEA - Individuals with Disabilities Education Act
IEP - Individualized Education Program
IPSP - Individual Family Service Plan
IOM - Institute of Medicine
ISO - International Organization for Standardization
JCAHO - Joint Commission on Accreditation of Health Care Organizations
JCIH - Joint Committee on Infant Hearing
LTP/DT - Loss to Follow-Up/Date of Documentation
MRI - Magnetic Resonance Imaging
NCHAM - National Center for Hearing Assessment and Management
NICHD - National Institute of Children's Health Quality
NICHD - National Institute of Deafness and Communication Disorders
NICU - Neonatal Intensive Care Unit
NIH - National Institutes of Health
NLM - U. S. National Library of Medicine
NCF - National Quality Forum
OAE - Otoacoustic Emissions
PCP - Primary Care Physician
PHI - Public Health Information
RECQ - Read-Set to Cooper/Obvance
SPL - Sound Pressure Level
TEOAE - Transient Evoked Otoacoustic Emissions
TJCIH - The Joint Committee
UNHS - Universal Newborn Hearing Screening
VRA - Visual Reinforcement Audiometry
WNL - within normal limits

Literature: JEHDI cont. 2

Updated Principles Beyond EHDI 1-3-6 Goals

11. Professionals with **appropriate training** should provide ongoing surveillance of communication development to all children with or without risk indicators.

12. Appropriate interdisciplinary early intervention programs for identified infants and their families should be provided by professionals **knowledgeable** about the needs and requirements of children who are deaf or hard of hearing (JCIH, 2013).

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Acknowledgments..... 37	CONP - Congenital Cytomegalovirus
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	CE - Cochlear Implant
	CI - Cochlear Implant
	DE - Deaf
	DEC - Division of Early Childhood
	DPOAE - Distortion Product Otoacoustic Emissions
	DNL - Decibel Normal Level
	EDD - Environmental Monitoring Organization
	EHDI - Early Hearing Detection and Intervention
	EHDI PALS - Early Hearing Detection & Intervention: Pediatric Audiology Links to Services
	HRSA - Health Resources and Services Administration
	HL - Hearing Level
	HRSA - Health Resources and Services Administration
	HRSA - Health Resources and Services Administration
	IEP - Individualized Education Program
	IFP - Individualized Family Service Plan
	ICM - Institute of Medicine
	ISO - International Organization for Standardization
	JCAHO - Joint Commission on Accreditation of Health Care Organizations
	JCIH - Joint Committee on Infant Hearing
	JCIH - Joint Committee on Infant Hearing
	LTFRD - Loss to Follow-Up/Loss to Documentation
	MIR - Multiple Research Inquiry
	NCHAM - National Center for Hearing Assessment and Management
	NICHQ - National Institute for Children's Health Quality
	NIDCD - National Institute of Deafness and Communication Disorders
	NICU - Neonatal Intensive Care Unit
	NIH - National Institutes of Health
	NLM - U.S. National Library of Medicine
	NQF - National Quality Forum
	OAE - Otoacoustic Emissions
	PCP - Primary Care Physician
	PH - Public Health Information
	RECQ - Real Ear to Coupler Difference
	RE - Real Ear Level
	TEOAE - Transient Evoked Otoacoustic Emissions
	TJC - The Joint Commission
	UNHS - Universal Newborn Hearing Screening
	VPL - Visual Performance/Auditory
	WNL - within normal limits

Literature: JEHDI cont. 3

Updated Principles Beyond EHDI 1-3-6 Goals

13. Early intervention programs should recognize **evidence-based practices** and build on strengths, informed choices, language traditions, and cultural beliefs of families they serve. (page 4)

[Teachers of Students Who are Deaf or Hard of Hearing A Critical Resource Needed for Legal Compliance, 2022.](#)



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Literature: Family Centered Early Intervention (FCEI) International

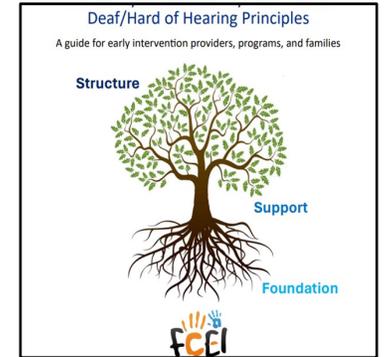
Principle 7: Trained FCEI-DHH Providers

Principle:

EI Providers need to have certain qualities so they can **connect with and build relationships** with families and other providers.

They also need competency in their own area of expertise, in general early intervention, and when providing specific support to children who are DHH. Trained EI Providers offer effective, professional, equitable, and inclusive FCEI-DHH supports to promote children and family outcomes. (page 8)

[The Family Centered Early Intervention Deaf/Hard of Hearing Principles: A guide for early intervention providers, programs and families.](#)



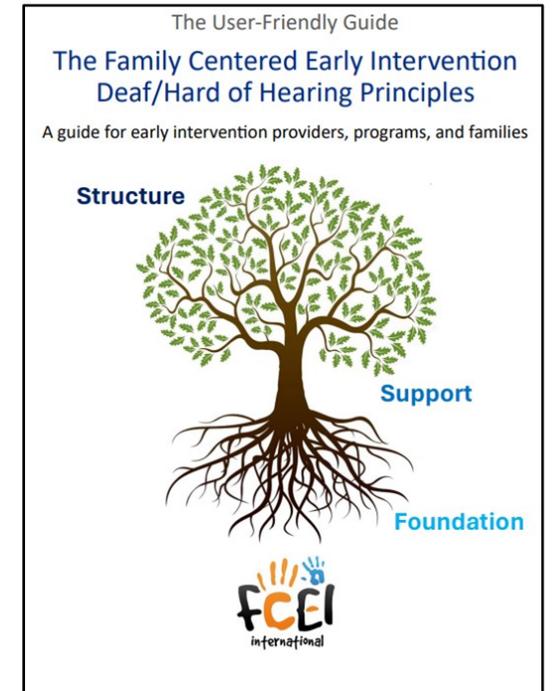
Literature: FCEI International cont.

Principle 8: Teamwork Among Professionals

Recommended Collaborative Practices:

These include effective communication, sharing of information and skills, joint planning, compromise, modeling, acknowledgment, and establishing mechanisms to support **teamwork**. (page 10)

[The Family Centered Early Intervention Deaf/Hard of Hearing Principles: A guide for early intervention providers, programs and families.](#)



Session Outcomes: RESOURCES

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[Part C Intervention Services for Infants and Toddlers \(Birth to Age 3\) with Sensory Loss: Recommended Collaboration Practices \(January 2024\)](#)



Resources: MN Article

Teachers of the blind/visually impaired and teachers of deaf/hard of hearing are able to:

- **Share information** about the medical diagnoses, etiology and prognosis of both hearing and vision loss.
- **Support the family and team** with information and resources specific to the impact of hearing and/or vision loss on the child's access and development.
- **Coach families** on how they can support their child's individual sensory needs and learning.



Part C Intervention Services for Infants and Toddlers (Birth to Age 3) with Sensory Loss: Recommended Collaboration Practices (July 2022)

The purpose of this resource is to provide information on recommended collaborative practices when providing early intervention services for infants and toddlers with sensory loss, including those who are Blind/Visually Impaired, Deaf/Hard of Hearing, or DeafBlind. For information on diagnosed physical or mental conditions with a high probability of resulting in developmental delay, including conditions related to sensory loss in infants and toddlers, [refer to the Help Me Grow Minnesota webpage Diagnosed Conditions Affecting Development](#).

Early intervention is critical for a child with a sensory loss. Hearing and/or vision loss results in compromised or missing access to people, communication, and the child's environment, which can significantly impact the child's early learning and brain development, as well as access to and interaction with others. Collaboration among service providers and with the child's family is essential in building the family's capacity to provide experiences that will support the child's overall learning and development.

For infants and toddlers who are receiving an initial evaluation for Part C eligibility, evaluation teams must address the child's physical development, including both vision and hearing. If a local education agency or an early intervention service provider receives documentation that a child has been diagnosed with sensory loss, or a medical condition that has a high probability of resulting in a sensory loss, it is recommended that the team consult with the appropriate low-incidence provider(s), such as the teacher of the blind/visually impaired (TBVI) and/or the teacher of the deaf/hard of hearing (TDHH). The team, including the parent(s)/caregiver(s), early intervention specialists, appropriate low-incidence teachers and related service providers (e.g., educational audiologists, speech language pathologists, and/or certified orientation and mobility specialists), will determine next steps in addressing the individual potential impacts of the child's sensory loss on their overall development.

Teachers of the blind/visually impaired and teachers of deaf/hard of hearing are able to:

- Share information about the medical diagnoses, etiology and prognosis of both hearing and vision loss.
- Support the family and team with information and resources specific to the impact of hearing and/or vision loss on the child's access and development.
- Coach families on how they can support their child's individual sensory needs and learning.
- Provide appropriate adaptations for home and learning environments specific to hearing and vision challenges.
- Recommend emergent literacy strategies and accommodations that are specific to hearing and/or vision loss with the child's family and team.

Resources: MN Article, cont.

Teachers of the blind/visually impaired and teachers of deaf/hard of hearing are able to:

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- Coach families on how they can support their child's individual sensory needs and learning.
- Provide appropriate adaptations for home and learning environments specific to hearing and vision challenges.
- Recommend emergent literacy strategies and accommodations that are specific to hearing and/or vision loss with the child's family and team.

Resources: MN Part C Collaboration Companion Document

  Part C Intervention Services for Infants and Toddlers (Birth to Age 3) with Sensory Loss: Recommended Collaboration Practices (January 2024) <i>*Companion Document ~ Discussion Questions/Prompts*</i>	
Recommended Collaboration Practices	Discussion Questions/Prompts
Share information about the medical diagnoses, etiology and prognosis of both hearing and vision loss.	What does this process currently look like in your program? • How do teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing share information about medical diagnoses, etiology and prognosis with a child's team? When does this happen and who is present? How does your program evaluate this recommended collaboration practice to determine effectiveness?
Support the family and team with information and resources specific to the impact of hearing and/or vision loss on the child's access and development.	How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing sharing info and resources with FAMILIES? • What format is being used and is that format working? • Are resources available in families' preferred language? How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing sharing info and resources with their TEAM? • What format is being used and is that format working? How might these resources be centralized/organized for all families and team members to access? How does your program evaluate this recommended collaboration practice to determine effectiveness?
Coach families on how they can support their child's individual sensory needs and learning.	How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing coaching families? • Home/Site Visit and/or Joint Visit? ◦ How does your program determine what level of support to that child/family is needed? How does your program evaluate this recommended collaboration practice to determine effectiveness?
Provide appropriate adaptations for home and learning environments specific to hearing and vision challenges.	How do teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing determine and provide adaptations when needed (observation, written correspondence, modeling, etc.)? How does your program evaluate this recommended collaboration practice to determine effectiveness?
Recommend emergent literacy strategies and accommodations that are specific to hearing and/or vision loss with the child's family and team.	How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing recommending strategies and accommodations on emergent literacy with FAMILIES? • What format is being used and is that format working? • Are resources available in families' preferred language? How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing recommending strategies and accommodations on emergent literacy with their TEAM? • What format is being used and is that format working? How might these resources be centralized/organized for all families and team members to access? How does your program evaluate this recommended collaboration practice to determine effectiveness?

1/29/2024



[Part C Intervention Services for Infants and Toddlers \(Birth to Age 3\) with Sensory Loss: Recommended Collaboration Practices \(January 2024\)](#)

Resources: MN Part C Collaboration Companion Document Recommended Practice #1

Recommended Collaboration Practices	Discussion Questions/Prompts
<p>Share information about the medical diagnoses, etiology and prognosis of both hearing and vision loss.</p>	<p>What does this process currently look like in your program? → How do teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing share information about medical diagnoses, etiology and prognosis with a child's team?</p> <p>When does this happen and who is present? How does your program evaluate this recommended collaboration practice to determine effectiveness?</p>

Resources: MN Part C Collaboration Companion Document Recommended Practice #2

Recommended Collaboration Practices	Discussion Questions/Prompts
<p>Support the family and team with information and resources specific to the impact of hearing and/or vision loss on the child’s access and development.</p>	<p>How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing sharing info and resources with FAMILIES?</p> <ul style="list-style-type: none"> → What format is being used and is that format working? → Are resources available in families’ preferred language? <p>How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing sharing info and resources with their TEAM?</p> <ul style="list-style-type: none"> → What format is being used and is that format working? <p>How might these resources be centralized/organized for all families and team members to access?</p> <p>How does your program evaluate this recommended collaboration practice to determine effectiveness?</p>

Resources: MN Part C Collaboration Companion Document Recommended Practice #3

Recommended Collaboration Practices	Discussion Questions/Prompts
<p>Coach families on how they can support their child’s individual sensory needs and learning.</p>	<p>How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing coaching families?</p> <ul style="list-style-type: none">→ Home/Site Visit and/or Joint Visit?→ How does your program determine what level of support to that child/family is needed? <p>How does your program evaluate this recommended collaboration practice to determine effectiveness?</p>

Resources: MN Part C Collaboration Companion Document Recommended Practice #4

Recommended Collaboration Practices	Discussion Questions/Prompts
<p>Provide appropriate adaptations for home and learning environments specific to hearing and vision challenges.</p>	<p>How do teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing determine and provide adaptations when needed (observation, written correspondence, modeling, etc.)?</p> <p>How does your program evaluate this recommended collaboration practice to determine effectiveness?</p>

Resources: MN Part C Collaboration Companion Document Recommended Practice #5

Recommended Collaboration Practices	Discussion Questions/Prompts
<p>Recommend emergent literacy strategies and accommodations that are specific to hearing and/or vision loss with the child's family and team.</p>	<p>How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing recommending strategies and accommodations on emergent literacy with FAMILIES?</p> <ul style="list-style-type: none"> → What format is being used and is that format working? → Are resources available in families' preferred language? <p>How are teachers of the Blind/Visually Impaired and Deaf/Hard of Hearing recommending strategies and accommodations on emergent literacy with their TEAM?</p> <ul style="list-style-type: none"> → What format is being used and is that format working? <p>How might these resources be centralized/organized for all families and team members to access?</p> <p>How does your program evaluate this recommended collaboration practice to determine effectiveness?</p>

Resources: MN Part C Looks Like / Doesn't Look Like

Created August 2024



Part C Intervention Services for Infants and Toddlers (Birth to Age 3) with Sensory Loss Recommended Collaboration Practices: Looks Like / Doesn't Look Like

Each of the following practices are taken from the [Part C Intervention Services for Infants and Toddlers with Sensory Loss Recommended Collaboration Practices](#) article and elaborated on to show specific examples of what that practice could look like with appropriate service supports and also what each practice is not intended to look like. Throughout this resource, the term family is intended to encompass the large array of people who might be providing primary care for the child with a sensory loss.

The specific practices for teachers of the blind/visually impaired and teachers of deaf/hard of hearing in early intervention that will be outlined in this resource are:

1. Share information about the medical diagnosis, etiology and prognosis of both hearing and vision loss.
2. Support the family and team with information and resources specific to the impact of hearing and/or vision loss on the child's access and development.
3. Coach families on how they can support their child's individual sensory needs and learning.
4. Provide appropriate adaptations for home and learning environments specific to hearing and vision challenges.
5. Recommend emergent literacy strategies and accommodations that are specific to hearing and/or vision loss with the child's family and team.

The group that put this resource together did so for the purpose of practitioners utilizing the information to increase their confidence and competence in providing early intervention supports to children with sensory loss and their families. This resource might be useful for personal reflection, as a discussion prompt for early intervention teaming practices, and possibly professional development. An additional document that might be especially helpful as a companion to this resource is the [Seven Key Principles: Looks Like / Doesn't Look Like](#) which was developed by the Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings.

Workgroup members: Cindy Bruning, Mary Cashman-Bakken, Diane Dohnalik, Laura Lind, Sara Meyer, Ann Mayes, Jess Moen, Diane Schiffler-Dobe, and Marleigh Van Arsdale.



[Part C Intervention Services for Infants and Toddlers from birth to 3 years old](#)

Resources: MN Part C Looks Like / Doesn't Look Like (example 1, page 3)

Support the family and team with information and resources specific to the impact of hearing and/or vision loss on the child's access and development.

Looks Like	Doesn't Look Like
Ensure that low incidence specialists are available to be a child's primary service provider and/or secondary service provider, as makes sense for the child, family, and their individual needs. The low incidence specialist is also available for joint visits with the child and family.	Not inviting low incidence specialists to come to the home in order to gather an understanding of how the child functions in his/her primary environment. This may limit the ability to make family and child-centered recommendations for both current and future programming, environmental adjustments, or amplification needs.

Resources: MN Part C Looks Like / Doesn't Look Like (example 2, page 3 & 4)

Support the family and team with information and resources specific to the impact of hearing and/or vision loss on the child's access and development.

Looks Like	Doesn't Look Like
<p>Joint visits are provided as requested by the family or service providers, as appropriate. Family members might not always have enough knowledge about the sensory loss to know what questions to ask or that a joint visit could be helpful. Therefore, it is important for low incidence providers to have continuous interactions with the family and team, so that they can share relevant sensory loss information.</p>	<p>Joint visits are only provided when driven by a question/request from the family.</p> <p>Joint visits are only provided during previously established service minutes, regardless of child, family or service provider needs/requests.</p>

Session Outcomes: STORIES

- ★ **Literature** - Evidence-based literature in support of Part C collaborative practices, specific for children with hearing loss and their family.
- ★ **Resources** - Minnesota specific resources to support Part C collaborative practices.
- ★ **Stories** - Learn more from examples of Part C collaborative practices happening in Minnesota.

Story: Routines Based Intervention - video

Team focuses on family priorities while considering sensory impact on family routines.



Routines Based Intervention Considerations

Ensure that you are collaborating with your programs low incidence providers to consider how the child's disability impacts their daily routines.

- Ensure you and your team (including low incidence providers) are familiar with the [Routines Based Interview](#) process.
- Involve the teachers of low incidence disabilities in planning for the routines based interview questions and/or inviting them to participate in the interview.
- Ask questions specific to the impact of the child's sensory loss on their daily routines. (example: When the child wakes up, how are they receiving communication input prior to putting on their hearing aids?)

Story: Service Provider Availability - Video

Becoming available to be a PSP for my team



Service Provider Availability Considerations

Low incidence specialists are considered and/or available to be a child's primary service provider (PSP) and/or secondary provider (SSP), as makes sense for the child, family, and their individual needs.

- Use the [Companion Document Discussion Questions/Prompts](#) to discuss with your team (including your low incidence providers) how each of the recommended collaboration practices can be/are available in your program.
- Use the [MN Part C Looks Like/Doesn't Look](#) document to familiarize yourself and your team (including your low incidence providers) with recommended early intervention practices for children with sensory loss.

Service Provider Availability Considerations, cont.

- If a low incidence provider, logistically is not able to be a PSP, could they be considered as a SSP who participates in frequent/scheduled joint visits?
- Consider any biases, assumptions, and/or logistics you may have regarding who could fill the role of a PSP or SSP.

Story: Joint Visits -Video.

Importance of team members being available to join visits with the child/family.



Story: Joint Visits

Joint visits are provided as requested by the family or service providers, as appropriate.

- Coordinate together (include the low incidence provider) about the purpose and plan of the joint visit, while allowing flexibility if questions/concerns arise outside of the identified plan. (Example: A BVI teacher joins a visit to observe the child in their natural environment, so that they can provide accessibility support.)
- Include all team members (including low incidence providers) in professional development on how to coach families. This will support/allow all providers to coach families on their area of expertise. (simultaneous coaching can occur!)

Story: Joint Visits. Cont.

- Ensure low incidence providers have continuous interactions with the family and team so they can share relevant sensory loss information and families remain fully informed.
 - Each child and family are unique, it is important for low incidence providers to observe the child and family in their environment to ensure they are providing most relevant information on the potential impact of the sensory loss.
 - Family knowledge about sensory loss varies and they might not know what questions to ask or that a join visits could be helpful.

Story: Teaming Meetings

Scheduling ideas so all team members are involved



Story: Teaming Meetings

Low Incidence providers support the full team in understanding the child's diagnosis, etiology, prognosis, potential impacts on daily routines, and strategies to support the child and family specific to the sensory loss.

- Use the [Companion Document Discussion Questions/Prompts](#) to discuss with teams and start a dialogue about how each of these recommended collaboration practices can/are available in your program.
- Ensure all team members (including low incidence providers) are part of planning and participating in teaming meetings (formal or informal), as makes sense for them.
- Decide the best method for team members to share information with each other, which is accessible for all.

Stories from the field

What successes/creative ways has your team collaborated in Part C?



Next Steps

Think back to the challenge/barrier for Part C Collaboration that you identified earlier.

- What is a possible next step you could take to address that challenge/barrier?
- What resources or ideas, that were shared today, might support you?





Thank you!

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Resources: Literature

- Optimizing Outcomes for Students who are Deaf or Hard of Hearing Educational Service Guidelines Third Edition, National Association of State Directors of Special Education, Inc (NASDSE) <https://www.nasdse.org/docs/nasdse-3rd-ed-7-11-2019-final.pdf>
- 2022 Teachers of Students Who are Deaf or Hard of Hearing A Critical Resource Needed for Legal Compliance on Behalf of the Board of Directors of the Division for Communication, Language, and Deaf/Hard of Hearing <https://successforkidswithhearingloss.com/wp-content/uploads/2022/06/DCD-Position-Paper-2022-Remediated.pdf>

Resources: Literature, cont.

- Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs, The Journal of Early Hearing Detection and Intervention (JEHDI), The Joint Committee on Infant Hearing
<https://www.audiology.org/practice-guideline/year-2019-position-statement-principles-and-guidelines-for-early-hearing-detection-and-intervention-programs/>
- The Family Centered Early Intervention Deaf/Hard of Hearing Principles: A guide for early intervention providers, programs, and families
https://www.fcei.at/dl/nNNLJmoJKOkkJqx4KJKJmMJKIKML/FINAL-FCEI-GuideBook-print_pdf

Resources: Minnesota Low Incidence Projects EHDI

Minnesota Low Incidence Projects Early Hearing Detection & Intervention Resources
<https://mnlowincidenceprojects.org/Projects/ehdi/ehdiResources.html>

- Article - Part C Intervention Services for Infants and Toddlers (Birth to Age 3) with Sensory Loss: Recommended Collaboration Practices
<https://education.mn.gov/mdeprod/groups/educ/documents/hiddencontent/cm9k/mdm0/~edisp/prod034482.pdf>
- Companion Document - Part C Intervention Services for Infants and Toddlers (Birth to Age 3) with Sensory Loss: Recommended Collaboration Practices
[https://mnlowincidenceprojects.org/documents/ehdi/Companion Doc to Sensory Loss Collaboration Practices.pdf](https://mnlowincidenceprojects.org/documents/ehdi/Companion_Doc_to_Sensory_Loss_Collaboration_Practices.pdf)

Resources: Minnesota Low Incidence Projects EHDI, cont.

Minnesota Low Incidence Projects Early Hearing Detection & Intervention Resources
<https://mnlowincidenceprojects.org/Projects/ehdi/ehdiResources.html>

- Article - Part C Intervention Services for Infants and Toddlers (Birth to Age 3) with Sensory Loss: Recommended Collaboration Practices
<https://education.mn.gov/mdeprod/groups/educ/documents/hiddencontent/cm9k/mdm0/~edisp/prod034482.pdf>
- Companion Document - Part C Intervention Services for Infants and Toddlers (Birth to Age 3) with Sensory Loss: Recommended Collaboration Practices
[https://mnlowincidenceprojects.org/documents/ehdi/Companion Doc to Sensory Loss Collaboration Practices.pdf](https://mnlowincidenceprojects.org/documents/ehdi/Companion_Doc_to_Sensory_Loss_Collaboration_Practices.pdf)

Resources: MN Best Practices in Early Intervention Share Site (previously EQIP Share Site)

MN Best Practices in Early Intervention Share Site <https://sites.google.com/metro-ecsu.org/mn-eqip/home?authuser=0>

- Share Site: Routines Based Interview <https://sites.google.com/metro-ecsu.org/mn-eqip/natural-learning-environment-practices/routines-based-interview>
- Share Site Primary Coach Approach to Teaming <https://sites.google.com/metro-ecsu.org/mn-eqip/primary-coach-approach-to-teaming?authuser=0>
- Share Site Teaming Meetings & Collaboration <https://sites.google.com/metro-ecsu.org/mn-eqip/primary-coach-approach-to-teaming/teaming-meetings-collaboration?authuser=0>

Resource: Part C Specific

- Division for Early Childhood (DEC) Recommended Practices (RP) <https://www.dec-spced.org/dec-recommended-practices>
 - DEC RP Interactive Glossary https://www.dec-spced.org/files/ugd/95f212_26fd2a7b804c40ea908fe5f58a65ec52.pdf
- [Early Intervention] Seven Key Principles: Looks Like / Doesn't Look Like, OSEP Workgroup on Principles and Practices in Natural Environments https://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

Resource: Part C Specific, cont.

- FIPP CASE tools, Joint Visit Planning Tool When Using a Primary Service Provider Approach to Teaming, M'Lisa Shelden, Ph.D., & Dathan Rush, Ed.D.
<https://drive.google.com/file/d/1Xcgbmdl6Ytld-ijDeEmLPctoqgkPOZBo/view>
- The Early Intervention Teaming Handbook The Primary Service Provider Approach Second Edition (2022), M'Lisa Shelden & Dathan Rush

Resource: Videos

- Story: Routines Based Interview (Katie Barth) <https://youtu.be/GeN5xLI170k>
- Story: Service Provider Availability (Cindy Bruning) <https://youtu.be/wzceXVzBZ3A>
- Story: Joint Visits (Marleigh Van Arsdale) <https://youtu.be/dG19oWM7p4w>



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