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ABSTRACT

This annual report describes Illinois activities in the implementation of a statewide, comprehensive, coordinated system of early intervention services for eligible infants and toddlers and their families, as called for under the Individuals with Disabilities Education Act. The report provides: (1) discussion of progress in each of the 14 component areas of early intervention services, such as a comprehensive child find and referral system, a comprehensive system of personnel development, and a procedure for timely reimbursement of funds; (2) descriptions of 10 state agencies which directly or indirectly provide or administer early intervention services; (3) notes about interagency agreements and interagency coordination; (4) highlights of additional early intervention activities; and (5) a funding report. The report concludes with the text of Illinois' Early Intervention Services System Act. A list of Illinois' accomplishments includes, among others: adopted mission and philosophy statements; approved state policies for the required 14 components; funded services in 27 sites for eligible infants and toddlers; funded evaluation services and implementation of the statewide system of services in selected geographical locations; awarded a contract for public awareness; established 20 local coordinating councils; and awarded a contract to provide technical assistance for local council implementation. (JDD)

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**YEAR 5
ANNUAL REPORT FOR ILLINOIS
OCTOBER 1, 1991 - SEPTEMBER 30, 1992**



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ON
EARLY INTERVENTION**

**PART H OF THE INDIVIDUALS WITH DISABILITIES
EDUCATION ACT**

**ILLINOIS STATE BOARD OF EDUCATION
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PART H OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT IN ILLINOIS

ABSTRACT

Illinois has completed its fifth year of a five-year planning and development cycle for the implementation of a statewide, comprehensive, coordinated system of early intervention services for eligible infants and toddlers and their families. This opportunity was provided through the Individuals with Disabilities Education Act (P.L. 102-119), previously known as Part H, P.L. 99-457. On June 8, 1987, Governor Thompson signed Executive Order Number 4-1987 which created the State Interagency Council on Early Education ("Education" was later changed to "Intervention" and "State" was subsequently changed to "Illinois") and designated the Illinois State Board of Education as the lead agency.

Illinois has accomplished the following:

- adopted mission and philosophy statements;
- approved state policies for the required fourteen components;
- funded the Part H services in 27 sites for eligible infants and toddlers;
- approved the development of a statewide system of early intervention services for eligible infants and toddlers and their families based on a five-year phase-in period;
- selected three geographical locations to implement the model of the statewide system of services;
- funded the evaluation and implementation of the statewide system of services in selected geographical locations and funded the contractor;
- awarded a contract for public awareness which developed and implemented an ongoing system of strategies and materials which increased the awareness of the Illinois public of the need for early intervention and the current status of early intervention programs, child find and the central directory;

- created through a legislative resolution a Special Joint Committee on Early Intervention, which issued a report in recommending legislation and specific funding regarding the implementation of a mandated statewide early intervention system;
- enacted the Illinois Early Intervention Services System Act on September 23, 1991;
- submitted a five-year plan for implementation of the Early Intervention Services System Act to Governor Edgar;
- established 20 local coordinating councils to coordinate services and planning at the local level;
- awarded a contract to provide technical assistance for local council implementation;
- implemented a Parent Mentoring Program to facilitate participation of parents on local councils;
- awarded a contract for the development of Family-Based Quality Indicators for early intervention programs;
- secured Interagency Agreements with the Departments of Alcoholism and Substance Abuse, Children and Family Services, Mental Health and Developmental Disabilities, Public Aid, Public Health, and Rehabilitation Services and the Illinois Planning Council on Developmental Disabilities; and
- secured a Memorandum of Understanding with the University of Illinois Division of Specialized Care for Children.

Individual Component Activities and Progress

Since the final federal regulations were distributed (June 22, 1989) after the Illinois Interagency Council on Early Intervention, hereafter referred to as the Council, had adopted its 14 components (April 1989), those policies had to be revised to meet the federal regulations. Revisions were reviewed, revised and adopted by the Council.

The individual component activities are addressed as follows:

Component #1 - Definition of Eligible Infants and Toddlers

After accepting revisions to Component 1 on August 9, 1990, the Council further revised the component on December 6, 1991. The Executive Committee met on January 6, 1991, and made selected changes to the December 6 definition. This definition was included in the January 1991 application for FY 90 funds which received federal approval on January 28, 1991.

Component #2 - Timetable for Availability of Services

Illinois has determined that a system of early intervention services with local community support is in place statewide. Screening and assessment, evaluation, Individualized Family Service Plan (IFSP) development and case management services are provided at no cost to families.

Component #3 - Comprehensive Multidisciplinary Evaluation of Needs of Children and Families

The 27 Improvement and Expansion Programs implement a model in which families are an integral part of the interdisciplinary team with participation in all assessments. Strengths and needs, identified for the infant or toddler and family, reflect direct family input concerning resources and priorities. The interdisciplinary team members composed of representatives of the family, medical/health services, social services and developmental/educational disciplines as determined by referral or screening information are supplemented by additional disciplines as needed to complete the assessment. Parental consent, cultural sensitivity and the natural environment are reflected throughout all the assessment and evaluation processes.

In addition, three system implementation sites in selected geographical areas address individual

family priorities, concerns and resources related to enhancing the development of the eligible infant or toddler through the provision of high-quality coordinated assessment, reassessments and evaluations. These will be ongoing in the IFSP process.

Timelines for evaluation and assessment include a provision that the evaluation and initial assessment of child and family be conducted within 45 days of referral. If exceptional circumstances make it impossible to complete the evaluation and assessment within 45 days, the agency must document the exceptional circumstances and develop and implement an interim IFSP that is consistent with §303.345 (b) (1) & (2).

Component #4 - Individualized Family Service Plan Which Includes Case Management Services

The February 18, 1988, request for proposals from the Illinois State Board of Education required early intervention programs to expand and improve their services to infants and toddlers with disabilities and their families. One component of these requirements was the development of an IFSP. The IFSP was based on an interdisciplinary assessment of the child, and services were provided through an interdisciplinary and interagency approach.

All applicants included a description of the process for the development of the IFSP which indicated the assessment process for the child and the voluntary family assessment, as well as the designation of a service coordinator. Each program developed a format which addressed all parts of the IFSP at a minimum and proceeded to build individual program requirements into a desired product.

A task force on program standards has been established by the Council and has developed a framework in which the IFSP and its implementation fit. Recommendations have been made from this committee to the Program Standards Task Force. The expertise and experience of the service providers formed the basis for recommended Individualized Family Service Plan development.

Component #5 - A Comprehensive Child Find and Referral System

The child find system includes policies and procedures that ensure the identification, location, and evaluation of eligible infants and toddlers and a method for determining eligible infants and toddlers who are receiving/not receiving early intervention services. State regulations under Part B delineate responsibilities for the identification, location, and evaluation of children with disabilities from birth through age twenty-one. A procedural document which further clarifies and expands those responsibilities under Part H was issued by the Illinois State Board of Education in August 1990. The document addresses referrals by primary referral sources, referrals within two days after a child is identified, and evaluation and assessment and an IFSP meeting held within 45 days of referral. FACTS (Funding and Child Tracking

System) includes a mechanism for reporting eligible infants and toddlers.

The child find system is coordinated with Part B and the Head Start Act. The coordination of all major child find efforts includes steps by the lead agency to ensure that no unnecessary duplication of effort by participating agencies exists and that the state uses all resources available through each public agency. Implementation of the recommended system of services in selected local community areas, including the child find system, is being conducted to determine barriers to service.

Included in the available public screenings are APORS (Illinois Department of Public Health), Healthy Kids Programs (Illinois Department of Public Aid-Medicaid EPSDT), Well Baby Clinics (Department of Public Health), Children's Clinics (Division of Specialized Care for Children), Lead Screening (Department of Public Health), Community Screening (Department of Mental Health and Developmental Disabilities), and community preschool screenings by local education agencies.

A marketing media campaign "*Child Find: Building Better Tomorrows*" was developed by the Illinois State Board of Education through a grant to the Gallatin-Hardin-Pope-Saline Educational Service Region beginning in 1989. Each year, program materials have been made available to local school districts and community agencies via their special education cooperatives. Over one million products have been disseminated to date.

A toll-free number (1-800-851-6197) is in place to assist parents who do not know who to contact in their local school district. This service is in operation from 8:00 a.m. to 4:00 p.m., Monday through Friday, and arrangements have now been made to accommodate Spanish-speaking callers, as well as to link callers to Direction Service for central directory information on early intervention services.

Campaign materials have facilitated contacts with primary referral agents in communities, including hospitals, physicians, parents, day-care programs, local education agencies, public health facilities, social service agencies, and health care providers. The campaign has promoted and provided valuable information to parents and other caretakers.

Component #6 - Public Awareness Program to Focus on Early Intervention

The Public Awareness Committee, a standing committee of the Council, continued its efforts in planning, developing and implementing statewide public awareness activities. Building upon the previously developed "Look What I Can Do" campaign of 1991, the committee planned three early intervention rally days at three different sites throughout the state by linking with families and local providers in each area.

On May 9 at Giant City State Park an early intervention rally was held. The day's activities

included a picnic lunch, children's activities, speakers and special guests including legislators. Public awareness displays of posters, brochures, and other materials were also available.

On May 18, an early intervention/family support rally was held at the Chicago Cultural Center. The day's activities included a children's play space, favors and prizes for families, speeches by dignitaries and legislators, and a display of service providers.

On June 23, a statewide early intervention rally was held in Springfield. The day's activities included a press conference and luncheon. Families visited their legislators in the afternoon.

All three events were well attended and received excellent media coverage.

Component #7 - A Central Directory of Services, Resources, State Experts, Research and Demonstration Projects

In response to 34 CFR 303.301, the Central Directory in Illinois manages and disseminates information on early intervention programs (including research and demonstration sites) across the state and directs families to ancillary support services such as advocacy, well-child clinics, nutrition programs, support groups, transportation and respite. Additionally, a *Directory of Resource People, Speakers and Trainers* contains biographical information on 700 experts in Illinois in the disability-related field, including parents, lawyers, therapists and birth through five program staff. Information is shared with families via a toll-free voice and TDD phone number, with follow-up correspondence and handouts. Copies of the data base are also available in each geographic location of the state.

To ensure the general public becomes aware of services, the Central Directory coordinates its marketing efforts with the Child Find and Public Awareness components as well as the Illinois Early Childhood Intervention Clearinghouse and the Illinois Assistive Technology Project. Brochures and bookmarks on the Central Directory are available through more than 100 early intervention programs across the state and at other locations. Information on programs and experts is updated at least annually.

Component #8 - A Comprehensive System of Personnel Development

In September 1989, an Ad Hoc Personnel Committee began the work of developing a statewide personnel system consistent with the policy components.

Two broad approaches were selected for addressing this task, both using extensive participation by interested individuals:

- to gather information related to current personnel needs and training capabilities in

Illinois and

to develop recommendations that would define staffing patterns and personnel qualifications for early intervention services.

In January 1990, the Council approved the establishment of a permanent standing committee on personnel, the Early Intervention Personnel Development Committee (EIPDC), to carry forward the work begun by the Ad Hoc Committee. The EIPDC operates in conjunction with of the Comprehensive System of Personnel Development (CSPD) as it relates to the implementation of Part H.

During 1991-1992, the EIPDC met quarterly and has overseen the progress on Components 8 and 13.

A summer institute was held in July, 1992. Participants drafted recommended program approval criteria for the Child Development Specialist, the Family Support Specialist and a job description for the Parent Liaison position.

Representatives from the surrounding community colleges were invited to participate in a panel discussion on how the community colleges and universities can begin networking regarding early intervention curriculum.

In September, 1992, the University of Illinois - Department of Special Education in partnership with the Illinois State Board of Education received a five-year Partnerships * Training for Early Intervention Services (P*TEIS) grant.

The P*TEIS grant is to provide training which is geographically and financially available to address the early intervention credentialing needs of current personnel, to carefully evaluate the components of this system with regard to their relative efficiency and effectiveness for meeting future and current personnel needs, and to build networks that will undergird the future comprehensive personnel development system of early intervention.

Illinois Technical Assistance Project (ITAP) provides statewide comprehensive interagency inservice training to personnel serving infants and toddlers with disabilities and their families. The inservice topics include the following:

Infant and Toddler Development

A Family Systems Approach for Individualizing Services

Building Better Teams

Assessment of Infants and Toddlers: Supporting Developmentally and Ecologically Relevant Intervention

Health/Medical Issues of Children Aged Birth through Two and Their Families

Service Coordination and Interagency Coordination

Arrangements have been made with the State Board of Education to award participants a *certificate* to indicate completion of training under ITAP for each two-day workshop.

In response to the rapid rate of development in the field of early intervention and to the expressed needs of service providers, continued training is needed. For FY92 ITAP delivery incorporated the following activities:

- updated and revised current ITAP modules,
- developed new modules and followed-up current ITAP topics,
- developed and used a Training of Trainers model of training, and
- developed dissemination policies for statewide and national distribution.

This year 836 persons attended training events. The evaluations indicate that the provision of services to families and children in Illinois continues to be positively impacted through the quality of training.

Component #9 - A Single Line of Authority to a Lead Agency

The Illinois State Board of Education, as lead agency, continued to be responsible for the following ongoing activities:

- The general administration, supervision, and monitoring of the programs and activities requiring assistance under Part H of the Education of the Handicapped Act Amendments of 1986, now known as Individuals with Disabilities Education Act (IDEA), P.L. 102-119;
- The identification and coordination of all available resources within the state from federal, state, local and private agency resources;
- The assignment of financial responsibility to appropriate agencies;

- The development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families in a timely manner pending the resolution of any disputes among public agencies or service providers;
- The resolution of intra- and inter-agency disputes; and
- The entry into formal inter-agency agreements that define the financial responsibility of each agency for paying for early intervention services consistent with state law, procedures for resolving disputes, and all additional components necessary to ensure meaningful cooperation and coordination.

Component #10 - A Policy for Contracting or Making Arrangements with Local Service Providers

Illinois has provided Part H services through contractual agreements with local early intervention programs since 1988. The RFP process to fund these programs included

- a summary of the methods to be used to provide required service(s);
- the approximate amount of funds to be used for such service(s);
- a review to determine service(s) not otherwise provided from other public or private resources or whether it expands and improves on an available service, e.g., coordination advocacy services; and
- the implementation of program and personnel standards.

Component #11 - A Procedure for Timely Reimbursement of Funds

The Illinois State Board of Education, as lead agency, continues to be responsible for:

- the identification and coordination of all available resources for early intervention services within the state, including those from federal, state, local, and private resources, and
- updating of information on funding resources available for early intervention services as a result of legislative or policy changes.

The Council created a Standing Committee on Finance. The Finance Committee is charged with both short-term and long-term objectives with regard to the creation of a financing system and securing funding for early intervention programs for children age birth to three years who have a developmental delay, have a condition which has a high probability of resulting in a

developmental delay, or are at risk of having substantial developmental delay if early intervention services are not provided.

Short-Term Charge

The Finance Committee will review funding of the early intervention implementation sites to ensure they are receiving the maximum reimbursement from existing local, state and federal resources. This activity is to identify all available fiscal resources that will be used when the system is implemented statewide.

Long-Term Charge

The Finance Committee will determine: (1) how many dollars are presently being spent on services and (2) where the rest of the money will be found to implement fifth-year requirements. The committee is to identify sources of funding for the program, relying on existing state, federal and other third-party payers and identifying the extent to which additional funding and funding sources will be needed.

The short-term charge has been met, and the long-term charge is in process.

Component #12 - Procedural Safeguards

The lead agency in Illinois has adopted procedural safeguards that meet the federal requirements and shall ensure effective implementation of the safeguards by each public agency involved in the provision of early intervention services.

Component #13 - Policies and Procedures for Personnel Standards

Personnel standards are being implemented by the systems implementation sites. Guidelines have been developed for sites to meet standards, and technical assistance has been provided for sites with regard to specific personnel e.g. hiring practices, staff development, etc.

Within-discipline and cross-disciplinary competencies have been identified by the Early Intervention Personnel Development Committee (EIPDC) with participation from the field.

Component #14 - A System for Compiling Data Regarding the Early Intervention Program

The required annual data report of eligible infants and toddlers receiving early intervention services in accord with Part H was submitted to the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs on

February 3, 1992. A total of 1,394 eligible infants and toddlers received early intervention services, and 494 eligible infants and toddlers were identified on waiting lists for early intervention services.

Early Intervention Services for Infants/Toddlers and Their Families

There are currently ten (10) state agencies represented on the Council which directly or indirectly provide or administer early intervention services. A description of agencies' responsibilities follows.

Department of Alcoholism and Substance Abuse (DASA)

DASA coordinates a statewide service network of community-based programs and works with the federal government, state agencies, offices and advisory bodies to respond effectively to the number one health problem facing Illinois citizens. DASA implements programs focusing on substance abuse prevention, treatment, aftercare and research.

Project SAFE (Substance Abuse Free Environment) is a unique multi-level partnership between DASA and the Department of Children and Family Services (DCFS). SAFE provides intensive treatment and parenting education services to a very needy, high-risk population of women who are drug/alcohol involved and who are open cases with DCFS for abuse or neglect.

The Women's Treatment Center is a highly specialized substance abuse treatment program for pregnant and parenting women. The program allows mothers the opportunity to access multiple social services within a single building and allows women to bring their infants and young children with them in the residential and outpatient treatment settings. The program also includes a pre-kindergarten program.

Project Futures, sponsored by DASA, DCFS and the Department of Public Aid (DPA), provides intensive prenatal treatment, parenting and other appropriate services to cocaine-abusing pregnant and post-partum women.

Haymarket/Maryville provides specialized treatment services for post-partum women who have delivered babies who are chemically affected. The program is jointly funded by DASA and DCFS and provides intensive, residential treatment for mothers and their infants with an emphasis on family preservation.

Haymarket is a residential treatment program designed to accept pregnant women at any point in their pregnancy for treatment. After delivery women are referred to the

Haymarket/Maryville program for further services.

The Department provides funding and technical assistance for prevention specialists in the former Drug Free Families With A Future (Infant Mortality Reduction Initiative) areas. These *Maternal and Child Health* specialists provide education and training within the local community area in order to reduce the risk of adverse pregnancy outcomes due to substance exposure in utero.

Department of Children and Family Services (DCFS)

DCFS provides numerous family preservation services to abused, neglected or dependent children (ages 0-3) and their families when the Department determines it is not necessary to remove the child for protective reasons. Services also include daycare, homemaker, parent training, counseling, and information and referral services.

If the child is placed in substitute care, services are provided to the child(ren), the natural parents, and the substitute caregiver (e.g. foster parents). These services include case management (service coordination), parent training, substitute care placement, and counseling. Additional services which may be provided include child advocacy, day care, homemaker service, family planning, and information and referral.

DCFS strengthened its service planning and delivery for pre-school children who are developmentally disabled or delayed by issuing an Action Transmittal on Pre-School Education Resources for Children. The Action Transmittal provided staff with a complete listing of pre-school programs, including early intervention programs, and reminded staff of the importance of referring children who are developmentally disabled or delayed to such programs.

Through the Child Care Block Grant and Information and Referral System administered by DCFS, collaborative efforts to train child care workers to work with infants and toddlers who are disabled have proven successful.

Department of Insurance

The Department of Insurance regulates insurance companies and producers licensed in Illinois. Its two primary objectives are financial solvency and consumer protection. Other responsibilities include researching insurance law, preparing new legislation and conducting hearings on complaints and violations of the Illinois Insurance Code.

Department of Mental Health and Developmental Disabilities (DMH-DD)

DMH-DD provides for the care and treatment of Illinois citizens who have mental illnesses or developmental disabilities. Many of its responsibilities are set out in state law. They may be summarized as providing for the care, treatment, training and development of those citizens. The Department operates 21 residential facilities and funds more than 400 community provider agencies.

Early Intervention services may include early identification/screening, assessment, developmental stimulation, case management, parent training, occupational therapy, physical therapy, speech, etc., for children birth through two years old and their families. Services are available to children who have been diagnosed as having a developmental disability or who are at risk for developing a lifelong developmental disability.

Other services are available to families who have a child with a developmental disability.

Diagnosis and Evaluation services determine to what extent an individual has a developmental disability through the evaluation of the present level of developmental disabilities and needs, impediments, and cause of the disability.

Child and Family Support services include family training, transportation, genetic counseling, life skills training, and social services.

The Family Assistance Program was approved by the Illinois Legislature in 1989 and is mandated by Article IV of P.A. 86-921. This program provides eligible families who have a child with severe developmental disabilities or severe emotional disturbances a monthly allowance which may be used to pay for things that will benefit the children and help keep the family together.

Respite service provide a temporary relief to families. This service may be provided in the child's home, in a residential setting or as part of a group day program (after school).

Family Home Maintenance services provide direct staff support to families who care for children with developmental disabilities who are significantly at risk of out-of-home placement. Support services are provided to allow these children to maintain residence at home.

Case Coordination services provide information, referral and coordination of services including assessment of service needs, development of individualized service plans (ISPs), arrangement for service delivery, advocacy and service provider(s) analysis of the service networks, and follow-up for children and adolescents with developmental disabilities.

Illinois Planning Council on Developmental Disabilities (IPCDD)

IPCDD was established in 1974 by federal law. The council is comprised of thirty-eight members appointed by the Governor. Half of the members are individuals with developmental disabilities or relatives of persons with disabilities. The Council advocates and plans for better supports and services to enable people with developmental disabilities to achieve maximum potential through increased independence, productivity and integration into the community.

The Illinois Planning Council on Developmental Disabilities through its participation on the Illinois Interagency Council on Early Intervention supports the planning, development and implementation of a statewide early intervention system that is based on the principles of family support, interagency collaboration and integration. The Council funded several projects in FY 92 that encompass these principles.

Early Intervention Technical Assistance and Training Project -- The Illinois Planning Council provided technical assistance funding to five early intervention programs in Illinois. Each program used the funding to hire consultants to implement a technical assistance plan that assisted them in meeting the objectives of Part H. Areas of focus included individual family service plan development, transdisciplinary team functioning, interagency collaboration and service coordination.

Integrated Child Care Support Projects -- The Illinois Planning Council funded two projects in Illinois to facilitate the integration of children birth to five with disabilities into community child care sites. The projects used a model of consultation, interagency collaboration and training of child care providers and families.

Quality Enhancement Project -- The Illinois Planning Council staff provided on-site training and technical assistance and general informational presentations to community agencies and organizations that deliver early intervention services. The intent of that project was to assist early intervention providers in creating programs that promote family support, integration and best practices in early intervention.

Department of Public Aid (DPA)

DPA assists in the alleviation of poverty and welfare of all the people in Illinois. Programs are designed to sustain and strengthen the family unit and to foster environments in which all people can learn, express themselves and contribute to the community.

Income Assistance Programs

Aid to Families with Dependent Children (AFDC) provides cash grants to low-income families with children deprived of parental support due to death, prolonged absence, unemployment or mental incapacity of one parent. Childless pregnant women may also qualify during the last 4 months of pregnancy if they meet eligibility requirements.

Aid to the Aged, Blind and Disabled (AABD) (SSI State Supplement) -- Persons with low-income who are blind, disabled or aged may receive supplemental state cash assistance payments through this program.

General Assistance has two components: 1) the State Family and Children Assistance Program which follows AFDC policy guidelines, providing cash assistance to families who do not qualify for AFDC and 2) Transitional Assistance Program which is a 9-month cash assistance program for adults.

Refugee Assistance -- Persons granted refugee status by the Federal government are eligible for cash and medical benefits for up to 12 months on arrival in the United States.

Food Stamps -- The Food Stamp program is designed to supplement low-income households and help individuals or families purchase a nutritionally adequate diet. Under income and asset standards set by the U.S. Department of Agriculture, people may receive food stamps even if they do not qualify for other forms of public assistance.

Child Support Enforcement serves AFDC clients and non-AFDC custodial parents who need assistance collecting child support. Provides assistance in establishing paternity, child support obligations and enforcing payment of the obligations. Collects and disburses payments.

Medicaid

Medical Assistance-No Grant (MANG) -- Services under this program include hospital care, long-term care, practitioner services, prescription drugs and other related medical services for eligible families and individuals who are aged, disabled or blind, or have developed mental disabilities or mental illness living in residential facilities. Children who are under 18 lacking parental support are also eligible.

Medical Assistance-No Grant Pregnant Women (MANG-P) provides medical care for pregnant women and children under six years old in families with income up to 133% of the federal poverty level. Also eligible are children ages 6 and 7 in families of income up to 100% of the poverty level.

Healthy Start (Medical Presumptive Eligibility - MPE) provides prenatal care and ambulatory medical services; promotes early and continuous prenatal care which is achieved by allowing providers to initially determine eligibility for Medicaid for pregnant women.

Healthy Kids (EPSDT-Early Periodic Screening, Diagnosis and Treatment) program provides early and periodic screening, diagnosis and treatment for children birth through age 20 who are eligible for Medicaid. Regular dental and vision checkups for children are also provided.

Employment Programs

Project Chance assists AFDC and GA clients who are at risk of long-term welfare dependency. Clients are provided job training, job search and placement and educational services, as well as support services such as day care, transportation and work-related support. JOBS (Job Opportunities and Basic Skills) was included in this program in 1990.

Young Parents Program provides supportive services, home visits, service payments, counseling and information to persons under age 21 receiving public assistance who are pregnant or parenting. This program is available on Chicago's north side. Local office staff help participants attain education and training and develop job readiness.

Project Advance program in selected areas of Cook County provides child care, transportation, parenting instruction, home and family management and an expedited child support enforcement process for teenage mothers receiving public assistance and the fathers of their children.

Child Care Resources and Referral Network (CCRRN) provides access to reliable child care for families eligible for public assistance.

Department of Public Health (DPH)

DPH promotes healthy lifestyles and strives to prevent illness and protect Illinois citizens through services and programs that eliminate health hazards, regulate health care facilities, and identify and control outbreaks of disease. Many of the services identified as early intervention services are provided by entities funded by the Department. Infants and toddlers who have disabilities due to a developmental delay or who exhibit a physical or mental condition which has a high probability of resulting in a delay and are specifically at risk of having substantial developmental delays due to a combination factors are provided services including early identification and screening, medical services for diagnosis and evaluation, health services, family training, vision and hearing screening, support for families, nutrition and service coordination.

The Division of Family Health and Divisions of Health Assessment and Screening with the Office of Community Health provide the following services:

Case Management and Enhanced Case Management (formerly Families with A Future and Drug-Free Families with A Future) are funded to provide service referral and coordination to pregnant woman and infants in areas targeted for the re-education of infant mortality. They assist in child find and assessment, family support, provision of health services, referral and access to nutrition, family training and developmental services.

The ***Prenatal Care Program*** provides prenatal and postnatal health care with linkages for delivery, social services, health education, outreach and follow-up services. Health services are provided to infants.

The ***Perinatal Care Program*** coordinates regional perinatal health care systems for pregnant women and infants statewide. Services provided include neonatal follow-up which includes child find and assessment, medical diagnosis and evaluation, developmental therapy services, and referral for other early intervention services.

High Risk Infant Follow-up provides follow-up services statewide through home visits to infants identified through the **Adverse Pregnancy Outcome Reporting System**. Child find and assessment, case management, developmental services and referrals for health and medical evaluation services are provided.

The screening of newborn infants for six metabolic diseases is conducted through the ***Genetics Program***. Treatment and follow-up is provided for all infants with abnormal results. Genetics Counseling is provided to parents.

The ***Primary Pediatric Care Program*** provides primary care health services to children birth through age 19 who are at or below 185% of poverty and uninsured by Medicaid or private insurance. Nine counties have funds for these programs.

Nutritional counseling and supplemental food for eligible infants and toddlers is provided through the ***Supplemental Food Program for Women, Infants and Children (WIC)***. Children are referred to health care providers for health services, immunizations and lead screening.

The ***Vision and Hearing Program*** detects eye and ear disorders and diseases in children ages three to 18 years through a systematic screening program with specific referral and follow-up procedures. Child find and assessment, family counseling and support, referral for health and medical evaluation services are provided.

Well Child Services are provided by most local health departments for health assessment and follow-up. Child find and developmental screening, case management, family training in

developmental milestones, family counseling and referral for nutrition, vision and hearing screening are provided.

Department of Rehabilitation Services (DORS)

DORS is the nation's only cabinet-level state agency devoted to serving people with disabilities and may be the only agency of its type to be an official member of the state-level coordinating council on early intervention. The Department's mission is "to promote and provide equal opportunities for independence and participation in society by persons with disabilities." DORS also advocates the needs and rights of persons with disabilities at the government and community levels regardless of age and provides a number of services to families.

In 1991 - 1992, the following services were available and are of interest to early intervention personnel and families of infants and toddlers with disabilities.

The *Home Services Program* offers an alternative to unnecessary institutionalization of persons with disabilities. The program can support an array of in-home care services to allow them to remain in their own homes or with their families. Of particular importance to the early intervention programs will be two specific home services: 1) the respite program that is available to families with infants and 2) a medicaid waiver program for HIV eligible children. The Home Services program is unique in that it is the only entitlement program within DORS and is fully funded by the state. One of the most critical components of this program is personal assistant services which are funded through the Medicaid reimbursement process. This program is often the key to independence for persons with severe physical impairments.

The *Lekotek Program* is named for a Scandinavian word for play library. The objective of this program is to provide families with the skills, materials, and knowledge to effectively help children at home. Through the utilization of adaptive toys, parents and their children are provided skill training using toys. Lekotek offers both individual and group play therapy programs. The play groups are fully integrated. There are currently 21 Lekotek sites in the state.

Total Life Planning for Deaf/Blind Individuals is a process by which major life components such as medical, communication, socialization, vocational, school, mobility and other areas are addressed on an individual basis regardless of age. This is accomplished by utilizing specialists knowledgeable in these services throughout the state.

Infant/Toddler Family Institutes for Deaf and Blind are held on the campuses of the Illinois School for the Deaf and the Illinois School for the Visually Impaired, two state residential facilities operated by the Department. The Institutes, usually three to five days in length, provide a variety of evaluations and assessments to families and infants birth to five.

Disability Determination Program is federally funded and is responsible for determining the eligibility of persons for the SSI and SSDI programs which fall under the Social Security Program. During this period, the DORS representative on the Council, in cooperation with the Social Security Administration and the Bureau of Disability Determination Services, provided a workshop for all the funded early intervention programs on the new Zebley court decision and the changes in the SSI program for the early intervention population. Through this workshop, materials were made available statewide not only to the early intervention programs but to the staff of the Department of Children and Family Services and the Division of Specialized Care for Children.

A continuing thrust to inform parents and providers on the importance of applying for SSI will be an ongoing goal for DORS during the ensuing year.

Illinois State Board of Education (ISBE)

ISBE serves as the lead agency for early intervention efforts funded under Part H and also provides support and leadership in other early childhood programs. Transition and integration into the community are identified as necessary components in the Early Intervention Services System Act (P.A. 87-680), which commits Illinois to a system of early intervention services for eligible infants and toddlers and their families as funds become available.

Model Pilot Early Childhood Parental Training Programs

Public Act 85-1046, effective July 13, 1988, provided that the State Board of Education "shall implement and administer a grant program consisting of grants to public school districts to conduct model pilot early childhood parental training programs for the parents of children in the period of life from birth to kindergarten."

These programs complement existing federal and state programs in early childhood education which incorporate parental training as part of services to young children at risk of academic failure.

The aim of the model pilot early childhood parental training programs is to help parents develop the skills and confidence they need to encourage and foster their children's health development, thereby enhancing their children's ability to function well on school entry. Although these parental training programs are for all parents of children in the period of life from birth to kindergarten, school districts make special efforts to reach parents who are expecting their first child within three months or have one child below three years of age.

Prevention Initiative for Pilot Programs Offering Coordinated Services to At-Risk Infants and Toddlers and Their Families

The Prevention Initiative was established to reduce school failure by coordinating and expanding services to all children under three years of age and their families in Families with a Future (Infant Mortality Reduction Initiatives) areas.

The four Pilot Prevention Initiative Projects have completed the third year of programming. The Pilot began with the implementation of a program plan designed to focus on the child and family utilizing a network of child and family service providers: the Department of Mental Health and Developmental Disabilities, the Department of Public Health, the Department of Public Aid, the Department of Children and Family Services and the Department of Alcoholism and Substance Abuse.

Since 1989, four pilot projects have been funded with a \$1,000,000 appropriation and \$2,000,000 each in fiscal years 1990 and 1991. For fiscal year 1992, nine Prevention Initiative proposals were funded: four renewals and five new applications. Two million dollars was appropriated for this initiative, which will serve an estimated 2,165 children and 1,411 families who reside in Families with a Future (Infant Mortality Reduction Initiative) areas.

Early Childhood Special Education

Preschool Grants Program (Three Through Five Years of Age) -- Mandated in Illinois (some populations in 1969, others since 1973), programs for children with disabilities, 3-5 years of age, are funded by federal funds under the Individuals with Disabilities Act (IDEA) in addition to state and local funds. Instructional programming and/or related services are provided by local school districts and special education cooperatives. Eligibility is determined by a multidisciplinary conference (MDC) based on results of a case study evaluation. Over 20,000 children are served in these programs.

The Regional Technical Assistance System (R*TAS), in its fifth year, provides technical assistance and in-service training to early childhood special education staff in six regions of the state. The resource specialists coordinates regional training and technical assistance. The focus of training activities through R*TAS includes: early childhood curriculum, integration, transition, family involvement, multicultural/multilingual issues and assessment. Training is open to early childhood staff in public and private school settings. Training and technical assistance were provided through conferences, topical workshops, satellite broadcasts, mini-grants, parent education packets, research papers, resource libraries, newsletters and program consultation. R*TAS statewide coordinator links training with the Illinois Technical Assistance Project (ITAP), which serves staff working with eligible infants/toddlers with delays and their families.

Child Find: Building Better Tomorrows, in its fifth year, is a child find marketing campaign developed through a grant to Gallatin-Hardin-Pope-Saline Educational Service Region. The campaign has two basic goals: 1) to help local education agencies notify large numbers of people in diverse target audiences that Child Find can assist in securing appropriate programs and services for persons with disabilities under the age of 21 years and 2) to help local education agencies inform parents of persons with disabilities of their rights to programs and services. The marketing program was designed to serve local school districts through the State Board of Education and special education cooperatives in Illinois. Program materials are made available to local school districts via their special education cooperatives. Printed campaign materials are also available in Spanish. A toll-free number is also operated as part of the campaign.

**University of Illinois-Division of Specialized Care for Children (DSCC)
[formerly Division of Services for Crippled Children]**

DSCC provides medical diagnostic and treatment services, service management and financial assistance needed to obtain specialized medical care for children determined eligible under 89 Illinois Administrative Code, Chapter X, Section 1200, pertaining to the Illinois program for children with special health care needs.

Interagency Agreements

The Illinois State Board of Education has signed interagency agreements with the Departments of Alcoholism and Substance Abuse, Children and Family Services, Mental Health and Developmental Disabilities, Public Aid, Public Health and Rehabilitation Services. A special interagency agreement has been signed by the Illinois Planning Council on Developmental Disabilities. The Division of Specialized Care for Children has signed a Memorandum of Understanding with the Illinois State Board of Education.

Interagency Coordination

The Individualized Family Service Plan is considered to be the contract between the service provider and the eligible family. All early intervention services are to be included in the IFSP which must be created on behalf of every eligible infant and toddler and her or his family. The service system is to support, not supplant the family. This program moves away from the emphasis that all early intervention services be provided within the framework of the educational structure by requiring interagency delivery of early intervention services. The premise of this program is that with appropriate services and resources, every family will have the opportunity to enhance the development of their infant or toddler.

IDEA, Part H, provides Illinois with an additional opportunity for the development of an array of prevention and early intervention services for infants and toddlers with developmental delays or those at risk of delays. Statewide attention has been focused on the need for a coordinated service system for these children and their families. The federal law has provided Illinois with the opportunity to make meaningful changes in how professionals, paraprofessionals, providers, and agencies deliver services including the merging of resources, the active involvement of the family, and the coordination of the delivery of services among the public and private sectors.

The greatest challenge for this program in Illinois is to provide an integrated system from the many existing public and private services and resources on behalf of infants and toddlers and their families who are in need of a continuum of prevention and early intervention services. Interagency efforts through the Illinois Interagency Council on Early Intervention have provided direction for the coordination of early intervention services. The enactment of P.A. 87-680 (see Appendix A) on September 23, 1991, was the highlight of that year. State funds were provided to the lead agency for FY 92.

Additional Early Intervention Activities

Implementation Plan

The Council drafted a five-year implementation plan in accordance with Public Act 87-680, the Early Intervention Services System Act. The plan includes goals and major action steps to be taken by the Governor, the Council and the lead agency in order to implement a statewide, coordinated system of care for eligible infants and toddlers and their families. It was submitted by Superintendent Leininger to Governor Edgar on December 17, 1991, with a first year update submitted on February 18, 1993.

Data Collection

As the lead agency, the Illinois State Board of Education revised the data collection forms in order to facilitate more accurate modes of data collection among the 27 Improvement and Expansion Site grantees.

Evaluation of Pilot Programs

Through a contract with La Rabida-University of Chicago Research and Policy Center, the Council conducted an evaluation of the three system implementation sites in Illinois. A formative evaluation of the three implementation models was based on data and document review, site visits, and participant interviews. The evaluation included information from the prime contractors, core early intervention programs, coordinating advocacy providers, regional diagnostic service providers, local interagency council, parents, state interagency staff team members, children's files and state agency documentation. The evaluation report was provided to the Illinois Interagency Council on Early Intervention.

Personnel

The Early Intervention Personnel Development Committee (EIPDC) wrote a report entitled *The Status of Current Early Intervention Personnel in Illinois*. The report details information on personnel working in early intervention programs and includes qualifications, percent of time worked, the roles filled, salaries and many other issues.

The researchers found that the best qualified personnel were found in the programs funded with Part H dollars. These programs had a wider range of personnel, were more likely to have at least a three-member team and employed staff on a regular basis, usually full-time.

The turnover rate throughout the state averages 17%, with occupational therapists and physical therapists having the highest turnover.

The Early Intervention Personnel Development Committee was instrumental in obtaining a five-year, \$1.5 million dollar grant to support the goals and objectives of the committee. The grant is a collaborative effort between the University of Illinois-Champaign, the Illinois State Board of Education and the University Affiliated Program.

Local Councils

Twenty-two proposals were submitted in response to the Request for Proposals (RFP) to develop interagency councils in the local community areas; seventeen of the proposals were funded beginning April 1992 with a total budget of \$267,000. The local interagency councils assist in developing collaborative agreements, conducting local needs assessment and planning efforts, identify/resolve local access issues, conduct child find and coordinate public awareness; assist in recruitment of specialty personnel, conflict resolution, and transition.

Technical Assistance to Local Community Councils

A grant was awarded to Organizational Resource Associates (ORA) of Ohio to provide technical assistance to the newly formed local councils. The grant included two statewide meetings and four on-site technical assistance meetings with each Local Interagency Council (LIC). An introductory event was held at the Governor's Mansion on September 21, 1992, in order to provide local council members with an overview of their mission and the technical assistance process.

Parent Mentors

The Parent Mentor Project was established this year to encourage and facilitate parent participation on the local councils as they were being developed. The concept, initiated by the Family Support Committee, grew out of a concern that parents receive some assistance in order to enhance their participation on the local councils.

Parent mentors were recruited from around the state in an effort to reflect the diversity of Illinois citizenry. On April 11, 1992, ten parents were trained to serve as parent mentors for the newly established local councils. The parent mentors provide orientation training, share resources and field questions of parent members on the newly formed local councils. The mentors are compensated for their time and additional expenses through the Illinois State Board of Education.

Improvement and Expansion of Early Intervention

A Request for Proposals was let in August of 1992 for the improvement and expansion of early intervention services. \$2.5 million was budgeted and over 50 provider organizations submitted letters of intent and applications. The applications were read in September. Final contract negotiations are pending as of the end of the report year five.

Rules

The Illinois State Board of Education began the process of drafting rules for early intervention services in Illinois. The draft document is being developed collaboratively with parents, providers of early intervention services and state agency personnel.

Technical Assistance

The Technical Assistance Committee developed a draft document of the Illinois State Plan for the Development of Human and Systems Resources. The plan provides the framework for the promotion of quality services by fostering the growth of persons, programs and systems involved with young children and their families.

Clearinghouse

The Illinois Early Childhood Intervention Clearinghouse is funded by the Illinois State Board of Education.

This year the Clearinghouse began new initiatives and cooperative efforts not only to expand its library, but to establish itself as a full-service resource for the early intervention community in Illinois. The individual projects that highlighted this past year include:

- a joint proposal with Direction Service of Illinois to establish a Spanish-language toll-free service for the state, bringing Illinois Fiesta Educativa into the statewide resource network;
- designation of the Clearinghouse as the depository for the Illinois Interagency Council on Early Intervention;
- the involvement of the Clearinghouse staff in statewide planning and public awareness efforts; and
- the successful collection development initiatives acquired collaboratively with other agencies including the University of Illinois, the Illinois Planning Council on Developmental Disabilities and the Department of Mental Health and

Developmental Disabilities.

Family-Based Quality Indicators

While in the process of developing the program standards, the family support committee identified a need to develop family-based quality indicators for early intervention programs. The Family Support Committee then began the process of convening focus groups comprised of families to develop a tool that would define quality from a family's perspective. The tool that is developed could act as a yardstick for programs to measure their family centeredness. The initial work on the tool was by volunteer committee members and state agency staff. After the initial process, participants then asked and received from the council resources for the expansion and completion of the focus group process and the development of a tool that represents a broad, diverse cross-section of parents in Illinois.

Achievement of Objectives

All objectives in the Fourth Year Application were met during the timeframe of this report which includes October 1, 1991, through September 30, 1992.

Funding Report

Part H Infant and Toddler Annual Report

Federal Grant Award \$7,626,080

Allocated:

(A) Administration	\$967,552
(B) Grants and Contracts	\$6,031,310
(C) Reallotment Funds	\$1,442,184

Budget Breakdown

(A) Administration

ISBE Staff & Travel	\$367,700
Interagency Council Staff Costs	\$38,800
Council Expenses	\$148,634
Office Expenses	\$262,418
Technical Assistance	\$150,000
Total Administrative Costs:	\$967,552

(B) Grants and Contracts

Improvement and Expansion Program

Abilities Plus	\$26,000
Ada S. McKinley	\$28,798
Adams County Mental Health Center	\$42,254
Association for Individual Development	\$35,517
Blue Island	\$65,168

Chicago Association for Retarded Citizens	\$246,358
Children's Developmental Center	\$162,746
Clinton County Rehabilitation	\$95,360
Coles County Association for the Retarded	\$82,201
Coleman Tri-County	\$105,853
Cook County Hospital	\$115,239
Jefferson County Comprehensive	\$27,170
Delta Center	\$65,436
Developmental Services Center	\$170,928
DuPage Easter Seal	\$76,081
Easter Seal Society	\$71,894
El Valor Corporation	\$68,788
Esperanza School	\$24,574
FAYCO Enterprises	\$90,309
Franklin-Williamson Human Services	*\$76,835
Fulton County Rehabilitation	\$18,164
Gateway Services	\$18,844
Good Sheperd Center	\$28,420
Illinois Masonic Medical Center	\$71,048
Jacksonville Area ARC	\$54,797
Jayne Shover Easter Seal	\$87,208
Kaskaskia Workshop, Inc.	*\$54,714
Kreider Services	*\$59,507
Little Friends, Inc.	*\$65,997
Macon Resources, Inc.	*\$66,664
Malcom Eaton Enterprises	\$42,513
MARC Center	\$81,474
McDonough County Rehabilitation	\$37,393
Mt. Sinai Hospital Medical Center	\$95,091
Opportunity Center S.E. IL	*\$59,913
Pathways Center for Children	*\$69,976
Peoria Easter Seals	\$100,000
Pioneer Center	\$72,657
Promise Center for DD, Inc.	\$99,750
Proviso Association for Retarded Citizens	\$42,691
Rehabilitation Institute	\$106,831
Rock Island ARC	*\$37,204
Special Children	\$83,329
Springfield ARC	\$90,463
UCP of Land of Lincoln	*\$63,799
Warren Achievement Center	\$43,749
Wm. M. BeDell ARC	*\$66,120

Woodlawn Early Intervention Center *\$85,334

48 Private Agency Grants Total Subtotal: \$3,481,159

Chicago School District #299	\$96,145
DeKalb County Special Education	\$100,000
Hamilton County CUSD #10	\$93,163
Lake McHenry Regional Program	\$77,685
NSSEO	*\$83,503
Southwest Cook County Coop.	\$65,718
South Metropolitan Association	\$136,604
Wabash & Ohio Valley Special Education District	\$167,826

8 Public School Grants Total Subtotal: \$ 820,644

Total Improvement and Expansion Grants: \$4,301,803

*Indicates prorated amounts

Other Projects

Central Directory	\$80,000
Sites for EI System Implementation	\$1,649,507

Subtotal: \$1,729,507
Total Grant and Contract Costs: \$6,998,862

Reallotment Funds

Technical Assistance Local Councils	\$381,770
Supervision and Monitoring Training	\$350,000
Additional Equipment for Part H Administration	\$5,000
Personnel Training and Staff Development	\$200,000
Family Support and Involvement Training	\$250,000
Expansion of Public Awareness	\$110,414
Rules Development Process	\$25,000
Expenses Associated with Resources Review Committee	\$20,000
Financial Study	\$100,000
	\$1,442,184

Total Grants and Contract \$6,998,862

Carryover \$627,218

Total Federal Grant Award **\$7,626,080**

EARLY INTERVENTION SERVICES SYSTEM ACT

AN ACT in relation to services for certain children. P.A. 87-690, approved and eff. Sept. 23, 1991.

4151. Short title

§ 1. Short Title. This Act may be cited as the Early Intervention Services System Act.

4152. Legislative findings and policy

§ 2. Legislative Findings and Policy.

(a) The General Assembly finds that there is an urgent and substantial need to:

(1) enhance the development of all eligible infants and toddlers in the State of Illinois in order to minimize developmental delay and maximize individual potential for adult independence;

(2) enhance the capacity of families to meet the special needs of eligible infants and toddlers including the purchase of services when necessary;

(3) reduce educational costs by minimizing the need for special education and related services when eligible infants and toddlers reach school age;

(4) enhance the independence, productivity and integration with age-appropriate peers of eligible children and their families;

(5) reduce social services costs and minimize the need for institutionalization; and

(6) prevent secondary impairments and disabilities by improving the health of infants and toddlers, thereby reducing health costs for the families and the State.

(b) The General Assembly therefore intends that the policy of this State shall be to:

(1) affirm the importance of the family in all areas of the child's development and reinforce the role of the family as a participant in the decision making processes regarding their child;

(2) provide assistance and support to eligible infants and toddlers and their families to address the individual concerns and decisions of each family;

(3) develop and implement, on a statewide basis, locally based comprehensive, coordinated, interdisciplinary, interagency early intervention services for all eligible infants and toddlers;

(4) enhance the local communities' capacity to provide an array of quality early intervention services;

(5) identify and coordinate all available resources for early intervention within the State including those from federal, State, local and private sources;

(6) provide financial and technical assistance to local communities for the purposes of coordinating early intervention services in local communities and enhancing the communities' capacity to provide individualized early intervention services to all eligible infants and toddlers in their homes or in community environments; and

(7) affirm that eligible infants and toddlers have a right to receive early intervention services in their own homes or, if provision of services at home is not possible or is rejected by the parents, in natural settings in local community environments.

(c) The General Assembly further finds that early intervention services are cost-effective and effectively serve

the developmental needs of eligible infants and toddlers and their families. Therefore, the purpose of this Act is to provide a comprehensive, coordinated, interagency, interdisciplinary early intervention services system for eligible infants and toddlers and their families by enhancing the capacity to provide quality early intervention services, expanding and improving existing services, and facilitating coordination of payments for early intervention services from various public and private sources.

4153. Definitions

§ 3. Definitions. As used in this Act:

(a) "Eligible infants and toddlers" means infants and toddlers under 36 months of age with any of the following conditions:

(1) Disabilities due to developmental delay.

(2) A physical or mental condition which has a high probability of resulting in developmental delay.

(3) Being at risk of having substantial developmental delays due to a combination of serious factors.

(b) "Developmental delay" means a delay in one or more of the following areas of childhood development as measured by appropriate diagnostic instruments and standard procedures: cognitive; physical, including vision and hearing; language, speech and communication; psycho-social; or self-help skills.

(c) "Physical or mental condition which has a high probability of resulting in developmental delay" means:

(1) a diagnosed medical disorder bearing a relatively well known expectancy for developmental outcomes within varying ranges of developmental disabilities; or

(2) a history of prenatal, perinatal, neonatal or early developmental events suggestive of biological insults to the developing central nervous system and which either singly or collectively increase the probability of developing a disability or delay based on a medical history.

(d) "At risk of having substantial developmental delay" means the presence of at least 3 at risk conditions, plus a consensus based on clinical judgment, that the presence of these conditions warrants a risk of substantial developmental delay if early intervention services are not provided. A list of at risk conditions shall be developed by the Illinois Interagency Council on Early Intervention. When relying on clinical judgment, which includes both clinical observations and parental participation, a developmental delay will be determined by a consensus of an interdisciplinary team of at least 2 or more members based on their professional experience and expertise.

(e) "Early intervention services" means services which:

(1) are designed to meet the developmental needs of each child eligible under this Act and the needs of his or her family;

(2) are selected in collaboration with the child's family;

(3) are provided under public supervision;

(4) are provided at no cost except where a schedule of sliding scale fees or other system of payments by families has been adopted in accordance with State and federal law;

(5) are designed to meet an infant's or toddler's developmental needs in any of the following areas:

(A) physical development.

- (B) cognitive development,
 - (C) communication development,
 - (D) social or emotional development, or
 - (E) adaptive development;
- (6) meet the standards of the State, including the requirements of this Act;
- (7) include one or more of the following:
- (A) family training,
 - (B) social work services, including counseling, and home visits,
 - (C) special instruction,
 - (D) speech, language pathology and audiology,
 - (E) occupational therapy,
 - (F) physical therapy,
 - (G) psychological services,
 - (H) service coordination services,
 - (I) medical services only for diagnostic or evaluation purposes,
 - (J) early identification, screening, and assessment services,
 - (K) health services specified by the lead agency as necessary to enable the infant or toddler to benefit from the other early intervention services,
 - (L) vision services,
 - (M) transportation, and
 - (N) assistive technology devices and services;
- (8) are provided by qualified personnel, including but not limited to:
- (A) child development specialist or special educators,
 - (B) speech and language pathologists and audiologists,
 - (C) occupational therapists,
 - (D) physical therapists,
 - (E) social workers,
 - (F) nurses,
 - (G) nutritionists,
 - (H) optometrists,
 - (I) psychologists, and
 - (J) physicians;
- (9) are provided in conformity with an Individualized Family Service Plan;
- (10) are provided throughout the year; and
- (11) are provided in natural environments in which infants and toddlers without disabilities would participate to the extent desired by families.
- (f) "Individualized Family Service Plan" or "Plan" means a written plan for providing early intervention services to a child eligible under this Act and the child's family, as set forth in Section 11.¹
- (g) "Local interagency agreement" means an agreement entered into by local community and State and regional agencies receiving early intervention funds directly from the State and made in accordance with State interagency agreements providing for the delivery of early intervention services within a local community area.
- (h) "Council" means the Illinois Interagency Council on Early Intervention established under Section 4.²

(i) "Lead agency" means the State agency, as designated by the Governor, responsible for administering this Act and receiving and disbursing public funds received in accordance with State and federal law and rules.

(j) "Child find" means a service which identifies eligible infants and toddlers.

Amended by P.A. 87-847, § 101, eff. Feb. 5, 1992.

¹ Paragraph 4151 of this chapter.

² Paragraph 4154 of this chapter.

4154. Illinois Interagency Council on Early Intervention

§ 4. Illinois Interagency Council on Early Intervention.

(a) There is established the Illinois Interagency Council on Early Intervention. The Council shall be composed of at least 15 but not more than 25 members. The members of the Council and the designated chairperson of the Council shall be appointed by the Governor. The Council member representing the lead agency may not serve as chairperson of the Council. The Council shall be composed of the following members:

(1) The Directors (or their designees) of the following State agencies involved in the provision of or payment for early intervention services to eligible infants and toddlers and their families:

- (A) Illinois State Board of Education;
- (B) Illinois Department of Rehabilitation Services;
- (C) Illinois Department of Mental Health and Developmental Disabilities;
- (D) Illinois Department of Children and Family Services;
- (E) University of Illinois Division of Services for Crippled Children;
- (F) Illinois Department of Public Aid;
- (G) Illinois Department of Public Health;
- (H) Illinois Department of Alcoholism and Substance Abuse;
- (I) Illinois Planning Council on Developmental Disabilities; and
- (J) Illinois Department of Insurance.

(2) Other members as follows:

(A) At least 20% of the members of the Council shall be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experienced with, programs for infants and toddlers with disabilities. At least one such member shall be a parent of an infant or toddler with a disability or a child with a disability aged 6 or younger.

(B) At least 20% of the members of the Council shall be public or private providers of early intervention services;

(C) One member shall be a representative of the General Assembly; and

(D) One member shall be involved in the preparation of professional personnel to serve infants and toddlers similar to those eligible for services under this Act.

The Council shall meet at least quarterly and in such places as it deems necessary. Terms of the initial members appointed under paragraph (2) shall be determined by lot at the first Council meeting as follows: of the persons

appointed under subparagraphs (A) and (B), one-third shall serve one year terms one-third shall serve 2 year terms, and one-third shall serve 3 year terms; and of the persons appointed under subparagraphs (C) and (D) one shall serve a 2 year term and one shall serve a 3 year term. Thereafter, successors appointed under paragraph (2) shall serve 3 year terms. Once appointed, members shall continue to serve until their successors are appointed. No member shall be appointed to serve more than 2 consecutive terms.

Council members shall serve without compensation but shall be reimbursed for reasonable costs incurred in the performance of their duties, including costs related to child care, and parents may be paid a stipend in accordance with applicable requirements.

The Council shall prepare and approve a budget using funds appropriated for the purpose to hire staff, and obtain the services of such professional, technical, and clerical personnel as may be necessary to carry out its functions under this Act. This funding support and staff shall be directed by the lead agency.

(b) The Council shall:

(1) advise and assist the lead agency in the performance of its responsibilities including but not limited to the identification of sources of fiscal and other support services for early intervention programs, and the promotion of interagency agreements which assign financial responsibility to the appropriate agencies;

(2) advise and assist the lead agency in the preparation of applications and amendments to applications;

(3) review and advise on relevant regulations and standards proposed by the related State agencies;

(4) advise and assist the lead agency in the development, implementation and evaluation of the comprehensive early intervention services system; and

(5) prepare and submit an annual report to the Governor and to the General Assembly on the status of early intervention programs for eligible infants and toddlers and their families in Illinois.

No member of the Council shall cast a vote on or participate substantially in any matter which would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State Law. All provisions and reporting requirements of the Illinois Governmental Ethics Act¹ shall apply to Council members.

Amended by P.A. 87-847, § 101, eff. Feb. 5, 1992.

¹ Chapter 127, § 601-101 et seq.

4155. Lead agency

§ 5. Lead Agency. The lead agency designated by the Governor shall provide leadership in establishing and implementing the coordinated, comprehensive, interagency and interdisciplinary system of early intervention services. The lead agency shall not have the sole responsibility for providing these services. Each participating State agency shall continue to coordinate those early intervention services relating to health, social service and education provided under this authority.

The lead agency is responsible for carrying out:

(a) the general administration, supervision, and monitoring of programs and activities receiving assistance

under Section 673 of the Individuals with Disabilities Education Act (20 United States Code 1473);

(b) the identification and coordination of all available resources within the State from federal, State, local and private sources;

(c) the development of procedures to ensure that services are provided to eligible infants and toddlers and their families in a timely manner pending the resolution of any disputes among public agencies or service providers;

(d) the resolution of intra-agency and interagency regulatory and procedural disputes; and

(e) the development and implementation of formal interagency agreements between the lead agency and other relevant State agencies that:

(1) define the financial responsibility of each agency for paying for early intervention services (consistent with existing State and federal law and rules) and procedures for resolving service disputes; and

(2) include all additional components necessary to ensure meaningful cooperation and coordination.

4156. Local structure and interagency councils

§ 6. Local Structure and Interagency Councils. The lead agency, in conjunction with the Council, shall define at least 40 and no more than 60 local service areas and define the geographic boundaries of each so that all areas of the State are included in a local service area but no area of the State is included in more than one service area. In each local service area, the lead agency shall designate a core provider responsible for the assessment of eligibility and services and a local interagency council responsible for coordination and design of child find and public awareness. A coordination/advocacy provider shall be responsible for staffing the local council, carrying out child find and public awareness activities, and providing advocacy for eligible families within the given geographic area. The coordinating entity is the prime contractor responsible to the lead agency for implementation of this Act.

The lead agency, in conjunction with the Council, shall create local interagency councils. Members of each local interagency council shall include, but not be limited to, the following: parents; representatives from coordination and advocacy service provider; local education agencies; other local public and private service providers; representatives from State agencies at the local level; and others deemed necessary by the local council.

Local interagency councils shall:

(a) assist in the development of collaborative agreements between local service providers, diagnostic and other agencies providing additional services to the child and family;

(b) assist in conducting local needs assessments and planning efforts;

(c) identify and resolve local access issues;

(d) conduct collaborative child find activities;

(e) coordinate public awareness initiatives;

(f) coordinate local planning and evaluation;

(g) assist in the recruitment of specialty personnel;

(h) develop plans for facilitating transition and integration of eligible children and families into the community;

(i) facilitate conflict resolution at the local level; and

(j) report annually to the Council.
Amended by P.A. 87-847, § 101, eff. Feb. 5, 1992.

4157. Essential components of the statewide service system

§ 7. Essential Components of the Statewide Service System. As required by federal laws and regulations, a statewide system of coordinated, comprehensive, inter-agency and interdisciplinary programs shall be established and maintained. The framework of the statewide system shall be based on the components set forth in this Section. This framework shall be used for planning, implementation, coordination and evaluation of the statewide system of locally based early intervention services.

The statewide system shall include, at a minimum:

(a) a definition of the term "developmentally delayed", in accordance with the definition in Section 3.1 that will be used in Illinois in carrying out programs under this Act;

(b) timetables for ensuring that appropriate early intervention services will be available to all eligible infants and toddlers in this State after the effective date of this Act;

(c) a timely, comprehensive and interdisciplinary evaluation of the functioning of each infant and toddler with suspected disabilities in this State and the concerns, priorities and resource needs of the families to appropriately assist in the development of the infant and toddler with disabilities;

(d) for each eligible infant and toddler, an Individualized Family Service Plan, including case management services;

(e) a comprehensive child find system, consistent with Part B of the Individuals with Disabilities Education Act (20 United States Code 1411 through 1420), which includes timelines and provides for participation by primary referral sources;

(f) a public awareness program focusing on early identification of eligible infants and toddlers;

(g) a central directory which includes early intervention services, resources, and experts available in this State and early intervention research and demonstration projects being conducted in this State;

(h) a comprehensive system of personnel development;

(i) a policy pertaining to the contracting or making of other arrangements with public and private service providers to provide early intervention services in this State, consistent with the provisions of this Act, including the contents of the application used and the conditions of the contract or other arrangements;

(j) a procedure for securing timely reimbursement of funds;

(k) procedural safeguards with respect to programs under this Act;

(l) policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this Act are appropriately and adequately prepared and trained;

(m) a system of evaluation of, and compliance with, program standards;

(n) a system for compiling data on the numbers of eligible infants and toddlers and their families in this

State in need of appropriate early intervention services; the numbers served; the types of services provided; and other information required by the State or federal government; and

(o) a single line of responsibility in a lead agency designated by the Governor to carry out its responsibilities as required by this Act.

In addition to these required components, linkages may be established within a local community area among the prenatal initiatives affording services to high risk pregnant women. Additional linkages among at risk programs and local literacy programs may also be established.

Within 60 days of the effective date of this Act, a five-fiscal-year implementation plan shall be submitted to the Governor by the lead agency with the concurrence of the Interagency Council on Early Intervention. The plan shall list specific activities to be accomplished each year, with cost estimates for each activity. No later than the second Monday in July of each year thereafter, the lead agency shall, with the concurrence of the Interagency Council, submit to the Governor's Office a report on accomplishments of the previous year and a revised list of activities for the remainder of the five-fiscal-year plan, with cost estimates for each. The Governor shall certify that specific activities in the plan for the previous year have been substantially completed before authorizing relevant State or local agencies to implement activities listed in the revised plan that depend substantially upon completion of one or more of the earlier activities.

1 Paragraph 4153 of this chapter.

4158. Authority to promulgate rules and regulations

§ 8. Authority to Promulgate Rules and Regulations. The lead agency shall develop rules and regulations under this Act within one year of the effective date of this Act. These rules shall reflect the intent of federal regulations adopted under Part H of the Individuals with Disabilities Education Act (20 United States Code 1471 through 1485).

4159. Role of other state entities

§ 9. Role of Other State Entities. The Departments of Public Health, Rehabilitation Services, Mental Health and Development Disabilities, Alcoholism and Substance Abuse, Children and Family Services and Public Aid; the University of Illinois Division of Services for Crippled Children; the State Board of Education; and any other State agency which directly or indirectly provides or administers early intervention services shall adopt compatible rules for the provision of services to eligible infants and toddlers and their families within one year of the effective date of this Act.

These agencies shall enter into and maintain formal interagency agreements to enable the State and local agencies serving eligible children and their families to establish working relationships that will increase the efficiency and effectiveness of their early intervention services. The agreement shall outline the administrative, program and financial responsibilities of the relevant State agencies and shall implement a coordinated service delivery system through local interagency agreements.

There shall be created in the Office of the Governor an Early Childhood Intervention Ombudsman to assist families and local parties in ensuring that all State agencies serving eligible families do so in a comprehensive and collaborative manner.

4160. Standards

§ 10. Standards. The Council and the lead agency, with assistance from parents and providers, shall develop and promulgate policies and procedures relating to the establishment and implementation of program and personnel standards to ensure that services provided are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area of early intervention program service standards. Only State-approved public or private early intervention service providers shall be eligible to receive State and federal funding for early intervention services. All early childhood intervention staff shall hold the highest entry requirement necessary for that position. Amended by P.A. 87-847, § 101, eff. Feb. 5, 1992.

4161. Individualized family service plans

§ 11. Individualized Family Service Plans. Each eligible infant or toddler and that infant's or toddler's family shall receive:

(a) timely, comprehensive, interdisciplinary assessment of the unique needs of each eligible infant and toddler, and assessment of the concerns and priorities of the families to appropriately assist them in meeting their needs and identify services to meet those needs; and

(b) a written Individualized Family Service Plan developed by an interdisciplinary team which includes the parent or guardian.

The Individualized Family Service Plan shall be evaluated once a year and the family shall be provided a review of the Plan at 6 month intervals or more often where appropriate based on infant or toddler and family needs.

The evaluation and initial assessment and initial Plan meeting must be held within 45 days after the initial contact with the early intervention services system. With parental consent, early intervention services may commence before the completion of the comprehensive assessment and development of the Plan.

Parents must be informed that, at their discretion, early intervention services shall be provided to each eligible infant and toddler in the parents' home. Parents shall make the final decision to accept or decline early intervention services. A decision to decline such services shall not be a basis for administrative determination of parental fitness, or other findings or sanctions against the parents. Parameters of the Plan shall be set forth in rules.

4162. Procedural safeguards

§ 12. Procedural Safeguards. The lead agency shall adopt procedural safeguards that meet federal requirements and ensure effective implementation of the safeguards by each public agency involved in the provision of early intervention services under this Act.

The procedural safeguards shall provide, at a minimum, the following:

(a) The timely administrative resolution of complaints by parents. The process shall use formal mediation procedures used by the lead agency, as well as prescribed due process procedures, which may be used by families at their discretion.

(b) The right to confidentiality of personally identifiable information.

(c) The opportunity for parents and a guardian to examine and receive copies of records relating to assessment, screening, eligibility determinations, and the development and implementation of the Individualized Family Service Plan.

(d) Procedures to protect the rights of the eligible infant or toddler whenever the parents or guardians of the child are not known or unavailable or the child is a ward of the State, including the assignment of an individual (who shall not be an employee of the State agency or local agency providing services) to act as a surrogate for the parents or guardian.

(e) Timely written prior notice to the parents or guardian of the eligible infant or toddler whenever the State agency or public or private service provider proposes to initiate or change or refuses to initiate or change the identification, evaluation, placement, or the provision of appropriate early intervention services to the eligible infant or toddler.

(f) Written prior notice to fully inform the parents or guardians, in their primary language, in a comprehensible manner, of these procedural safeguards.

(g) During the pendency of any proceedings or action involving a complaint, unless the State agency and the parents or guardian otherwise agree, the child shall continue to receive the appropriate early intervention services currently being provided, or in the case of an application for initial services, the child shall receive the services not in dispute.

Amended by P.A. 87-847, § 101, eff. Feb. 5, 1992.

4163. Funding and fiscal responsibility

§ 13. Funding and Fiscal Responsibility. The lead agency and every other participating State agency may receive and expend funds appropriated by the General Assembly to implement the early intervention services system as required by this Act.

The lead agency and each participating State agency shall identify and report on an annual basis to the Council the State agency funds utilized for the provision of early intervention services to eligible infants and toddlers.

Funds provided under Section 673 of the Individuals with Disabilities Education Act (20 United States Code 1473) may not be used to satisfy a financial commitment for services which would have been paid for from another public or private source but for the enactment of this Act, except whenever considered necessary to prevent delay in receiving appropriate early intervention services by the eligible infant or toddler or family in a timely manner. Funds provided under Section 673 of the Individuals with Disabilities Education Act may be used by the lead agency to pay the provider of services pending reimbursement from the appropriate state agency.

Nothing in this Act shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under Title V and Title XIX of the Social Security Act¹ relating to the Maternal Child Health Program and Medicaid for eligible infants and toddlers in this State.

From the sum appropriated to the lead agency for the purposes of this Act, the lead agency shall distribute funds to the prime contractor for each local community area for the provision of early intervention services. The local community area may meet its obligations to assure appropriate early intervention services through contracts

with public or private agencies that meet the requirements of this Act.

The lead agency shall create a central billing office to receive and dispense all relevant State and federal resources, as well as local government or independent resources available, for early intervention services. This office shall assure that maximum federal resources are utilized and that providers receive funds with minimal duplications or interagency reporting and with consolidated audit procedures. The lead agency shall also create a resource review committee on the use of public and private sector resources.

142 U.S.C.A. §§ 701 et seq. and 1396 et seq.

4164. Implementation

§ 14. Implementation. The lead agency and other participating State agencies shall implement this Act statewide, beginning in such areas of the State as shall be designated by rule, as appropriated funds become available.

4165. Evaluation

§ 15. The Auditor General of the State shall conduct an evaluation of the system established under this Act, in order to evaluate the effectiveness of the system in providing services that enhance the capacities of families throughout Illinois to meet the special needs of their eligible infants and toddlers, and provide a report of the evaluation to the Governor and the General Assembly no later than April 30, 1993.

CHILDREN AND FAMILY SERVICES ACT

AN ACT creating the Department of Children and Family Services, codifying its powers and duties, and repealing certain Acts and Sections herein named. Laws 1963, p. 1061, approved June 4, 1963, eff. Jan. 1, 1964.

Transfer of rights, powers and duties relating to exercise of executive and administrative supervision of certain institutions from the Department of Children and Family Services to the Board of Vocational Rehabilitation, see Executive Order No. 1 (1979) preceding § 24.90 of this chapter.

5001. Purpose

1. The purpose of this Act is to create a Department of Children and Family Services to provide social services to children and their families, to operate children's institutions, and to provide certain other rehabilitative and residential services as enumerated in this Act.

It is the intent of this Act that the child welfare services herein provided do not release the parent or guardian from responsibility to provide for the financial support of their children.

This primary and continuing responsibility applies whether the family unit of parents and children remain intact and reside in a common household or whether the unit has been temporarily broken by reason of child abuse, neglect, dependency or other reasons necessitating state care and training.

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WORLD-CLASS EDUCATION FOR THE 21ST CENTURY: THE CHALLENGE AND THE VISION

VISION STATEMENT

As we approach the 21st century, there is broad-based agreement that the education we provide for our children will determine America's future role in the community of nations, the character of our society, and the quality of our individual lives. Thus, education has become the most important responsibility of our nation and our state, with an imperative for bold new directions and renewed commitments.

To meet the global challenges this responsibility presents, the State of Illinois will provide the leadership necessary to guarantee access to a system of high-quality public education. This system will develop in all students the knowledge, understanding, skills and attitudes that will enable all residents to lead productive and fulfilling lives in a complex and changing society. All students will be provided appropriate and adequate opportunities to learn to:

- communicate with words, numbers, visual images, symbols and sounds;
- think analytically and creatively, and be able to solve problems to meet personal, social and academic needs;
- develop physical and emotional well-being;
- contribute as citizens in local, state, national and global communities;
- work independently and cooperatively in groups;
- understand and appreciate the diversity of our world and the interdependence of its peoples;
- contribute to the economic well-being of society; and
- continue to learn throughout their lives.

MISSION STATEMENT

The State Board of Education believes that the current educational system is not meeting the needs of the people of Illinois. Substantial change is needed to fulfill this responsibility. The State Board of Education will provide the leadership necessary to begin this process of change by committing to the following goals.

ILLINOIS GOALS

1. Each Illinois public school student will exhibit mastery of the learner outcomes defined in the State Goals for Learning, demonstrate the ability to solve problems and perform tasks requiring higher-order thinking skills, and be prepared to succeed in our diverse society and the global work force.
2. All people of Illinois will be literate, lifelong learners who are knowledgeable about the rights and responsibilities of citizenship and able to contribute to the social and economic well-being of our diverse, global society.
3. All Illinois public school students will be served by an education delivery system which focuses on student outcomes; promotes maximum flexibility for shared decision making at the local level; and has an accountability process which includes rewards, interventions and assistance for schools.
4. All Illinois public school students will have access to schools and classrooms with highly qualified and effective professionals who ensure that students achieve high levels of learning.
5. All Illinois public school students will attend schools which effectively use technology as a resource to support student learning and improve operational efficiency.
6. All Illinois public school students will attend schools which actively develop the support, involvement and commitment of their community by the establishment of partnerships and/or linkages to ensure the success of all students.
7. Every Illinois public school student will attend a school that is supported by an adequate, equitable, stable and predictable system of finance.
8. Each child in Illinois will receive the support services necessary to enter the public school system ready to learn and progress successfully through school. The public school system will serve as a leader in collaborative efforts among private and public agencies so that comprehensive and coordinated health, human and social services reach children and their families.

*Developed by citizens of Illinois through a process supported by the Governor, the Illinois State Board of Education and the Illinois Business Roundtable.
Adopted as a centerpiece for school improvement efforts.*

Printed by the authority of the State of Illinois.



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