

Early On[®] Michigan
Don't worry. But don't wait.

Guide For Physicians

When you or one of your families have a concern about their infant's or toddler's health or development, refer the family to *Early On[®]*.



1-800-Early-On
(1-800-327-5966)

www.1800EarlyOn.org
or contact your local
Early On[®] Coordinator





What is *Early On*[®] Michigan?

- Federally legislated early intervention for children birth to three (Part C of the Individuals with Disabilities Education Act (IDEA)).
- Based on a philosophy of family-centered care.
- Evaluation of child's strengths and needs provided at no cost.
- Services provided in the context of the family's natural environment.
- Services coordinated across multiple agencies.



When do I refer to *Early On*?

- Whenever there is a concern about the development of an infant/toddler,
and/or
- When the family has a child with an "established condition" (a diagnosed physical or mental condition with a high probability of resulting in a developmental delay).

What happens when I refer?

- Physicians may refer any child at any time. After referral, with parental consent, service providers conduct an evaluation to determine eligibility. Participation in *Early On* is voluntary; parents may refuse the evaluation and refuse services.
- Within 45 days of referral, a no-cost Evaluation and Assessment, including: developmental history, parent report, review of pertinent health record including vision and hearing; and formal evaluation tool covering social-emotional capabilities, and adaptive, gross motor, fine motor, and cognitive functioning.

When does the child and family become eligible for *Early On*[®] Michigan?

When the infant/toddler shows a delay in one or more of the following domains:

- Physical, including Hearing and Vision
- Gross or Fine Motor Skills
- Communication
- Cognitive
- Social/Emotional
- Adaptive (Self-Help)

When the family has a child with an "established condition" (diagnosed physical or mental condition with a high probability of resulting in a developmental delay), e.g.

- Chromosomal Anomalies/Genetic Disorders
- Neurological disorders
- Congenital malformations
- Inborn errors of metabolism
- Sensory disorders
- Atypical developmental disorders
- Severe toxic exposure
- Chronic illnesses
- Severe infectious diseases

What happens when the child is eligible?

With consent from the family:

- Service coordination
- Based on the family's needs and priorities, and coordinated with community agencies/persons, an Individualized Family Service Plan (IFSP) is written with services that may include:
 - Physician, occupational, speech therapy
 - Family training, counseling, home visits
 - Nursing
 - Special instructional (teaching)
 - Social work
 - Psychological
 - Nutrition
 - Vision
 - Transportation to early intervention services
 - Assistive technology devices
 - Audiology
 - Medical services (for diagnosis and evaluation)
 - Other non-*Early On* informal supports: parent-to-parent support; respite care; parent/child playgroups
- Plus response back to you on eligibility/ineligibility and/or copy of IFSP



What is expected of you, the physician?

With permission from the family:

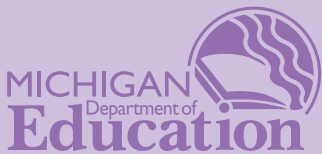
- A health report, including vision and hearing.
- Possible consultation regarding what is best for the family/child.
- Updates to the Service Coordinator of changing priorities.

Philosophy of Family-Centered Care

- Listen to the family; make a referral when they have a concern, even if you do not.
- The family is the constant in their child's life.
- The family has an innate knowledge of their child's development.
- The family has a right to grieve; often their denial of a disability is their hope.
- Offer possibilities for assistance and support.
- Provide competence and caring: commitment, communication, collaboration, clinical competence, and knowledge of community resources.



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