

**THE REVISED STATE PLAN FOR THE  
IDENTIFICATION AND DIAGNOSIS  
OF CHILDREN WHO ARE HANDICAPPED**

**JOINT REPORT OF  
THE SECRETARY OF HUMAN RESOURCES  
AND  
THE SECRETARY OF EDUCATION  
TO  
THE GOVERNOR  
AND  
THE GENERAL ASSEMBLY OF VIRGINIA**

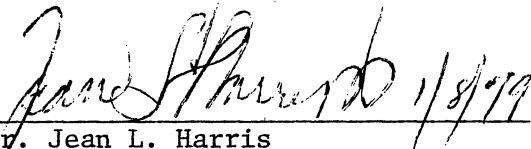


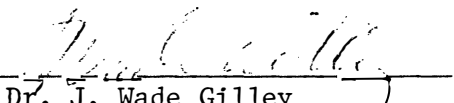
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**COMMONWEALTH OF VIRGINIA  
DIVISION OF PURCHASES AND SUPPLY  
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This report is submitted to the General Assembly of Virginia in response to House Joint Resolution 79.

  
Dr. Jean L. Harris  
Secretary of Human Resources

  
Dr. J. Wade Gilley  
Secretary of Education



## ACKNOWLEDGMENT

The right of all of the children in Virginia to a free appropriate public education and related services, regardless of handicapping conditions, is increasingly being realized, thanks to the dedicated efforts of many individuals. Parents, educators, advocates, health care providers, public officials, and many others have contributed to the growing public awareness of the needs of handicapped children and to the development of a network of services for meeting those needs. Particular recognition should be given to the members and staff of the Governor's Committee on the Education of the Handicapped and the Task Force to Revise the Virginia State Plan for the Identification and Diagnosis of Children Who Are Handicapped. These two bodies have sought to lay the groundwork for a comprehensive system of services for handicapped children.

Report prepared by:

Virginia Division for Children

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## Introduction

In 1978, the General Assembly passed House Joint Resolution 79 which requested the Secretary of Human Resources and the Secretary of Education to finalize the Revised State Plan for the Identification and Diagnosis of Handicapped Children as soon as possible and develop a schedule for its implementation. The Secretary of Human Resources was also requested to designate a non-participating agency to evaluate the implementation of the Plan and to begin holding periodic public hearings to receive comments and recommendations from clients and citizens regarding the Plan. On July 7, 1978, the Secretary of Human Resources designated the Division for Children as the non-participating agency to monitor and evaluate the implementation of the Plan. This report will provide the background for this evaluation and briefly discuss the Division for Children's planning activities to date.

## Background

In 1977 Governor Mills E. Godwin, in response to a resolution of the Governor's Committee on Education of the Handicapped, established a task force to review and revise the 1973 Virginia State Plan for the Diagnosis and Identification of Handicapped Children. This task force included representatives of thirteen State agencies which serve handicapped children, as well as a representative from the private sector.

The 1973 Plan had addressed the mandate established in Section 22-10.4 of the Code of Virginia, passed in 1972, which required "a program of special education designed to educate and train handicapped children between the ages of two and twenty-one..." However, several federal laws enacted after 1973 required further development of opportunities for handicapped children. The single most important law mandating changes in services at the State and local levels is the education of All Handicapped Children Act of 1975 (P.L. 94-142), which requires "a free appropriate education which emphasizes special education and related services."

Other recent federal legislation places a particular emphasis on identifying handicapped children. P. L. 94-103 requires "early screening, diagnosis, and evaluation... of developmentally disabled infants and preschool children, particularly those with multiple handicaps." Section 504 of the Rehabilitation Act requires that a recipient of federal funds operating a public elementary or secondary education program shall annually "undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction who is not receiving a public education." Recipients are also required to "take appropriate steps to notify handicapped persons and their parents or guardians of the recipient's duty."

In light of these explicit mandates for identifying and serving handicapped children, new efforts were required to provide for the

coordination of the range of services needed and to insure Virginia's statutory compliance. The Revised State Plan for the Identification and Diagnosis of Handicapped Children is an attempt to provide a basis for this needed coordination and compliance.

### The Revised State Plan

The Plan, in essence, proposes a network of services and referrals to insure that all preschool and school age children with possible handicapping conditions will receive identification and diagnostic services. A brief summary is provided here; the full text is at the end of this report as Appendix A.

The target population of preschool and school age children is broken down into five subgroups, with a proposed subsystem of services and implementation strategies described for each one. The five subsystems include:

1. Children who have or are suspected of having handicapping conditions in the antenatal, perinatal, and neonatal stages of development.
2. Children who acquire or who are suspected of acquiring or who manifest handicapping conditions from birth to age five.
3. Children of school age who have or are suspected of having handicapping conditions.
4. Children with handicapping or suspected handicapping conditions who move to Virginia from other states.
5. Children who are brought to the attention of or who are admitted to or discharged from a State residential facility and who have or are suspected of having handicapping conditions.

The implementation strategies for each of these subsystems include prescriptions for action by a number of actors, including State and local public agencies, private agencies, parents, private health providers, and others. They describe what a potential system for identifying and diagnosing handicapped children might be. The Plan, however, does not propose specific mechanisms for insuring the system's implementation. Such implementation was left up to the individual agencies, which were to provide assurances in the form of interagency agreements (discussed below).

The Plan was submitted to the Governor in December, 1977. In January, 1978, Secretaries Ramsey and Wilkerson also submitted individual agency plans for the identification and diagnosis of handicapped children and accompanying cost data. The requested additional funding for implementation



of the Plan totaled \$9,041,139.00 for the 1978-80 Biennium. Funds for this program have not been appropriated to date.

### Interagency Agreements

The Plan called for interagency agreements to be submitted to the Secretaries of Education and Human Resources by March 1, 1978. The purpose of these agreements was seen as "formalizing any already existing informal interagency linkages as well as establishing new interagency agreements as called for in the individual agency plans that will guarantee facilitation of the identification and diagnosis of all children who are handicapped." Sixteen such agreements were submitted, copies of which are included in Appendix B at the end of this report. The agreements are to be in effect for one year, subject to renewal with or without amendments.

For the most part, these agreements commit agencies to activities in which they are already involved, provide for the establishment of procedures, or call for an exchange of information. They do not break much new ground in the provision of services. Further, in all but three of the agreements, implementation is contingent upon the availability of appropriate funding. As mentioned in the previous section, no additional funds have been appropriated by the General Assembly for this program. Despite these limitations, the agreements could provide a framework of coordination of services if they are being upheld.

### Implementation and Designation

In House Joint Resolution 79, the Assembly requested the Secretary of Human Resources to finalize the Plan as soon as possible and to develop a schedule for its implementation. Recognizing that the successful implementation of the Plan is dependent upon adherence to individual State agency services plans and interagency agreements, the General Assembly also established a mechanism for evaluation of this system of plans and agreements. The Secretary of Human Resources was requested to "designate a non-participating agency to evaluate the implementation of the Plan to date."

Secretary Harris has designated the Division for Children as that agency. She directed the Division to develop a method to evaluate the Plan by July 1, 1979, and to implement the evaluation method during the following fiscal year. A report on the evaluation is to be submitted to the Secretaries of Education and Human Resources no later than July 1, 1980. Secretary Harris also directed the Division for Children to devise a method for receiving comments from clients and other citizens through a public hearing process.

### Conclusion

The Division for Children is now in the process of planning the evaluation of the Plan's implementation. Its staff has been meeting with State

officials, child advocates, direct service providers, and parents to gather information on the early implementation of the Plan in order to identify issues relevant to the evaluation. The Plan and related documents, including pertinent federal and State laws, regulations, and plans are being analyzed. A methodology for the study will be developed in the coming months and pretested in the spring. The Division also anticipates convening an informal advisory group of knowledgeable provider and consumer representatives to provide guidance in the planning and implementation of the evaluation.

At present, the following objectives for this evaluation have been developed:

1. To assess the extent to which involved State agencies are living up to the terms of the executed interagency agreements.
2. To assess the extent to which the identification and diagnosis of handicapped children is consonant with the subsystems described in the Plan.
3. Where necessary, to identify and recommend statutory changes which would further the implementation of the Plan.
4. Where necessary, to identify and recommend administrative and funding policy changes by State agencies which would further the implementation of the Plan.
5. Where necessary, to identify and recommend modifications and additions to the Plan to insure appropriate identification and diagnosis services to handicapped children within federal and State statutory requirements.
6. To identify exemplary programs where particularly effective use is being made of existing resources.

#### Further Action

The Division for Children will submit a plan for the evaluation of the implementation of the Revised State Plan for the Identification and Diagnosis of Handicapped Children in June, 1979. The evaluation will be conducted from July, 1979 to April, 1980, with a report submitted to the Secretaries of Education and Human Resources in June, 1980. While conducting this initial evaluation, the Division for Children in close cooperation with the Secretary of Human Resources and the Secretary of Education will develop processes and procedures for continuous Monitoring and Evaluation of educational and related services to handicapped children in the Commonwealth.

## APPENDICES

REVISED VIRGINIA STATE PLAN FOR  
IDENTIFICATION AND DIAGNOSIS OF CHILDREN WHO ARE HANDICAPPED

September 1977

TASK FORCE TO REVISE THE VIRGINIA STATE PLAN  
FOR IDENTIFICATION AND DIAGNOSIS  
OF CHILDREN WHO ARE HANDICAPPED

Members

Mr. Allen R. Cohen	Virginia Developmental Disabilities Planning Council
Mrs. Betty Ann Doub	Division of Youth Services Department of Corrections
Mrs. Doris D. Falconer	Department of Welfare
Mr. Michael M. Fehl	Department of Mental Health and Mental Retardation
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Mr. George E. Meeks	Department of Vocational Rehabilitation
Mr. James T. Micklem, Jr.	Department of Education
Mr. Edward A. Pearson	Virginia School at Hampton
Mr. Frank S. Penland	Virginia Commission for the Visually Handicapped
Dr. Paul E. Prince	Department of Health
Mr. Robert Pumphrey	Commission for Children and Youth
Mr. Joe R. Shinpaugh	Virginia School for the Deaf and the Blind
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## FOREWORD

This Plan is designed to demonstrate the coordination of both State agency and private provider services necessary to assure comprehensive, timely preliminary identification, evaluation, diagnosis, and service linkage. The Plan does not articulate intra-agency vehicles for the provision of these services because the Task Force members felt they should be addressed internally. Each State agency which has identification and diagnostic service provision functions has been requested by the Secretaries of Education and Human Resources to prepare an internal plan to be available no later than December 1, 1977, that will facilitate full implementation of this Plan.

REVISED VIRGINIA STATE PLAN FOR  
IDENTIFICATION AND DIAGNOSIS OF CHILDREN WHO ARE HANDICAPPED

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## I. INTRODUCTION



## A. OVERVIEW

On April 20, 1977, the Governor's Committee on Education of the Handicapped passed the following Resolution:

The Committee recommends that the Governor direct the Secretaries of Education and Human Resources to review and revise the "Virginia Plan for the Diagnosis and Identification of Handicapped Children" and the related system for delivery of integrated services to handicapped children in the light of subsequent implementation of the plan, State and Federal Law, and other pertinent studies.

The Committee further requests a progress report on implementation of the Plan since 1972. In addition, the revised report shall include a study of projected costs of full implementation.

The Committee suggests that the report of the Secretaries be submitted in time to allow public hearings and the development of a Committee recommendation before the next legislative session.

In accordance with a request from Governor Mills E. Godwin, Jr. implement this Resolution, the Secretaries of Education and Human Resources established a task force to assist in the accomplishment of the directive. Representatives from the Commission for Children and Youth, the Commission for the Visually Handicapped, the Council for the Deaf, the Developmental Disabilities Planning Council, the Department of Education, the Department of Health, the Department of Mental Health and Mental Retardation, the Department of Vocational Rehabilitation, the Department of Welfare, the Division of Youth Services, the Rehabilitative School Authority, the Virginia School for the Deaf and the Blind, and the Virginia School at Hampton as well as a representative of the private sector served on this Task Force.

## B. STATE/FEDERAL LEGISLATION

In revising the State Plan for Identification and Diagnosis of Children Who Are Handicapped, careful consideration was given to several State/Federal Laws, including Virginia's 1972 Law on Special Education for Handicapped Children (Section 22-10.4, Code of Virginia); Education of All Handicapped Children Act (P.L. 94-142); Section 504 of the Rehabilitation Act of 1973 (P.L. 93-516); and Developmental Disabilities Services and Facilities Construction Act (P.L. 94-103).

The 1972 State Law requires "a program of special education designed to educate and train handicapped children between the ages of two and twenty-one...."

P.L. 94-142 mandates "a free appropriate public education which emphasizes special education and related services...." Those related services are defined as:

transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapping conditions in children.

Section 504 of the Rehabilitation Act requires that a recipient of federal funds operating a public elementary or secondary education program shall annually "Undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction who is not receiving a public education." Further, it requires the recipient to "take appropriate steps to notify handicapped persons and their parents or guardians of the recipient's duty."

P.L. 94-103 requires "early screening, diagnosis, and evaluation...of developmentally disabled infants and preschool children, particularly those with multiple handicaps."

The first State Plan for Identification and Diagnosis of Handicapped Children (1973) addresses the mandate set forth in the State Law. However, Federal Laws enacted since that time require further development of opportunities for handicapped children. This revised State Plan is an effort to comply with all legislative mandates affecting handicapped children through a system of coordinated services integration.

### C. TARGET POPULATION

The following definitions from P.L. 94-142 as outlined in the August 23, 1977 Federal Register delineate the population of handicapped children to be served in the implementation of the State Plan:

(1) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

(2) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

(3) "Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

(4) "Mentally retarded" means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

(5) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

(6) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

(7) "Other health impaired" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

(8) "Seriously emotionally disturbed" is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

(9) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicap, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or of environmental, cultural, or economic disadvantage.

(10) "Speech impaired" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

(11) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

D. REVIEW OF THE 1973 STATE PLAN FOR IDENTIFICATION  
AND DIAGNOSIS OF HANDICAPPED CHILDREN

As a result of legislation (Section 22-10.4, Code of Virginia) enacted by the 1972 Session of the General Assembly, a State Plan was developed for the identification and diagnosis of children who are handicapped. Commonly referred to as the "Shanholtz Plan," its essence was to establish a point of entry into a coordinated State system of health screening and comprehensive diagnostic services. The 1973 Plan provided the option for parents who so chose to seek services from private health providers.

The original Plan was based on the utilization of existing programs and services. Funds were requested to extend the availability of health screening services to all children needing such services; but funds were not available to make full implementation possible. Still, the Department of Health and the Department of Education have been able to make progress in the coordination of services--for example, special education consultants have been funded by the Department of Education and assigned to diagnostic clinics within the Department of Health.

The 1973 State Plan did not address several areas which are essential if the Commonwealth is to have the kind of system for identification and diagnosis which not only adequately serves children who are handicapped but also complies with existing legislative mandates. First, the original Plan did not specifically identify the means of coordinating services among agencies. It addressed itself mainly to linkages between the Department of Health and the Department of Education, but few linkages were set forth or responsibilities assigned. Accountability needs to be clarified. Secondly, existing resources which could tie into

the Plan were underutilized. Among those existing resources were the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT). Also, the Department of Education's Child Find Program for identifying handicapped children should be expanded where appropriate and implemented in localities where it is currently nonexistent. Third, there were gaps in services in the original Plan that should be addressed and ameliorated. Fourth, it is now essential that education of the public be accelerated. Currently, the public, including parents of handicapped children, are not adequately informed regarding alternatives, services, etc. available to them. Lastly, the original Plan did not adequately address the inclusion of the private sector, especially pediatricians and family physicians, in the overall service delivery system. The responsibilities of the private sector should be clarified. The parental right to choose private health services at any time needs to be continually emphasized.

The State Plan for the Identification and Diagnosis of Children Who Are Handicapped has been revised to enhance and further expand cooperation among all agencies and groups involved in the delivery of services to children who are handicapped or suspected of being handicapped. The purposes of this revised Plan are to communicate an understanding of this interrelated approach and to identify responsibilities for its accomplishment. While the initial Plan has been an important first step, the revised Plan builds on its accomplishments and expands both in breadth and depth the concept of a comprehensive system of identification and diagnosis of children who are handicapped to meet the needs of the Commonwealth in the years ahead.

## A. GENERAL PLAN

As set forth in the original State Plan for the Identification and Diagnosis of Handicapped Children, the State Health Department through its Local Health Departments is still the most viable existing State agency to serve as the public point of entry for children requiring identification and diagnostic services. In keeping with the original approach, this 1977 State Plan recognizes that the Health Department remains the central coordinating agency for all such identification and diagnostic services and follow-up on the same as well as the primary agency responsible for linkage with appropriate education and related services. This means that the Local Health Department through utilization of its entry services and special health services is responsible for the initiation of preliminary identification and subsequent formal diagnosis of handicapping conditions in children who are already being served by that agency (e.g., indigent children) as well as for the diagnosis of such conditions in children referred by private health providers and/or other agencies, including, but not limited to, the Local Department of Welfare, the Community Mental Health & Mental Retardation Services Board, the Department of Vocational Rehabilitation, the Local School Division, the Virginia Commission for the Visually Handicapped, the Virginia Commission for Children & Youth, the Virginia School at Hampton, the Virginia School for the Deaf and the Blind, and Academic Health Centers.

In cases where children are referred by the Local School Division, the Local Health Department shall coordinate with the Local School Division to insure that children are linked with appropriate education and related services, whether such services are within the purview of those two agencies or are to be provided by



private health providers and/or other agencies, including, but not limited to, the Local Department of Welfare, the Community Mental Health & Mental Retardation Services Board, the Department of Vocational Rehabilitation, the Virginia Commission for the Visually Handicapped, the Virginia School at Hampton, the Virginia School for the Deaf and the Blind, and Academic Health Centers.

The system shall be flexible enough so that at any point in time the individual may access public services, since it is recognized that the utilization of private services is always an option and yet not necessarily an option that will be consistently selected. Although it is not currently legally mandated that such occur, it is essential that private health providers conduct appropriate reporting (e.g., to the Local School Division), make appropriate referrals, and follow-up on the same; or coordinate with the Local Health Department, who would in turn be responsible for insuring that the child has full access and attention to all his needs.

The five subsystems articulated in this Plan delineate the appropriate sequential steps for the realization of this model for coordinated service delivery.

## II. STATE PLAN

## B. PLAN BY SUBSYSTEMS

It was felt that to be successful in identifying and diagnosing all handicapped children one should consider times during the child's development when a handicapping condition might first present itself. Recognized also was the fact that handicapping conditions may be either hereditary, congenital, or acquired.

In designing an overall system for the integration of various service components which are a part of identification and diagnosis of handicapped children, it was decided that the most comprehensive system should be one composed of subsystems. The following five subsystems were chosen to insure that every child in the Commonwealth can receive identification and diagnostic services:

1. CHILDREN WHO HAVE OR ARE SUSPECTED OF HAVING HANDICAPPING CONDITIONS IN THE ANTENATAL, PERINATAL, AND NEONATAL STAGES OF DEVELOPMENT
2. CHILDREN WHO ACQUIRE OR ARE SUSPECTED OF ACQUIRING OR WHO MANIFEST HANDICAPPING CONDITIONS FROM BIRTH TO AGE FIVE
3. CHILDREN OF SCHOOL AGE WHO HAVE OR ARE SUSPECTED OF HAVING HANDICAPPING CONDITIONS
4. CHILDREN WITH HANDICAPPING OR SUSPECTED HANDICAPPING CONDITIONS WHO MOVE TO VIRGINIA FROM OTHER STATES
5. CHILDREN WHO ARE BROUGHT TO THE ATTENTION OF OR WHO ARE BEING ADMITTED TO OR DISCHARGED FROM A STATE RESIDENTIAL FACILITY AND WHO HAVE OR ARE SUSPECTED OF HAVING HANDICAPPING CONDITIONS

The first subsystem was chosen in order to identify children before birth or within the first month of life who may be handicapped or at risk of becoming handicapped. Concern must be expressed here for quality parenting, quality reproduction (including genetic counselling), and quality care during high risk pregnancies. Emphasis is on identification at the earliest stage of development possible so that proactive intervention can begin immediately.

The second subsystem, which overlaps with the first, is oriented towards pre-school identification and emphasizes the need for periodic health screening, while the third is designed to identify children of school age whose handicapping conditions surface after the pre-school years or who acquire handicapping conditions through accident, injury or disease. The fourth subsystem is needed to pick up (1) children who come to Virginia from another State and have already been identified and diagnosed and need to be linked with education and related services; (2) transient children who have never been formally diagnosed. The last subsystem addresses the needs of handicapped or suspected handicapped children who are brought to the attention of or who are admitted to or discharged from State-operated or private residential facilities.

These five subsystems are child-centered, taking into account the parents' right to choose the course they will pursue to assure their child's healthy emotional, social, intellectual, and physical development. The use of subsystems is meant to suggest prevention and maximum remelioration through the earliest possible intervention by linking the child with appropriate quality medical, educational, and other related services.

It is imperative that the State have readily accessible quality identification, evaluation, and diagnostic services. It is also of major importance for the State to recognize quality diagnostic services that are provided by the private sector. Virginia's medical schools offer a most viable resource that should not only be acknowledged but accessed in the coordination of a comprehensive statewide program of diagnostic services. The public and private service providers should create in each other the need to stay prepared to render good services to whomever needs such services

with the needs of children who are handicapped must coordinate their efforts among themselves and in conjunction with the efforts of consumer organizations.

# 1. CHILDREN WHO HAVE OR ARE SUSPECTED OF HAVING HANDICAPPING CONDITIONS IN THE ANTENATAL, PERINATAL, AND NEONATAL STAGES OF DEVELOPMENT

Goal: To identify, diagnose, and link with the appropriate service provider(s) all children in the Commonwealth of Virginia who, during the antenatal, perinatal, and/or neonatal stages of development are known to have or may be at risk of having handicapping conditions and who may be in need of special education and related services.

This subsystem is designed to provide all parties who are, or who have the potential of being, involved in the very earliest possible stages of development with sequential steps that assure both the family and the child who is handicapped or suspected of being handicapped that a formal diagnosis will be made and that following diagnosis the child and his/her family will be linked with all appropriate services. The choice of the public or private route for preliminary identification, formal evaluation and diagnosis is always to be an option of the individual. This subsystem is built on the premise that the earliest possible detection of a handicapping condition facilitates immediate intervention that will assure effective services delivery and planning to assist the child in developing to his/her maximum potential.

The first part of this subsystem is the antenatal stage, which relates to the unborn child. The second part is composed of the perinatal and neonatal stages. Perinatal means occurring during the period closely surrounding the time of birth. Neonatal means the first month after birth.

## Implementation Strategies:

### a. ANTENATAL

(1) Gynecologist or health care professional is obligated to inform women who have conceived, or are planning to conceive, a child of

any complications that may arise because of parental genetic characteristics, maternal health, or maternal age.

(2) Physician is responsible for informing high risk "future mother" of the availability of testing to determine whether or not she is carrying a child who will be handicapped.

(3) Physician is also responsible for helping future mother receive the testing. Future mother is free to choose whether or not she will have test to determine if child she is carrying is handicapped.

(4) If test indicates that the child who is still in utero has a detectable handicapping condition, the attending physician is obligated to inform the parents and to cite options (The physician is also obligated to inform parents if test is negative.)

(5) Parents are simultaneously given counseling by physician to help them adjust to having a child who is handicapped and are informed of services that will be available to their child.

(6) Depending on nature of suspected handicapping condition, parents are referred by attending physician or health service provider to the appropriate consumer organization that provides peer counseling and/or to a social service agency that provides parent counseling (e.g., Community Mental Health Clinic, Commission for the Visually Handicapped, Local Department of Welfare, etc.).

(7) If parents are in need of psychiatric intervention, the Community Mental Health Clinic is to help with service linkage and counseling (therapy).

If parents are mentally retarded, the Mental Retardation Services component of the Mental Health & Mental Retardation

Services Board is to assist with service linkage and counseling. If mother or child is eligible for Social Services or has potential for being Social Services eligible, Local Department of Welfare is responsible for case management and referral to the \*Women, Infants, and Children Program (WIC) and the \*\*Early Periodic Screening, Diagnosis and Treatment Program (EPSDT). Local Health Department is then responsible for follow-up and comprehensive work-up.

b. PERINATAL/NEONATAL

(1) Pediatrician or health care professional informs the parents that the child has a handicapping or suspected handicapping condition at birth or during the neonatal stage.

(2) Delivering physician reports to the State Department of Health that the birth was high-risk and/or that the child has handicapping or suspected handicapping condition.

(3) State Department of Health notifies Local Health Department that child has handicapping or suspected handicapping condition.

(4) Local Health Department representative contacts parents to discuss child's handicap with parents and to advise them of public as well as private services available to their child.

(5) Local Health Department or private diagnostician conducts preliminary examination/evaluation of child.

(6) If the preliminary evaluation indicates the need for further diagnostic services, the Local Health Department shall either

\*WIC-Supplemental food program for pregnant and nursing women and children under five years of age from low-income families who are certified by qualified professionals to be a nutritional risk.

\*\*EPSDT-Program for providing a comprehensive range of health care services, including preventive health services to low income, medicaid-eligible children; attempts to introduce eligible children into the health care system and make services available before health problems become chronic and expensive to treat.



provide a comprehensive diagnostic evaluation and services linkage directly or through a purchase of services agreement with one or more of the following: Auxiliary Health Services, including Child Development Clinic; Local Department of Welfare; Local Mental Health and Mental Retardation Services Board; Commission for the Visually Handicapped.

(7) Parents are asked by Local Health Department representative if they will permit submission of the child's name and diagnostic information to the appropriate Division Superintendent of Schools so that planning for appropriate educational programming can begin. If parents consent, responsible health delivery system is then obligated to send a registration form on the child to the Division Superintendent of Schools.

2. CHILDREN WHO ACQUIRE OR ARE SUSPECTED OF ACQUIRING OR WHO MANIFEST HANDICAPPING CONDITIONS FROM BIRTH TO AGE FIVE

Goal: To identify, diagnose, and link with the appropriate service provider(s) all children in the Commonwealth of Virginia who acquire or are suspected of acquiring or who manifest from birth to age five handicapping conditions and who may be in need of special education and related services.

This subsystem is directed towards the identification and diagnosis of children whose handicapping conditions are not evident at birth and surface before entry into school as well as those children who acquire via accident, injury or disease handicapping conditions prior to entry into school. Responsibility for primary identification of developmental delays should rest with parents, relatives, neighbors, welfare workers, health service providers, school authorities and others having direct contact with the child. For example, children who have the potential of becoming handicapped due to physical and/or mental abuse are the responsibility of the Local Welfare Department for primary intervention and protective services. All public and private providers of health screening and check-ups should institute proactive approaches for identifying such developmental delays.

Implementation Strategies:

a. HANDICAPPING CONDITIONS WHICH MANIFEST THEMSELVES FROM BIRTH TO AGE FIVE

(1) Child is taken by parent(s) to public or private health provider who has diagnostic capabilities for preliminary screening/check-up.

(2) Local Department of Welfare shall insure that eligible children take advantage of the EPSDT and WIC Programs through case management, follow-up, and transportation services.

(3) If preliminary screening so indicates, child is referred by screening agency for more comprehensive diagnostic work-up through Local Health Department or private diagnostic service provider.

(4) Local Health Department (or parent, if private diagnostic services are used) is responsible for case management and comprehensive diagnostic and evaluation services linkage.

b. HANDICAPPING CONDITIONS ACQUIRED THROUGH ACCIDENT, INJURY OR DISEASE

(1) Children who may, due to accident, injury or disease, have acquired or who may acquire a physical or mental disability should be taken immediately to a private or public health care facility by parent(s) for preliminary work-up and/or emergency medical treatment. (Parents are to be reassured during screening as well as during diagnosis by attending health care workers.)

(2) Attending physician shall refer child to specialist (private doctor or through Health Department Speciality Clinic) for further diagnostic and/or treatment services.

(3) Attending physician shall inform parents of child's diagnosis, prognosis, and required treatment modalities as well as services available.

(4) Parents should receive initial education and counseling relevant to child's specific disability from attending health care professional to help them adjust psychologically. Attending health care professional is to refer parents to consumer organization or social service agency that provides parent training and counseling.

(5) Attending physician shall inform parents that child should be periodically evaluated/diagnosed to measure changes in handicapping conditions. (Follow through is parental and/or case management responsibility.)

(6) Attending physician shall provide the family with a brochure furnished his office by the Division Superintendent of Schools. Brochure should include registration form, information on psycho-social rehabilitation, and education program potentially or immediately available to their child.

(7) Parents return the preaddressed form that is attached to the brochure to the appropriate school system immediately.

(8) The Division Superintendent of Schools is responsible for implementing the School Division's Child Find System for children below age five and linking child with appropriate services, both education and related (refer to P.L. 94-142).

The Local Health Department shall be responsible for case management, including follow-up, to determine if family and service providers have followed through and if services meet child's individual needs.

(9) If private health provider is used, Local School Division must assume follow-up responsibility. The Division Superintendent of Schools maintains ongoing contact with social services department of local hospitals or head pediatric nurses to apprise them of services, appropriate contact people, etc.

Division Superintendent of Schools is also responsible for notifying public and private health care providers of the availability of services and for providing brochures on the same to such health care providers for distribution in their offices.

(10) Division Superintendent of Schools is responsible for utilizing and augmenting as appropriate currently existing Local Special Education Advisory Committee to work towards comprehensive identification and diagnosis of children who have handicapping conditions. The Committee shall include representatives of both private and public providers of services to children who are handicapped as well as parents and advocacy group representatives.

### 3. CHILDREN OF SCHOOL AGE WHO HAVE OR ARE SUSPECTED OF HAVING HANDICAPPING CONDITIONS

Goal: To identify, diagnose and link with the appropriate service provider(s) all children who are of school age in the Commonwealth of Virginia who have or are suspected of having handicapping conditions and who may be in need of special education and related services.

This subsystem is designed to articulate the four categories of school-age children who may have handicapping conditions and to provide a vehicle through which they may be identified, evaluated, diagnosed and linked with services. Taken into consideration in this subsystem are the legal responsibilities of both the Local School Division and the parent. Implementation of this subsystem needs to be a shared community responsibility.

Every effort is made to include any child of school age, whether he/she is or is not attending a public or private school, including children who are truant as well as children whose parents object to their attending for bona fide religious or health reasons. Also addressed are children of school age who acquire handicapping conditions through accident, injury, or disease.

This subsystem recognizes the importance of referring students who are handicapped and 14 years of age or older to the Department of Vocational Rehabilitation for a full vocational evaluation, noting that it is incumbent upon Vocational Rehabilitation and the Local School Division to plan and carry out an appropriate IEP.

The design of the subsystem is to demonstrate in a sequential manner a workable methodology for identification, evaluation, diagnosis, and linkage of the school-age child who is handicapped with education and related services.

Implementation Strategies:

a. CHILDREN ATTENDING SCHOOL WHOSE HANDICAPPING CONDITIONS HAVE NEVER BEEN IDENTIFIED AND FORMALLY DIAGNOSED

(1) Preliminary identification takes place in the classroom.

(2) The Division Superintendent of Schools is responsible for assuring that initial screening and appropriate evaluation occur and that existing school resources are utilized to the maximum.

(3) If suspicions are supported by the school screening and evaluation, the Division Superintendent of Schools is responsible for linking the child with the Local Health Department, provided parents elect to go the public route, for a comprehensive evaluation and diagnosis.

(4) Mental Health and Mental Retardation services should be available to any child who manifests a psychiatric disability or who is mentally retarded. Referral to the Local Mental Health and Mental Retardation Clinic services should flow through the health care professional to assure that there is no physiological cause of the presenting handicap. Referral could also flow through the Division Superintendent of Schools.

(5) The attending diagnostician, whether public or private, should provide any and all such information to the Local School Division that will facilitate a determination of eligibility and the development of an appropriate Individualized Education Program (IEP) for the child.

b. CHILDREN ATTENDING SCHOOL WHOSE HANDICAPPING CONDITIONS HAVE BEEN IDENTIFIED AND DIAGNOSED BUT WHO ARE NOT RECEIVING APPROPRIATE EDUCATION AND RELATED SERVICES

(1) If the child has been previously identified and diagnosed and the Local School Division has a record of the same, it is the responsibility of the Local School Division to identify

the appropriate education program and related services and to link the child with those services.

(2) If there is no school record indicating that identification and diagnosis have occurred, the Local School Division is responsible for contacting parents to determine if identification and diagnosis have occurred. The Local School Division is then responsible for linking the child with the appropriate education and related services.

c. CHILDREN WHO ARE NOT IN SCHOOL DUE TO TRUANCY OR BECAUSE OF PARENTAL OBJECTION AND WHO EITHER HAVE OR HAVE NOT BEEN FORMALLY IDENTIFIED AND DIAGNOSED

(1) It is the obligation of the Division Superintendent of Schools to locate all children who have reached the fifth birthday on or before December 31 of the school year and have not passed the seventeenth birthday (Section 22-275, Code of Virginia) and to provide an appropriate education for the same.

(2) Parents, guardians, or person in charge of child's care is legally responsible for seeing that the child of compulsory school age is attending school.

(3) Through working with the appropriate Juvenile and Domestic Relations District Court, it is the responsibility of the Local School Division to determine those children who are truant; to insure jointly with the court that children who are truant come back to school; to provide such children with initial screening and referral to public or private health service providers for comprehensive diagnosis if screening so indicates; to link such children with the appropriate education and related services.

(4) If parents object to having their child who is of compulsory



school age attend school for bona fide reasons (Sections 22-265.3, 22-275.4 and 22-275.4:1, Code of Virginia), the Local School Division is responsible for articulating to said parents the School Division's obligation under State and Federal Statutes to provide education and related services so that parents can make an enlightened decision.

(5) Advocates for the child may be engaged to support the child's right to an education through legal channels if parental objections are not valid or are not in the child's legally deeded best interest. The Local Welfare Department should be contacted by the Local School Division when this is in question. Child Protective Services should intervene and provide due process for the child.

d. CHILDREN OF SCHOOL AGE WHO ACQUIRE THROUGH ACCIDENT, INJURY, OR DISEASE HANDICAPPING OR SUSPECTED HANDICAPPING CONDITIONS

(1) Should a school age child acquire a handicapping condition through accident, injury or disease, the attending health service provider is responsible for reporting to and coordinating with the Local School Division to facilitate continuity in the child's education program and ease of integration back into an appropriate school program.

(2) The Local School Division is responsible for educational re-evaluation to determine the child's academic potential and to develop an IEP that will meet the child's newly acquired special needs.

(3) The Local School Division is responsible for formally referring the student 14 years of age or older to the Department of Vocational Rehabilitation for a vocational evaluation.

(4) The Department of Vocational Rehabilitation and the Local

School Division shall work together to develop an IEP that takes into account the student's vocational potential and interests.

#### 4. CHILDREN WITH HANDICAPPING OR SUSPECTED HANDICAPPING CONDITIONS WHO MOVE TO VIRGINIA FROM OTHER STATES

Goal: To identify, diagnose and link with the appropriate service provider(s) all children with handicapping or suspected handicapping conditions who move to Virginia from other states and who may be in need of special education and related services.

This subsystem is designed to locate children with handicapping conditions, whether pre-school or of school age, who come to Virginia from other states and require a continuation of service delivery already received in another state or who have never been formally diagnosed and require formal diagnostic services. Since there are specially designed, Federally-mandated services for the children of migrant workers, that group is treated as a separate component of this subsystem.

##### Implementation Strategies:

(1) Upon purchasing Virginia automobile license tags at the Division of Motor Vehicles for the first time since moving to Virginia from another state, parents are to be provided with State Department of Education printed pamphlets (which are to be distributed either by the State Department of Education or the Local School Division on department of Education or the Local School Division so distribute such pamphlets through the Virginia Employment Commission, armed forces bases in Virginia, consumer groups, libraries, churches, and other appropriate locations. Each pamphlet would have a detachable, self-addressed section; and it would be the responsibility of parents of handicapped or suspected handicapped children to mail the same to their respective Division Superintendent of Schools. The Local School Division should also be responsible for informing

non-English speaking as well as non-reading parents of the information contained in the above-mentioned pamphlets.

(2) Upon receipt of the detached portion of the pamphlet, it is the responsibility of the Division Superintendent of Schools to contact the parent(s) and request (with parental consent) the child's records from the other state.

(3) If the child is known to have a handicapping condition, the Division Superintendent of Schools is responsible for informing the parent(s) of available education and related services, public and private. If the child is suspected of having a handicapping condition, the Division Superintendent of Schools is responsible for informing parents of available public and private diagnostic services. Children who have never been through a formal diagnostic process should be referred to the Local Health Department prior to other referrals provided parents do not select a private service option.

(4) It is the responsibility of the Local Health Department to then link the child, whether having a known or suspected handicapping condition, to the appropriate public or private service provider (depending upon parental preference).

(5) In addition, responsibility for detecting signs of a handicapping condition rests with any private or Local Health Department physician making the initial medical contact with a child who has moved to Virginia from another state. That physician should provide counseling to the parent(s), refer the child to the appropriate public health speciality clinic or private specialist for further diagnosis, notify the Division Superintendent of Schools, and follow-up on the linkages made.

(6) If the child's family is Welfare-eligible, the Local Superintendent of Welfare is responsible for referral to the Local Health Department's EPSDT Program for diagnosis of the handicapping or suspected

handicapping condition.

### Children of Migrant Workers

Upon notification of the Local School Division by the centralized computer tracking system in Denver, Colorado, the Division Superintendent of Schools is responsible for contacting the parents of school-age children of migratory workers to facilitate the child's entry into the public school system. If the child has been previously diagnosed as having a handicapping condition, advance notification should be provided the school system in order to plan the appropriate education program. The Division Superintendent of Schools is responsible for linking the child to school services as well as to the services of other agencies if needed. If he/she has not been diagnosed, the Division Superintendent of Schools is responsible for linking the child with the Local Health Department for a comprehensive diagnosis and for follow-up, including his/her entry into the school system for the appropriate education program.

For pre-school children of migrant workers, the Local Health Department is responsible for outreach efforts and would insure that pre-school children are identified and diagnosed by referral to the Local Health Department, which is responsible for follow-up throughout this process. Also, there should be a linkage between the Local Health Department and the Local School Division for reporting diagnosed handicapping conditions to the Denver computer center.

Parental counselling and advice as to public and private service options should be inherent throughout the process.

5. CHILDREN WHO ARE BROUGHT TO THE ATTENTION OF OR WHO ARE BEING ADMITTED TO OR DISCHARGED FROM STATE OR PRIVATE RESIDENTIAL FACILITIES AND WHO HAVE OR ARE SUSPECTED OF HAVING HANDICAPPING CONDITIONS

Goal: To identify, diagnose, and link with the appropriate service provider(s) all children in the Commonwealth of Virginia who are brought to the attention of or who are being admitted to or discharged from a residential facility and who have or are suspected of having handicapping conditions.

This subsystem is designed to establish a formal linkage between the community services providers and residential services providers, who must assure that enlightened, well conceived decisions that are in the child's best interest are made prior to placement should placement prove the most appropriate treatment modality. This subsystem is further designed to assure that education and related records precede the child's entry into and discharge from a residential facility to facilitate a smooth transition and the continuity of services.

In 1975 the General Assembly of Virginia directed the Department of Education and the Department of Mental Health and Mental Retardation to study the matter of providing appropriate training and education to children in certain State institutions. This subsystem incorporates that study and the legislative committee's recommendations by making the recommendations responsibilities as stated below under the sections on the Department of Mental Health and Mental Retardation Residential Facilities and the Residential Schools for the Deaf and the Blind. Also addressed within this subsystem are Division of Youth Services Facilities, Private Residential Mental Retardation Facilities and Private Residential Psychiatric Facilities.

## Implementation Strategies:

### a. MENTAL HEALTH AND MENTAL RETARDATION RESIDENTIAL FACILITIES

The State Superintendent of Public Instruction and the Commissioner of the Department of Mental Health and Mental Retardation shall develop and implement administrative procedures to insure "continuity of schooling services and a timely flow of dollars for handicapped individuals as they move from local communities to State facilities and back into their communities."

### b. RESIDENTIAL SCHOOLS FOR THE DEAF AND THE BLIND

The State Superintendent of Public Instruction and the two Superintendents of the State Schools for the Deaf and the Blind shall develop and implement administrative procedures to insure "continuity of schooling services and a timely flow of dollars for handicapped individuals as they move from local communities to State facilities and back into their communities." (Currently, under Section 23-238 of the Code of Virginia, it is the responsibility of the State Board of Education to prescribe procedures for determining admission and for annually reviewing placement of children in these schools.)

### c. DIVISION OF YOUTH SERVICES FACILITIES

(1) Court services personnel are responsible for discerning whether or not a child who is brought to their attention has a handicapping condition that may have prompted or contributed to the child's alleged delinquent action.

(2) If it is discerned through the child's records (requested from both public and private service providers who have worked

with the child) that the child has a handicapping condition, the Court Service Unit is responsible for (1) communicating with the Local School Division regarding the child's condition if the child is to remain in the community; (2) informing the Rehabilitative School Authority if the child is to be committed to a Division of Youth Services Facility such that either the Local School Division or the Rehabilitative School Authority can conduct the appropriate evaluation and link the child with the service provider(s). The Court Service Unit is then responsible for follow-up on both the evaluation and service linkage.

If the child is to be placed in a Division of Youth Services Facility, the Reception and Diagnostic Center should be sure all relevant records are up to date and supplied to the facility in which the child is being placed so that an appropriate IEP for the child can be developed.

(3) Copies of all academic and related services records should be mailed to the child's Local School Division at least two weeks prior to discharge by Division of Youth Services Facility personnel so that the child can be appropriately programmed immediately upon return to the community.

d. PRIVATE MENTAL RETARDATION RESIDENTIAL FACILITIES

(1) Prior to admission to a private residential facility for the mentally retarded, Mental Retardation Services of Community Mental Health and Mental Retardation Services Board and Local School Division are responsible for submitting formally requested education and related services records to the private facility.



(2) The private residential mental retardation facility is responsible for delivering an IEP for the child and for accessing and making provisions for additional diagnostic work-ups as needed.

(3) Prior to discharge, the private residential mental retardation facility should seek the permission of parent(s) to transmit copies of education and related services records to the Local School Division to which the child is returning as well as copies to Mental Retardation Services of the Community Mental Health and Mental Retardation Services Board.

e. PRIVATE RESIDENTIAL PSYCHIATRIC FACILITIES

(1) Prior to admission, the attending psychiatrist, whether public or private, should (with written permission) send records to the private residential psychiatric facility that will facilitate treatment and programming.

(2) Local School Division should be advised of placement and should transmit education and related services records to the psychiatric facility.

(3) Private psychiatric facility should work with Local School Division prior to discharge to assure smooth transition back into the community. With written permission, treatment records relevant to educational programming should be forwarded to the Local School Division from the private facility.

### III. FUTURE OF THE PLAN

The following items must be fully addressed to insure the future success and viability of the Plan:

A. INDIVIDUAL AGENCY PLANS

Each agency represented on the Task Force is responsible for submitting to the Secretaries of Education and Human Resources for transmittal to the Governor by December 1, 1977, an individual plan for identification and diagnosis of children who are handicapped, which shall include implementation strategies stating the means by which the agency intends to implement the State Plan. Such individual plans shall delineate specific linkages which that agency must establish (if not already established) with other agencies in order to coordinate service delivery to children who are handicapped.

COST DATA ESTIMATES

Until such time as each State agency providing services to children who are handicapped has prepared its own individual agency plan, it is premature to cite projected costs for full implementation of this Plan. Cost estimates from each agency shall be submitted no later than December 1, 1977, to the Secretaries of Education and Human Resources for transmittal to the Governor. The agencies shall assemble such cost data in order of priority, thereby giving an indication of Plan components which should be funded in the next biennium as well as those to be phased in during the subsequent biennium(a). In addition, the cost data shall reflect additional funds, excluding those currently in the agency's budget, needed for implementing the Plan and shall include, but shall not be limited to, the following budget items: additional personnel; training for personnel; administrative costs; facility expansion;

equipment upgrading.

C. INTERAGENCY AGREEMENTS

By March 1, 1978, each agency shall develop and submit to the Secretaries of Education and Human Resources any formalized interagency agreement(s) necessary to effectively implement this State Plan. This would mean formalizing any already existing informal interagency linkages as well as establishing new interagency agreements as called for in the individual agency plans that will guarantee facilitation of the identification and diagnosis of all children who are handicapped.

D. MAINTENANCE VEHICLE

The Task Force to Revise the Virginia State Plan for Identification and Diagnosis of Children Who Are Handicapped proposes to reconvene annually each July to assess the degree to which this Plan has been implemented and to relay to their respective agencies all relevant findings. It will be incumbent upon the Virginia Developmental Disabilities Planning Council, as a promoter of interagency coordination to upgrade service delivery, to evaluate the effectiveness of the Plan and to report their findings at the annual reconvening of this Task Force.

INTERAGENCY COOPERATIVE SERVICES AGREEMENTS

DEPARTMENT of Health - Department of Education

- " " " - Commission for the Visually Handicapped
- " " " - Department of Mental Health and Mental Retardation
- " " " - Commission for Children and Youth
- " " " Department of Corrections
- " " " - Department of Welfare
- " " " - Department of Vocational Rehabilitation
- " " " - Council for the Deaf

Department of Education - Department of Health

- " " " - Commission for the Visually Handicapped
- " " " - Department of Mental Health and Mental Retardation
- " " " Commission for Children and Youth
- " " " Department of Corrections/Rehabilitative School Authority
- " " " - Department of Welfare
- " " " Department of Vocational Rehabilitation

Division of Youth Services - Rehabilitative School Authority

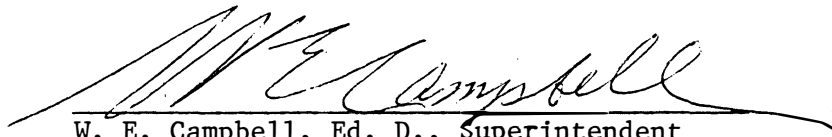
- " " " " Department of Mental Health and Mental Retardation

INTERAGENCY COOPERATIVE SERVICES AGREEMENT BETWEEN  
DEPARTMENT OF CORRECTIONS - REHABILITATIVE SCHOOL AUTHORITY  
AND  
DEPARTMENT OF EDUCATION

The Department of Corrections, the Rehabilitative School Authority and the Department of Education mutually agree to the following procedures necessary for compliance with the Revised State Plan for the Identification of Handicapped Children as outlined in the December 1977 report of the Governor's Committee on the Education of the Handicapped.

1. Each agency mutually agrees to a timely and expeditious exchange of relevant educational and related services records necessary for either diagnosis or development and implementation of the individualized educational plan for the clients for whom it is providing service. The Department of Education will assume responsibility for assisting in the efficient exchange of records if monitoring systems identify the need for such action. Each agency commits to full cooperation in both the normal and exceptional procedures necessary to effect such change.
2. The Department of Education will collaborate through training efforts with the Rehabilitative School Authority and the Division of Youth Services, Department of Corrections, in attaining a standard application of the Board of Education requirements for the identification and provision of special educational services to handicapped children. The Department of Education will provide information required for the training of such diagnostic and educational personnel, and will assign consultative personnel to assist in the implementation of a training package so developed.

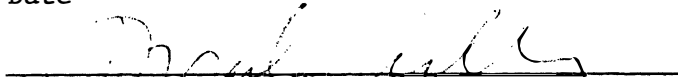
The provisions of this agreement will be incorporated into the operating policies and procedures of the three agencies and shall become effective upon the date signed by the agency heads. The agreement may be amended by mutual consent, and shall be amended if required by federal or State laws and regulations.



W. E. Campbell, Ed. D., Superintendent  
Public Instruction

4-26-78

Date



J. Wade Gilley, Ph.D.,  
Secretary of Education

4-28-78

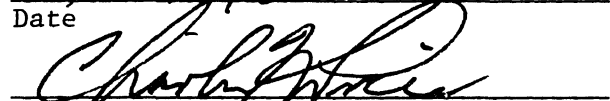
Date



T. Don Hutto, Director  
Department of Corrections

4-17-78

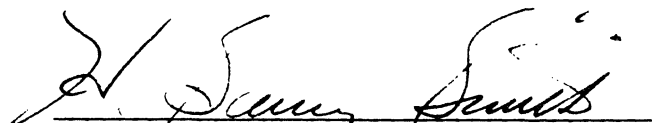
Date



Charles K. Price, Ed. D.,  
Superintendent  
Rehabilitative School Authority

4/17/78

Date



H. Selwyn Smith, Secretary  
Public Safety

4/21/78

INTERAGENCY COOPERATIVE SERVICES

AGREEMENT

VIRGINIA DEPARTMENT OF HEALTH

AND COMMISSION FOR THE VISUALLY HANDICAPPED

This interagency cooperative services agreement is made and entered into this March 1, 1978, by and between James B. Kenley, M. D., Commissioner of the Department of Health, and William T. Coppage, Director of the Commission for the Visually Handicapped.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in order to be consistent with the Revised State Plan for the Identification and Diagnosis of Children Who are Handicapped.

The provisions of this agreement shall reflect the policies of the Department of Health and the Commission for the Visually Handicapped and shall become effective upon the date signed by the Commissioner of the Department of Health and the Director of the Commission for the Visually Handicapped.

The agreement shall terminate in one year subject to renewal with or without amendments. The agreement may be amended subject to the mutual consent of the parties concerned, and it may be altered or voided as necessary to comply with changes imposed by Federal and/or State regulations or laws by either party provided that such changes are stated in writing to the other party.

A. The Department of Health agrees to the following:

1. To provide specialized medical services for eligible children through the Bureau of Crippled Children Services.
2. To provide through the regional child development clinics comprehensive pediatric examinations for visually impaired children with suspected developmental problems.




3. To provide referrals of children with severe visual impairments to the Commission for the Visually Handicapped.
4. To share appropriate diagnostic information with designated staff of the Education Services Department of the Commission.
5. To refer to the Commission all blind SSI-eligible recipients under age 16 if they are not known to the Bureau of Crippled Children, and provide the necessary funding for certain required services for these blind children which are not normally provided by the Commission (P.L. 94-566).

B. The Commission for the Visually Handicapped agrees to the following:

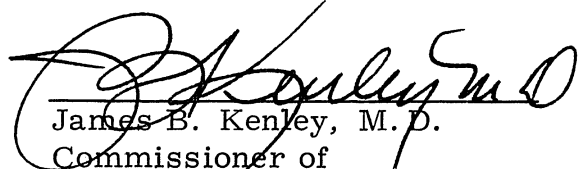
1. To provide consultant services to the Bureau of Crippled Children and to the regional child development clinics for visually impaired children with developmental problems.
2. To provide referrals of visually impaired children who need a comprehensive developmental pediatric evaluation to the regional child development clinic.
3. To provide referrals to the Health Department of eligible children who require special health services.
4. To share information with Department of Health clinics necessary for the provision of health services, as permitted by the Virginia Freedom of Information and Privacy Protection Act of 1976.

C. Funding Sources:

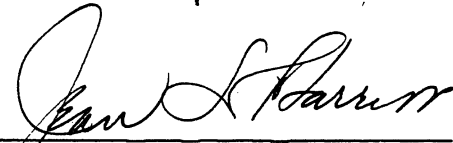
The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.

  
William T. Coppage  
Director of  
Commission for the  
Visually Handicapped

Date: 3/30/78

  
James B. Kenley, M. D.  
Commissioner of  
Virginia State Department  
of Health

Date: 3/30/78

  
Jean L. Harris, M. D.  
Secretary of  
Human Resources

Date: 3/31/78

INTERAGENCY COOPERATIVE SERVICES AGREEMENT

Department of Mental Health and Mental Retardation

and

Department of Health

This interagency cooperative services agreement is made and entered into this March 1, 1978, by and between James B. Kenley, M.D., Commissioner, Virginia Department of Health, and Leo E. Kirven, Jr., M.D., Commissioner, Virginia Department of Mental Health and Mental Retardation.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in order to be consistent with the Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped, which was transmitted to Governor Godwin on January 11, 1978.

The provision of this agreement shall reflect the policies of the Department of Health and the Department of Mental Health and Mental Retardation and shall become effective upon the date signed by the two Commissioners. The agreement shall terminate in one year subject to renewal with or without amendments. This agreement may be amended by mutual consent of the parties, and it shall be amended if required by federal or state laws or regulations.

The Department of Health agrees to the following:

- A. To provide through the regional child development clinics comprehensive pediatric examinations for children suspected of having severe developmental problems.
- B. To provide referrals of children suspected of being emotionally disturbed to the local mental health clinics for further identification and diagnosis.

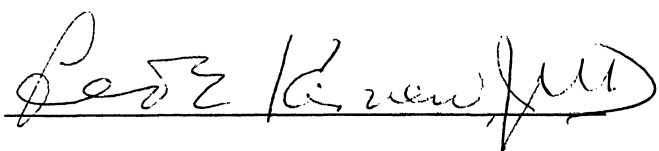
The Department of Mental Health and Mental Retardation agrees on the following:

- A. To encourage community mental health and mental retardation services boards to refer children suspected of having severe developmental problems to the local health departments or regional child development clinics for comprehensive pediatric examinations before providing psychiatric or psychological examinations by the local mental health clinics.

B. To encourage community mental health and mental retardation services boards to provide psychiatric, psychological and other relevant examinations for children who are suspected of being emotionally disturbed and who have been screened by the local health departments or regional child development clinics.

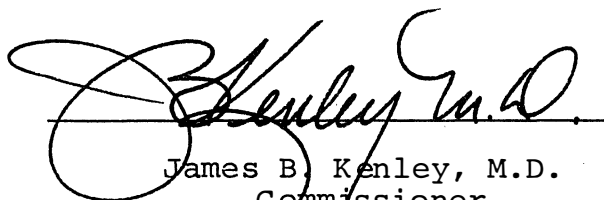
Funding Sources:

The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.



Leo E. Kirven, Jr., M.D.  
Commissioner  
Department of Mental Health and  
Mental Retardation

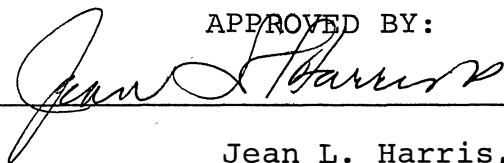
DATE: 3-7-78



James B. Kenley, M.D.  
Commissioner  
Department of Health

DATE: 3/7/78

APPROVED BY:



Jean L. Harris, M.D.  
Secretary of Human Resources

DATE: 4/27/78

INTERAGENCY COOPERATIVE SERVICES  
AGREEMENT  
COMMISSION FOR CHILDREN AND YOUTH  
DEPARTMENT OF HEALTH

This inter-agency cooperative services agreement is made and entered into this March 1, 1978, by and between James B. Kenley, M.D., Commissioner of the Virginia State Department of Health and Valerie S. Emerson, Executive Director of the Virginia Commission for Children and Youth.

The purpose of this agreement is to provide for maximum coordination of the activities of each Department in implementing the Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped.

The provision of this agreement shall reflect the policies of the Department of Health and the Commission for Children and Youth and shall become effective upon the date signed by the Commissioner and the Executive Director. The agreement shall terminate in one year subject to renewal with or without amendments. The agreement may be amended subject to the mutual consent of the parties concerned, and it shall be amended to reflect changes imposed by Federal and/or State laws or regulations.

A. The Department of Health agrees to the following:

1. To provide health screening services for eligible children through the facilities of local health departments.
2. To provide special health services for eligible children through the Crippled Children's Program.
3. To provide comprehensive diagnostic services for children with developmental problems through the facilities of the regional child development clinics.
4. To promote the public awareness of the need for early and periodic health screening examinations for pre-school aged children.

B. The Virginia Commission for Children and Youth agrees to the following:

1. To serve as an advocate for the provision of health services for children.
2. To promote the development of programs and activities for the prevention of health problems in children.
3. To assist in the provision of information to the general public of health services available to children with suspected handicapping conditions.

C. Funding Sources:

The implementation of this agreement is contingent upon the avail-

ability of appropriate funding for the above referenced services.

Valerie S. Emerson

Valerie S. Emerson  
Executive Director  
Virginia Commission for  
Children and Youth

Date: March 23, 1978

James B. Kenley, M.D.  
James B. Kenley, M.D.  
Commissioner  
Virginia State Department  
of Health

Date: March 27, 1978

Approved by:

Jean L. Harris

Jean L. Harris, M.D.  
Secretary  
Human Resources

Date: 4/27/78

INTERAGENCY COOPERATIVE SERVICES

AGREEMENT

DEPARTMENT OF HEALTH  
AND  
DEPARTMENT OF CORRECTIONS

This interagency cooperative services agreement is made and entered into this March 1, 1978, by and between James B. Kenley, M. D., Commissioner of the Virginia State Department of Health and T. Don Hutto, Director of the Virginia Department of Corrections.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in order to be consistent with the Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped.

The provision of this agreement shall reflect the policies of the Department of Health and the Department of Corrections and shall become effective upon the date signed by the Commissioner and the Director. The agreement shall terminate in one year subject to renewal with or without amendments. The agreement may be amended subject to the mutual consent of the parties concerned, and it shall be amended to reflect changes imposed by Federal and/or State laws or regulations.

A. The Department of Health agrees to the following:


1. To provide health screening services for eligible children through the facilities of local health departments.
2. To provide special health services for eligible children through the Crippled Children's Program.
3. To provide comprehensive diagnostic services for children with developmental problems through the facilities of the regional child development clinics.

B. The Department of Corrections agrees to the following:

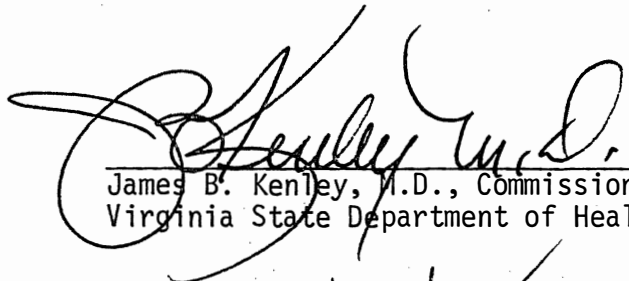
1. To utilize, when appropriate, the programs of the Department of Health to obtain health services for eligible children.
2. To encourage referrals to the regional child development clinics for children suspected of having severe developmental problems and are brought into the court system.

C. Funding Sources:

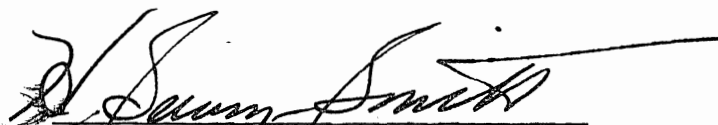
The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.

  
\_\_\_\_\_  
T. Don Hutto, Director  
Virginia Department of Corrections

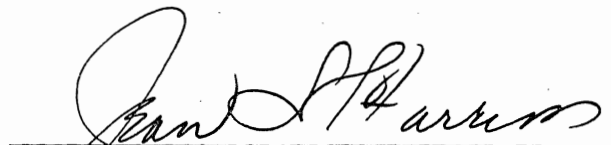
Date: 3-31-78

  
\_\_\_\_\_  
James B. Kenley, M.D., Commissioner  
Virginia State Department of Health

Date: 3/31/78

  
\_\_\_\_\_  
H. Selwyn Smith, Secretary  
Public Safety

Date: 3/31/78

  
\_\_\_\_\_  
Jean L. Harris, M.D., Secretary  
Human Resources

Date: 4/27/78



Interagency Cooperative Services Agreement  
between the  
Virginia Department of Health  
Virginia Department of Welfare

This Interagency Cooperative Services Agreement is made and entered into on March 1, 1978, by and between James B. Kenley, M.D., Commissioner of the Department of Health, and William L. Lukhard, Commissioner of the Department of Welfare.

The purpose of this agreement is to formalize coordination between the two Departments in an effort to ensure delivery of services to handicapped children who have need of services provided by the two Departments in addition to their need for special education.

The responsibilities agreed to for local health departments and local departments of welfare/social services are:

A. The Department of Health agrees to the following:

1. To accept referral of all Medicaid-eligible children under 21 years of age for Early Periodic Screening, Diagnosis and Treatment (EPSDT) through public health department clinics. (Previous agreement between the two agencies of 2/1/74 specifies responsibilities concerning Medicaid program.)
2. To accept referral of Aid to Dependent Children clients to determine eligibility for the Women, Infant, Children (WIC) program.
3. To accept welfare clients referred for services, such as well baby clinics, family planning clinics, etc.
4. To accept child abuse cases for medical examinations when referrals are made.


B. The Department of Welfare agrees to the following:


1. To refer all Medicaid-eligible children under 21 years of age to the local health department for Early Periodic Screening, Diagnosis and Treatment (EPSDT) except for certain foster care children who may be referred to a private physician.
2. To refer Aid to Dependent Children clients who are potentially eligible for participation in the Woman, Infant, Children (WIC) program.
3. To utilize the clinic facilities of the local health departments by making referrals to the appropriate clinics as clients' needs are determined.

4. Referrals may be made to the local health clinics for medical examinations in suspected child abuse cases.

C. The Department of Health and the Department of Welfare encourage local departments of public health and local departments of public welfare/social services to develop formalized working agreements to facilitate services for the identification of needed services for handicapped children.

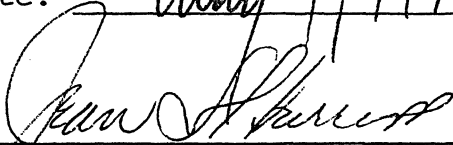
This agreement is made in duplicate, each of the parties hereto bearing a copy thereof, which copies shall be an original.

  
James B. Kenley, M.D.  
Commissioner  
Virginia State Department  
of Health

  
William L. Lukhard  
Commissioner  
Department of Welfare  
Commonwealth of Virginia

Date: May 4, 1978

Date: May 12, 1978

  
Jean L. Harris, M.D.  
Secretary of Human Resources

Date: 5/15/78

INTERAGENCY COOPERATIVE SERVICES  
AGREEMENT BETWEEN  
VIRGINIA DEPARTMENT OF HEALTH AND  
DEPARTMENT OF VOCATIONAL REHABILITATION

This interagency cooperative services agreement is made and entered into by and between James B. Kenley, M. D., Commissioner of the Department of Health, and Altamont Dickerson, Jr., Commissioner of the Department of Vocational Rehabilitation.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in order to be consistent with the Revised State Plan for the Identification and Diagnosis of Children who are Handicapped, under the administration of the State Department of Education.

The provisions of this agreement shall reflect the policies of the Department of Health and the Department of Vocational Rehabilitation and shall become effective upon the date signed by the two Commissioners. The agreement shall terminate in one year subject to renewal with or without amendments. This agreement may be amended by mutual consent of the parties and it may be altered or voided to reflect changes imposed by Federal and/or State regulations or laws by either party, provided that such changes are stated in writing to the other party 30 days prior to the effective date of any such changes.

- A. The Department of Health agrees to the following:
  - 1. To provide specialized medical services through

the Bureau of Crippled Children to children who are eligible under the Department's guidelines.

2. To provide comprehensive pediatric evaluations through regional child development clinics for multiple handicapped children between the ages of sixteen and twenty-one years who are suspected of having developmental problems and are applicants for services from the Department of Vocational Rehabilitation.
  3. To share appropriate diagnostic information with the Department of Vocational Rehabilitation necessary for development of an individual written rehabilitation program for an applicant.
- B. The Department of Vocational Rehabilitation agrees to the following:
1. To provide vocational rehabilitation services to handicapped children who are eligible under the Department's guidelines.
  2. To assist in assessing an applicant's need for specific services, and in determining his/her vocational potential.
  3. To provide referrals for those who appear to need specific health services.
  4. To provide coordination of services based on the Department's technical expertise in evaluating the needs of a handicapped individual.

C. Funding:

The implementation of this agreement is contingent upon the availability of appropriate funding for the agreed upon services.

Altamont Dickerson, Jr.  
Altamont Dickerson, Jr.  
Commissioner  
Department of Vocational  
Rehabilitation

Date March 30, 1978

James B. Kenley, M. D.  
James B. Kenley, M. D.  
Commissioner  
Department of Health

Date March 27, 1978

Approved by  
Jean L. Harris  
Jean L. Harris, M. D.  
Secretary of Human Resources

Date 4/28/78

INTERAGENCY COOPERATIVE SERVICES

AGREEMENT

BETWEEN THE

VIRGINIA DEPARTMENT OF HEALTH

VIRGINIA COUNCIL FOR THE DEAF

This interagency cooperative services agreement is made and entered into this March 1, 1978, by and between James B. Kenley, M.D., Commissioner of the Department of Health and Fred P. Yates, Jr., Executive Secretary for the Council for the Deaf.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in order to be consistent with the Revised State Plan for the Identification and Diagnosis of Children who are Handicapped.

The provision of this agreement shall reflect the policies of the Department of Health and the Council for the Deaf and shall become effective upon the date signed by the Commissioner of Health and the Executive Secretary for the Council for the Deaf. The agreement shall terminate in one year subject to renewal with or without amendments. The agreement may be amended subject to the mutual consent of the parties concerned, and it may be altered or voided to reflect changes imposed by Federal and/or State regulations or laws by either party provided that such changes are stated in writing to the other party.

A. The Department of Health agrees to the following:

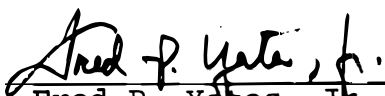
1. To provide special health services for eligible deaf children through the Bureau of Crippled Children Services.
2. To provide through the regional child development clinics comprehensive pediatric examination of deaf children with suspected developmental problems.

B. The Council for the Deaf agrees to the following:

1. To assist in the promotion of a public awareness of eligible deaf individuals of health services available through the programs and facilities of the Department of Health.
2. To assist the Department of Health in the identification of qualified interpreters of sign language communication for utilization when appropriate for the delivery of health care services for deaf individuals.
3. To serve as a resource in the planning of programs to train Health Department Staff in the development of skills necessary to communicate with deaf individuals receiving health services from the Department.


C. Funding Sources:

The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.



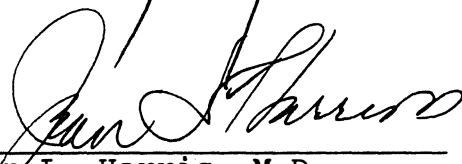
Fred P. Yates, Jr.  
Executive Secretary for  
Council for the Deaf

Date: 3-13-78



James B. Kenley, M.D.  
Commissioner  
Virginia State Department  
of Health

Date: 3/20/78



Jean L. Harris, M.D.  
Secretary of  
Human Resources

Date: 4/27/78

INTERAGENCY COOPERATIVE SERVICES  
AGREEMENT  
VIRGINIA DEPARTMENT OF HEALTH  
AND VIRGINIA DEPARTMENT OF EDUCATION

This interagency cooperative services agreement is made and entered into this March 1, 1978, by and between James B. Kenley, M.D., Commissioner of the Department of Health and W.E. Campbell, Ed.D., Superintendent of Public Instruction.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in order to be consistent with the "Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped."

The provision of this agreement shall reflect the policies of the Department of Health and the Department of Education and shall become effective upon the date signed by the Commissioner and the Superintendent. The agreement shall terminate in one year subject to renewal with or without amendments. The agreement may be amended subject to the mutual consent of the parties concerned, and it may be altered or voided to reflect changes imposed by Federal and/or State regulations or laws by either party provided that such changes are stated in writing to the other party.

A. The Department of Health agrees to the following:

1. To serve as a point of entry for the early detection of pre-school aged children with handicapping conditions by utilizing the available services of local health departments.
2. To provide diagnostic and appropriate treatment examinations for eligible children through the Crippled Children's program.
3. To provide medical examinations for eligible children entering school for the first time.
4. To provide comprehensive diagnostic services for children with developmental problems through the facilities of the regional child development clinics.
5. To continue the sickle cell testing program for school age children.
6. To share appropriate evaluative and diagnostic information with appropriate public school personnel where necessary for educational programming and the placement of handicapped children.
7. To provide assistance to the Department of Education and local school divisions in the development and maintenance of proper occupational and physical therapy services in public school settings.



8. To provide referral audiological services for local school divisions.
9. To provide office facilities and support staff for educational consultants assigned to the various child development and child specialty clinics operated by the Department of Health.
10. To share appropriate information necessary for the supervision of the educational consultants with authorized representatives of the Department of Education.

B. The Department of Education agrees to the following:

1. To serve as a point of entry for the early detection of school aged children with handicapping conditions.
2. To the development of procedures designed to assure the full utilization of local school division personnel and services in the evaluation process before referral to Health Department operated diagnostic clinics.
3. To assign educational consultants to the Bureau of Crippled Children and Child Development Clinics.
4. To share appropriate information in conformity with the Management of the Student's Scholastic Record in the Public Schools of Virginia with the Department of Health clinics necessary for the provision of health services.
5. To provide appropriate supervision of special education personnel assigned to specialty clinics.
6. To maintain a formal communication system between the local school divisions and the specialty clinics regarding the procedures for referring children to such clinics and other related matters.
7. To assist in obtaining or make available, as may be feasible, federal funds in support of the health components of the above referenced State Plan.

C. Funding Sources:

The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.

*W E Campbell*

W.E. Campbell, Ed.D.  
Superintendent of Public Instruction

Date: 5/9/78

*J Wade Gilley*

J. Wade Gilley, Ph.D.  
Secretary of Education

Date: 5-10-78

*B Kenley*

James B. Kenley, M.D.  
Commissioner  
Virginia State Department  
of Health

Date: May 4, 1978

*Jean L Harris*

Jean L. Harris, M.D.  
Secretary of  
Human Resources

Date: 5/12/78

INTERAGENCY COOPERATIVE SERVICES AGREEMENT  
Virginia Commission for the Visually Handicapped  
and  
Department of Education

The following programmatic agreement between the State Department of Education and the Virginia Commission for the Visually Handicapped details services to blind and visually impaired children of the Commonwealth of Virginia as required by Sections 22-10.4 and 22-10.5 and 22-10.7 of the Code of Virginia.

Population

All blind and visually impaired children and youth between the ages of birth and 21 years of age in private, parochial, and public schools, or at home (infant and preschool) who "have vision after best correction which limits ability to profit from a normal or unmodified educational setting."

Geographic Area

The entire Commonwealth of Virginia.

Personnel

All professional personnel providing educational and related services to visually impaired children between the ages of birth and 21 employed from public funds shall meet Board of Education certification and endorsement requirements for such personnel.

A. The Commission for the Visually Handicapped agrees to the following:

1. To assist local school divisions and the Department of Education in the development and implementation

of "child find" efforts to locate and identify all visually impaired children from birth to age 21.


2. To provide, or arrange for, the psychological, low vision evaluation and eye examination of each child suspected of being visually impaired.
3. To provide, or otherwise assist, local school division personnel with the necessary educational and sociological evaluation components.
4. To provide for the orientation and mobility assessment as required for each visually impaired child.
5. To provide appropriate personnel to each school division to assist with eligibility determinations and the development of an IEP for each visually impaired child.
6. To provide appropriate personnel to assist the Department of Education and the State residential school personnel with the assignment of visually impaired children to such State schools and local school programs.
7. To provide orientation and mobility services for visually handicapped children in local school divisions as required by the Individualized Educational Program (IEP).
8. To reimburse local school divisions for the employment of teachers of the visually impaired.


9. To provide consultative services to local school divisions to ensure the development and maintenance of appropriate educational programs for visually impaired children and youth.
  10. To continue the contractual arrangement with the Department of Education for the procurement and distribution of books and materials for visually impaired children in the public schools.  
(American Printing House for the Blind Quota,  
Ex-Officio Trustee)
  11. To assist the Department of Education with monitoring requirements relating to the education of children with visual impairments.
- B. The Department of Education agrees to the following:
1. To develop procedures for the provision of educational services for visually impaired children in cooperation with the Commission for the Visually Handicapped.
  2. To share information and procedures with the Virginia Commission for the Visually Handicapped that affects the education of handicapped children in the Commonwealth.
  3. To continue the contractual arrangement with the Commission regarding the procurement and distribution of books and instructional materials for visually impaired children in the public schools.

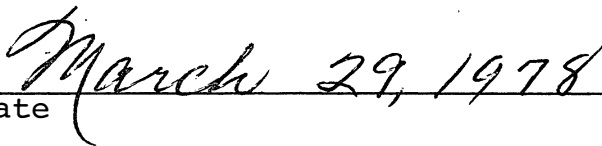
4. To inform local school divisions of services provided by the Commission and procedures to follow when obtaining such services.
5. To develop procedures that identify the areas of responsibility assigned to the Commission for the Visually Handicapped when monitoring educational programs for children with visual impairments.

C. Funding Sources:

The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.

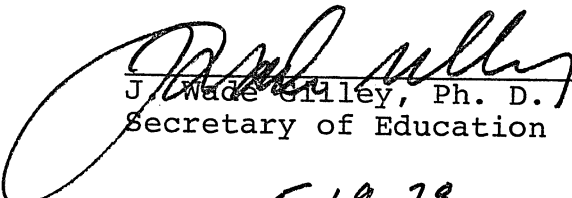
  
W. E. Campbell, Ed.D.  
Superintendent of Public Instruction

  
William T. Coppage  
Director, Virginia Commission  
the Visually Handicapped

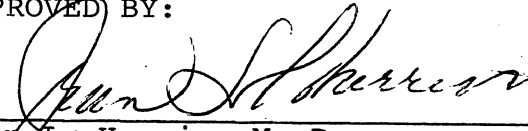
  
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Date

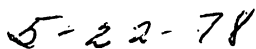
APPROVED BY:

  
J. Wade Gilley, Ph. D.  
Secretary of Education

APPROVED BY:

  
Jean L. Harris, M. D.  
Secretary of Human Resources

DATE 

DATE 

## INTERAGENCY COOPERATIVE SERVICES AGREEMENT

Department of Mental Health and Mental Retardation  
and  
Department of Education

This interagency cooperative services agreement is made and entered into this March 1, 1978, by and between W. E. Campbell, Ed.D., Superintendent of Public Instruction, Virginia Department of Education and Leo E. Kirven, Jr., M.D., Commissioner, Virginia Department of Mental Health and Mental Retardation.

The purpose of this agreement is to provide maximum coordination and utilization of services of each Department in order to be consistent with the Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped, which was transmitted to Governor Godwin on January 11, 1978.

The provisions of this agreement shall reflect the policies of the Department of Mental Health and Mental Retardation and the Department of Education, and shall become effective upon the date signed by the Superintendent of Public Instruction and the Commissioner of the Department of Mental Health and Mental Retardation. The agreement shall terminate in one year subject to renewal with or without amendments. This agreement may be amended by mutual consent of the parties concerned, and it shall be amended if required by Federal or State laws or regulations.

The Department of Mental Health and Mental Retardation agrees to the following:

1. To encourage Community Mental Health and Mental Retardation Services Boards to cooperate in child find procedures required by local school divisions.
2. To encourage Community Mental Health and Mental Retardation Services Boards to enter into contractual agreements with local school divisions and Health Departments for the provisions of diagnostic, evaluation and treatment services for emotionally disturbed children.
3. To encourage Community Mental Health and Mental Retardation

Services Boards to develop treatment programs for emotionally disturbed and mentally retarded children in cooperation with educational programs for such children provided by local school divisions.

4. To provide special education programs for mentally retarded children ages 2 to 21 residing in State mental retardation facilities in order to receive treatment and habilitation training, in accordance with Board of Education regulations.

Education programs will be provided at no cost to the parents. The treatment and habilitation training will be subject to DMHMR reimbursement in compliance with Section 37.1-105 through 37.1-119 of the Code of Virginia.

5. To encourage the coordination of educational programs with treatment programs provided for handicapped children in State mental health and mental retardation facilities.
6. To provide adequate space for the special education program within State mental health and mental retardation facilities.
7. To provide access to information needed for the supervision of educational programs by authorized representatives of the Department of Education in those State facilities operated by the Department of Mental Health and Mental Retardation.
8. To cooperate with the Department of Education in a study of mental health needs of handicapped children for possible inclusion in the revised Mental Health State Plan.
9. To cooperate with the Department of Education and local school divisions in providing them with written procedures that are required when considering the admission of handicapped children to facilities operated by the Department of Mental Health and Mental Retardation.

The Department of Education agrees to the following:


1. To provide appropriate special education services through local school divisions for those children identified and diagnosed as being emotionally disturbed or mentally retarded.
2. To provide appropriate education for emotionally disturbed children ages 2-21 within mental health facilities operated by the Department of Mental Health and Mental Retardation in accordance with Board of Education regulations.



3. To provide supervision of special education programs conducted within State mental health and mental retardation facilities.
4. To provide consultation regarding available special education curriculum materials for programs conducted for handicapped children in State mental health and mental retardation facilities.

Funding Sources:

The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.



Leo E. Kirven, Jr., M.D.  
Commissioner

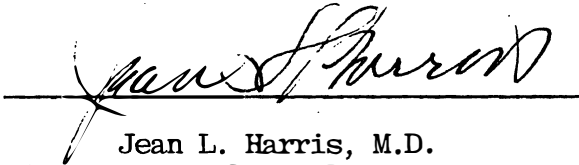
Date May 2, 1978



W. E. Campbell, Ed.D.  
Superintendent of Public Instruction

Date 5/9/78

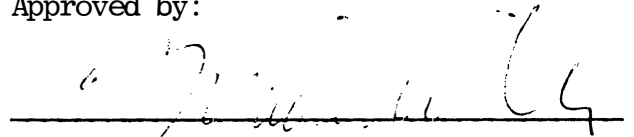
Approved by:



Jean L. Harris, M.D.  
Secretary of Human Resources

Date 5/12/78

Approved by:



J. Wade Gilley, Ph.D.  
Secretary of Education

Date 5-15-78

INTERAGENCY COOPERATIVE SERVICES AGREEMENT BETWEEN  
COMMISSION FOR CHILDREN AND YOUTH  
AND  
DEPARTMENT OF EDUCATION

This interagency cooperative services agreement is made and entered into this March 1, 1978 by and between Valerie S. Emerson, Executive Director, Virginia Commission for Children and Youth, and W. E. Campbell, State Superintendent of Public Instruction.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in implementing the Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped.

The provision of this agreement shall reflect the policies of the Department of Education and the Commission for Children and Youth and shall become effective upon the date signed by the Superintendent of Public Instruction and the Executive Director. The agreement shall terminate in one year subject to renewal with or without amendments. The agreement may be amended subject to the mutual consent of the parties concerned, and it shall be amended to reflect changes imposed by Federal and/or State laws or regulations.

- A. The Virginia Commission for Children and Youth agrees to the following:
  1. To serve as an advocate for the provision of appropriate educational services for handicapped children.


- 2. To promote the development of programs and activities for the prevention of handicapping conditions in children.
- 3. To assist in the provision of information to the general public on special educational services available to children with handicapping conditions.


B. The Department of Education agrees to the following:

- 1. To provide information to the Commission for Children and Youth relating to State requirements for the education of children with handicapping conditions.
- 2. To provide information to the Commission for Children and Youth relative to approved educational programs for children with handicapping conditions.
- 3. To solicit assistance from the Commission for Children and Youth in the development of "child find" materials.

C. Funding Sources:

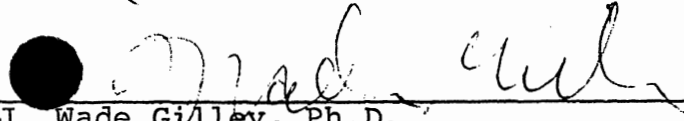
The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.


  
 W. E. Campbell, Ed.D.  
 Superintendent of Public Instruction

  
 Valerie S. Emerson  
 Executive Director  
 Virginia Commission for Children and Youth

March 29, 1978  
 Date

April 28, 1978  
 Date

  
 J. Wade Gilley, Ph.D.  
 Secretary of Education

  
 Jean L. Harris, M.D.  
 Secretary of Human Resources

5-1-78  
 Date

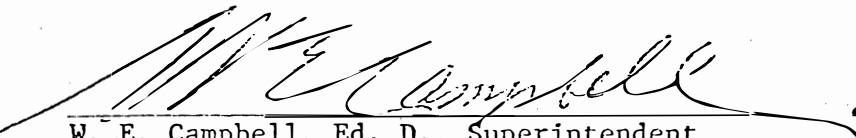
5-1-78  
 Date

INTERAGENCY COOPERATIVE SERVICES AGREEMENT BETWEEN  
DEPARTMENT OF CORRECTIONS - REHABILITATIVE SCHOOL AUTHORITY  
AND  
DEPARTMENT OF EDUCATION

The Department of Corrections, the Rehabilitative School Authority and the Department of Education mutually agree to the following procedures necessary for compliance with the Revised State Plan for the Identification of Handicapped Children as outlined in the December 1977 report of the Governor's Committee on the Education of the Handicapped.

1. Each agency mutually agrees to a timely and expeditious exchange of relevant educational and related services records necessary for either diagnosis or development and implementation of the individualized educational plan for the clients for whom it is providing service. The Department of Education will assume responsibility for assisting in the efficient exchange of records if monitoring systems identify the need for such action. Each agency commits to full cooperation in both the normal and exceptional procedures necessary to effect such change.
2. The Department of Education will collaborate through training efforts with the Rehabilitative School Authority and the Division of Youth Services, Department of Corrections, in attaining a standard application of the Board of Education requirements for the identification and provision of special educational services to handicapped children. The Department of Education will provide information required for the training of such diagnostic and educational personnel, and will assign consultative personnel to assist in the implementation of a training package so developed.

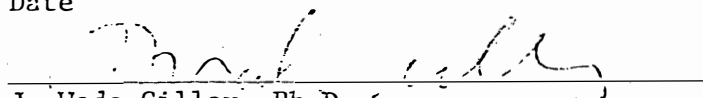
The provisions of this agreement will be incorporated into the operating policies and procedures of the three agencies and shall become effective upon the date signed by the agency heads. The agreement may be amended by mutual consent, and shall be amended if required by federal or State laws and regulations.



W. E. Campbell, Ed. D., Superintendent  
Public Instruction

4-26-78

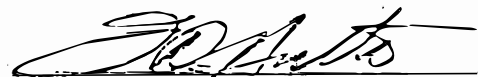
Date



J. Wade Gilley, Ph.D.  
Secretary of Education

4-22-78

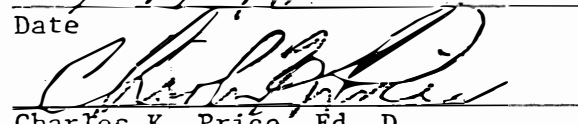
Date



T. Don Hutto, Director  
Department of Corrections

4-17-78

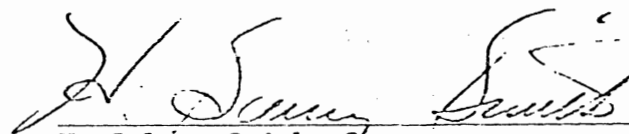
Date



Charles K. Price, Ed. D.,  
Superintendent  
Rehabilitative School Authority

4/17/78

Date



H. Selwyn Smith, Secretary  
Public Safety

4/21/78

INTERAGENCY COOPERATIVE SERVICES AGREEMENT

BETWEEN

VIRGINIA DEPARTMENT OF EDUCATION

AND

DEPARTMENT OF WELFARE

This interagency cooperative services agreement is made and entered into by W. E. Campbell, State Superintendent of Public Instruction, and William L. Lukhard, Commissioner of the Department of Welfare.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in order to be consistent with the Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped.

The provisions of this agreement shall reflect the policies of the Department of Welfare and the Department of Education, and shall become effective upon the date signed by the Commissioner and the Superintendent. This agreement shall terminate in one year subject to renewal with or without amendments. This agreement may be amended subject to the mutual consent of the parties, provided that such changes are stated in writing to the other party 30 days prior to the effective date of any such changes. Federal and/or state regulations or laws may be imposed which would necessitate changes or amendments.

A. The Department of Welfare Agrees to the following:

1. To participate with the Department of Health in preparing

a public awareness campaign for the EPSDT program.

2. To refer children with suspected disabilities to local school division personnel or Health Department personnel.
3. To cooperate in the negotiation of rates for various residential facilities serving handicapped children from Virginia.
4. To assist local welfare agencies in providing information and training for foster care parents who care for handicapped children to increase their understanding of the characteristics and needs of the handicapped child.
5. To provide, through local welfare agencies, foster care for handicapped children who meet the eligibility requirements for foster care.
6. To cooperate in the development of standardized reporting systems.
7. To cooperate in the transfer of information concerning handicapped children between agencies, consistent with State and Federal laws.
8. To assist in planning for a comprehensive system of services for the handicapped.
9. To assist in making teachers aware of their responsibility in identifying potential child abuse.
10. To provide, through local welfare agencies, information and services that are available through provision of Title XIX and Title XX.
11. To provide information to the Department of Education and local school divisions on the Information and Referral System.

B. The Department of Education Agrees to the following:

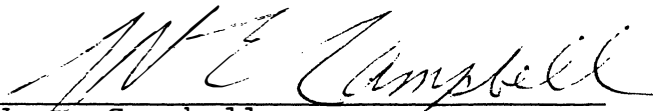
1. To provide appropriate special education services through

local school divisions and State operated facilities for those children identified and diagnosed as being handicapped.

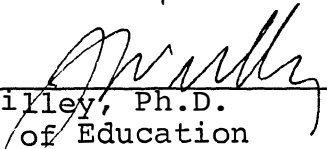
2. To share appropriate information with the Department of Welfare in conformity with the Management of Students' Scholastic Records in the Public Schools of Virginia.
3. Assist the Department of Welfare in the development of guidelines for the in-service training of teachers concerning the identification of potential child abuse, including warning signs and symptoms.
4. To cooperate in the approval of private educational programs for the handicapped.
5. To cooperate in the development of a standardized reporting system.

C. Funding


The implementation of this agreement is contingent upon the availability of appropriate funding for the above-referenced services.

  
 W. E. Campbell  
 Superintendent of Public  
 Instruction

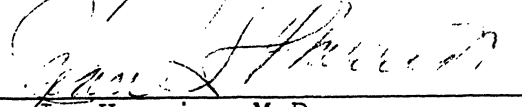
Date 6/28/78

  
 J. Wade Gilley, Ph.D.  
 Secretary of Education

Date 6/29/78

  
 William L. Lukhard  
 Commissioner  
 Department of Welfare

Date 6/29/78

  
 Jean L. Harris, M.D.  
 Secretary of Human Resources

Date 6/29/78



INTERAGENCY COOPERATIVE SERVICES  
AGREEMENT BETWEEN  
THE DEPARTMENT OF VOCATIONAL REHABILITATION  
AND  
THE DEPARTMENT OF EDUCATION

This interagency cooperative services agreement is made and entered into by and between Altamont Dickerson, Jr., Commissioner of the Department of Vocational Rehabilitation and W. E. Campbell, State Superintendent of Public Instruction.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in implementing the Revised State Plan for the Identification and Diagnosis of Children who are Handicapped.

The provisions of this agreement shall reflect the policies of the Department of Vocational Rehabilitation and the Department of Education and shall become effective upon the date signed by the Commissioner of the Department of Vocational Rehabilitation and by the Superintendent of Public Instruction. This agreement shall terminate in one year subject to renewal with or without amendments. This agreement may be amended by mutual consent of the parties concerned, and it shall be amended to reflect changes imposed by Federal and/or State laws or regulations, provided that such changes are stated in writing to the other party 30 days prior to the effective date of any such changes.

A. Department of Education

The Division of Vocational Education Agrees to:

1. Provide needed consultation to assure the initiation of vocational educational programs for handicapped students in local school divisions, State schools, institutions, and hospitals.
2. Provide consultative services to local school divisions, State schools, institutions, and hospitals to assure initial placement and maintenance of eligible handicapped students in regular vocational educational programs.
3. Reimburse local school divisions, State schools, institutions, and hospitals for approved vocational educational programs for handicapped students in accordance with procedures prescribed by the Board of Education.
4. Cooperate with the Division of Special Education and the Department of Vocational Rehabilitation in the determination of special vocational educational programs for the handicapped eligible for special funding.
5. Determine the eligibility of vocational education teachers to be employed in vocational education programs for handicapped students.
6. Cooperate in the development of guidelines and procedures for the implementation of this interagency agreement.
7. Plan and implement with the Division of Special Education and the Department of Vocational Rehabilitation an in-service training program on the implementation of this interagency agreement.

8. Cooperate with the Division of Special Education and the Department of Vocational Rehabilitation in the determination of in-service training needs of local school division and State personnel in the provision of appropriate academic, pre-vocational and vocational education services for handicapped students.
9. Assist the Division of Special Education in the approval of private schools providing vocational education training for handicapped students.

The Division of Special Education Agrees to:

1. Provide needed consultation to assure the initiation of vocational education programs for the handicapped in local school divisions, State schools, institutions and hospitals.
2. Provide consultative services to local school divisions, State schools, institutions and hospitals to maintain appropriately placed handicapped children in regular vocational education programs.
3. Reimburse local school divisions, State schools, institutions and hospitals in accordance with procedures prescribed by the Board of Education.
4. Provide financial assistance to local school divisions for jointly approved cooperative vocational education programs for handicapped students.
5. Certify the eligibility of special education teachers to provide related instruction in vocational education programs for the handicapped.

6. Cooperate with the Division of Vocational Education and the Department of Vocational Rehabilitation in the development of guidelines and procedures for the implementation of this interagency agreement.
7. Plan and implement in cooperation with the Division of Vocational Education and the Department of Vocational Rehabilitation an in-service training program relating to the vocational education of handicapped students in the least restrictive environment.
8. Approve, in cooperation with the Division of Vocational Education, private schools providing vocational education programs for the handicapped.
9. Reimburse Woodrow Wilson Rehabilitation Center for special education teachers employed to provide related instruction for handicapped students participating in vocational education programs.

B. The Department of Vocational Rehabilitation Agrees to:

1. Provide needed consultation to initiate joint vocational educational programs in local school divisions, State schools, institutions and hospitals for handicapped students.
2. Cooperate with the Department of Education in the development of guidelines and procedures for the implementation of this interagency agreement.
3. Plan and implement with the Divisions of Vocational Education and Special Education an in-service education program for State and local personnel on the implementation of this

interagency agreement.

4. Cooperate with the Divisions of Vocational Education and Special Education in the determination of in-service requirements for local school divisions, State schools, institutions and hospital personnel in the provision of appropriate academic, pre-vocational and vocational education services for handicapped students.
5. Provide vocational assessments for handicapped students, ages 15-21.
6. Determine the eligibility of individuals referred by educational agencies for vocational rehabilitation services.
7. Provide vocational rehabilitation services for those handicapped persons found eligible.
8. Provide job placement and counseling services for handicapped students upon leaving school.
9. Provide vocational training at the Woodrow Wilson Rehabilitation Center for students residing therein.
10. Provide training programs for employers designed to foster a positive attitude and environment relating to the employment of handicapped students.

Local School Divisions and State Facilities are Responsible for:

1. Providing vocational education and related services for their handicapped students.
2. Maintain appropriate records and accounts as required.
3. Determine the eligibility of students for special education and related services.

4. Provide, or otherwise arrange for, appropriate vocational counseling for handicapped students.
5. Arrange for counseling of parents relating to career choices for handicapped students.
6. Make available to designated State personnel in accordance with regulations governing the Management of the Student's Scholastic Records in the Public Schools of Virginia the individual records of students.
7. Coordinate the services of vocational education, special education and Vocational Rehabilitation within the local school division.
8. Plan and implement an in-service training program for teachers, counselors, supervisors and administrative personnel regarding the vocational education of handicapped students.
9. Assure the inclusion of vocational education services in the IEP of each handicapped student when required.
10. Include Vocational Education and Vocational Rehabilitation personnel in the development of the IEP when appropriate.

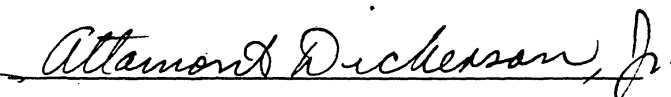
C. Funding Sources:

The implementation of this agreement is contingent upon the availability of appropriate funding for the above referenced services.



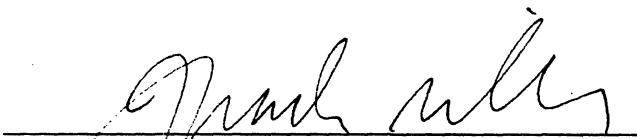
W. E. Campbell, Ed.D.  
Superintendent of Public  
Instruction

Date 6/28/78



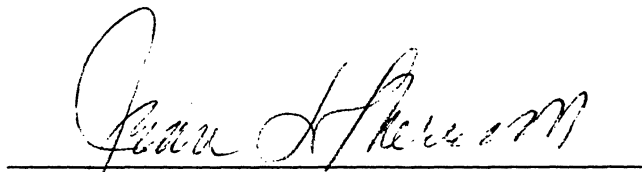
Altamont Dickerson, Jr.  
Commissioner  
Department of Vocational Rehabilitation

Date 6/29/78



J. Wade Gilley, Ph.D.  
Secretary of Education

Date 6/29/78



Jean L. Harris, M.D.  
Secretary of Human Resources

Date 6/29/78

ADDENDUM TO THE  
MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE REHABILITATIVE SCHOOL AUTHORITY (RSA)  
AND  
THE DIVISION OF YOUTH SERVICES (DYS),  
DEPARTMENT OF CORRECTIONS

Re: Interagency Agreement for Implementing the Revised State Plan for Identification and Diagnosis of Children Who Are Handicapped

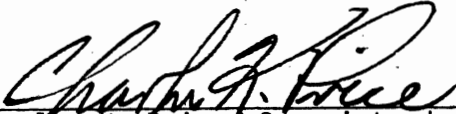
DYS and RSA mutually agree to the following procedures necessary for compliance with the Revised State Plan as outlined in the December 1977 report of the Governor's Committee on the Education of the Handicapped:

1. DYS Court Service Units (CSU) will verify if identification and diagnosis has been made by the local education agency. If such identification has occurred, the CSU staff will transmit that fact and any necessary supporting papers to the Reception and Diagnostic Center to become a part of the staffing record within DYS.
2. DYS and RSA will, through the diagnostic process, either confirm the previous identification, or will identify and diagnose students with a handicapping condition who are not so included in their local school census. The diagnostic process is a multidisciplinary one involving the RSA Educational Evaluator, Mobile Psychiatric Clinic staff (psychologist, psychiatrist, speech and hearing pathologist, and occupational therapist), and DYS medical, casework, and cottage staff.
3. DYS Central System, Court Service Units, and RSA agree to implement fully and expeditiously an existing record exchange system to assure that education and related records precede the student's entry into and discharge from the DYS Central System. Following this exchange of relevant information, the CSU will assume the responsibility of notifying the local education agency of students identified upon entry into the DYS system as having a handicapping condition and not presently included in the local school census. Also, DYS/RSA will forward all relevant records with the student in the event of a residential placement outside DYS facilities, and upon discharge, to the CSU for transmittal to the local education agency.
4. DYS and RSA mutually agree to participate in a joint training effort to achieve a uniform usage of the definitions of handicapping conditions as outlined in the Revised State Plan. It is believed that such training will be available through the Special Education Division, State Department of Education.



5. RSA further agrees to request funding for additional positions for a learning disabilities specialist and a public school/court liaison specialist to facilitate the diagnostic process and the utilization and efficiency of the records exchange system.
6. The above agreement is contingent upon availability of funds.

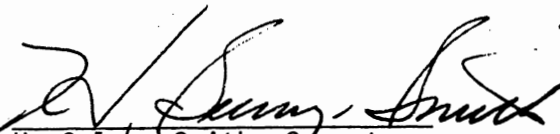
The provisions of this agreement will be incorporated into the operating policies and procedures of both agencies and shall become effective upon the date signed by both agency heads. The agreement may be amended by mutual consent, and shall be amended if required by federal or state laws and regulations.

  
\_\_\_\_\_  
Charles K. Price, Superintendent  
Rehabilitative School Authority

  
\_\_\_\_\_  
J. D. Hutto, Director  
Department of Corrections

Date 4/17/78

Date 4-17-78

  
\_\_\_\_\_  
H. Selwyn Smith, Secretary  
Public Safety

Date: 4/21/78

## INTERAGENCY COOPERATIVE SERVICES AGREEMENT

Department of Mental Health and Mental Retardation (DMHMR)  
and  
Division of Youth Services--Department of Corrections (DYS/DC)

This interagency cooperative services agreement is made and entered into this March 1, 1978, by and between Mr. T. Don Hutto, Director of the Virginia Department of Corrections and Leo E. Kirven, Jr., M. D., Commissioner of the Virginia Department of Mental Health and Mental Retardation.

The purpose of this agreement is to provide for maximum coordination and utilization of services of each Department in order to facilitate the requirements for said agreements as stated in the Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped, which was transmitted to Governor Godwin on January 11, 1978.

The provisions of this agreement shall reflect the policies of the Department of Mental Health and Mental Retardation and the Department of Corrections and shall become effective upon the date signed by the Director of the Department of Corrections and the Commissioner of the Department of Mental Health and Mental Retardation. The agreement shall terminate in one year subject to renewal with or without amendments. This agreement may be amended by mutual consent of the parties, and it shall be amended if required by federal and state laws or regulations.

Each agency (DMHMR and DYS/DC) has agreements with the Department of Health, the Department of Education, and the Rehabilitative School Authority (RSA) which will facilitate the primary identification of handicapped youth. (In addition, the Department of Mental Health and Mental Retardation and the Department of Corrections have a separate agreement dated December 27, 1977 which addresses service planning and development, coordination, and delivery at both central and community operating levels.) The DYS/DC will establish procedures through its court service units to ensure that the local education agency will be informed of students identified upon entry into the Division of Youth Services system as having a handicapping condition and not presently included in the local school census. Also, DYS/RSA will forward all relevant records with the student in the event of a residential placement outside Division of Youth Services facilities and, upon discharge, to the court service unit for transmittal to the local education agency.

Each agency (DMHMR and DYS/DC) mutually agrees to a timely and expeditious exchange of relevant educational and related services records necessary for either diagnosis or development and implementation of the individualized educational plan for the handicapped clients for whom it is providing service.



Leo E. Kirven, Jr., M. D., Commissioner  
Department of Mental Health and  
Mental Retardation

Date: 5-2-78



T. Don Hutto, Director  
Department of Corrections

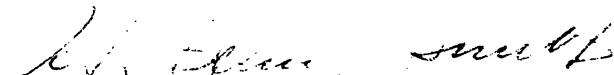
Date: 4-17-78

APPROVED BY:



Jean L. Harris, M. D., Secretary  
Human Resources

Date: 4-28/78



H. Selwyn Smith, Secretary  
Public Safety

Date: 4/21/78

LD1356

## 1 HOUSE JOINT RESOLUTION NO. 79

2 Offered February 1, 1978

3 *Relating to the revised State Plan for the Identification and*  
4 *Diagnosis of Children Who Are Handicapped.*5  
6 Patrons—Ashworth and Anderson, C. W.7  
8 Referred to the Committee on Health, Welfare and Institutions  
9

10 WHEREAS, the recommendation of two independent studies  
11 conducted in nineteen hundred seventy-seven is that a viable system  
12 be developed in the Commonwealth to identify, as early as possible,  
13 every child who has a condition handicapping him physically,  
14 mentally, emotionally, culturally or socially and to provide  
15 appropriate diagnostic and referral services; and

16 WHEREAS, an interagency State Plan for the Identification and  
17 Diagnosis of Children Who Are Handicapped has been formulated  
18 and revised, thus providing the framework for such a system; and

19 WHEREAS, the successful implementation of this Plan is  
20 dependent upon submission of and adherence to individual State  
21 agency service plans, interagency agreements and concomitant  
22 findings; now, therefore, be it

23 RESOLVED by the House of Delegates, the Senate concurring,  
24 That the Secretary of Human Resources and the Secretary of  
25 Education are requested to finalize the Plan as soon as possible and  
26 develop a schedule for its implementation; and, be it

27 RESOLVED FURTHER, That the Secretary of Human Resources  
28 is requested, one year following the Plan's completion, (1) to  
29 designate a non-participating agency to evaluate the implementation  
30 of the Plan to date and (2) to begin holding periodic public  
31 hearings to receive comments and recommendations from clients  
32 and other citizens regarding the Plan.

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37



# COMMONWEALTH of VIRGINIA

*Office of the Governor*

*Richmond 23219*

August 9, 1978

Jean L. Harris, M. D.  
Secretary of Human Resources

MEMORANDUM:

TO: Members of the General Assembly

FROM: Dr. Jean L. Harris, *JLH*  
Secretary of Human Resources

SUBJECT: House Joint Resolution 79

As requested under House Joint Resolution 79, "The Revised State Plan for the Identification and Diagnosis of Children Who Are Handicapped" has been finalized and transmitted to the Governor.

The interagency agreements, which composed the final phase of the Plan, became effective July 1, 1978. These interagency agreements address the coordination of appropriate services among responsible agencies necessary to ensure comprehensive services to children covered under the Plan.

Additionally, I have directed the Division for Children to develop a method to evaluate the implementation of the Plan by July 1, 1979 and to implement the evaluation method during the following fiscal year. The Division for Children will submit its report on the evaluation of the Plan to the Secretary of Education and me no later than July 1, 1980. During the next year, the Division for Children also will devise a method for receiving comments and recommendations from clients and other citizens through a public hearing process.

JLH/PC-S/jes

cc: Dr. J. Wade Gilley  
Ms. Valerie Emerson

