

Rhode Island
Executive Office of Health and
Human Services
Early Intervention Program



early intervention

supporting families and child development

SFY 2019



Early Intervention (EI) is a federal program defined in the Individuals with Disabilities Education Act (IDEA) section 34 CFR Part 303 (Part C). Part C of these regulations pertain specifically to infants and toddlers, birth to three. Each state has a lead agency responsible for the management and oversight of the EI system in their state. The Executive Office of Health and Human Services (EOHHS) is the lead agency for Rhode Island. The Office of Special Education Programs (OSEP) is the federal office responsible for ensuring that States comply with IDEA. On an annual basis EOHHS provides a comprehensive report detailing Rhode Island's compliance. The Annual Performance Report is available on line at:

<http://www.eohhs.ri.gov/ProvidersPartners/EarlyInterventionProviders/EICertificationStandards.aspx>

The report that follows is a summary of the Rhode Island Early Intervention 2019 Annual Performance Report.

Program Description

Rhode Island Early Intervention is a program designed to help families support the growth and development of their infants and toddlers, birth through 3, who are delayed in their development or have a diagnosed condition known to cause developmental delay.

Eligible families have children who have certain diagnosed conditions, significant delays in one or more areas of their development, or are experiencing circumstances that, without intervention, are likely to result in significant developmental delay. Developmental areas impacted may include cognitive, physical/motor, communicative, social/emotional, or adaptive skills.

Early Intervention services are provided in the child's natural environment, or settings that are natural or normal for the child's same age peers who do not have a disability¹. For most infants and toddlers, this is their home or childcare. Research tells us that children learn best by using the natural learning opportunities that occur within the everyday routines and activities in a child's and family's life. These activities provide ample opportunities for repeated practice over time, which is how young children learn. Within these activities, families engage with their children as they practice new skills and learn.

Once a child is found eligible for Early Intervention, providers assess what the family is already doing that promotes their child's development and what the family sees as challenges. The Early Intervention team then uses an interactive coaching style to share ideas and practice new skills with caregivers who then practice them with their child. Coaching in Early Intervention respects a family's competency and empowers them to support their child's development over time.

All children leaving Early Intervention go through a transition process that prepares them and their caregivers for what is to follow. For children who are not eligible for special education, or those leaving prior to age 3, the EI team will suggest community-based programs that support healthy child development. For children eligible for special education, the transition process helps families articulate their child's strengths and needs.

¹ IDEA Regulation §303.26

Early Intervention providers must incorporate the following principles and evidence-based practices in the provision of early intervention. These nationally recommended and adopted principles and practices are based on the seven “Key Principles” developed under the auspices of the Office of Special Education (OSEP) TA Communities of Practice.² They represent agreement by experts within the field of early intervention regarding a framework for how early intervention should be provided. Rhode Island has added an 8th Principle³.

1. *Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.*
2. *All families, with the necessary supports and resources, can enhance their children’s learning and development.*
3. *The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life.*
4. *The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles, and cultural beliefs.*
5. *IFSP outcomes must be functional and based on children’s and families’ needs and priorities.*
6. *The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.*
7. *Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.*
8. *Support for families in developing strategies to understand, interpret and nurture their child’s development is best achieved through the use of reflective practices.*

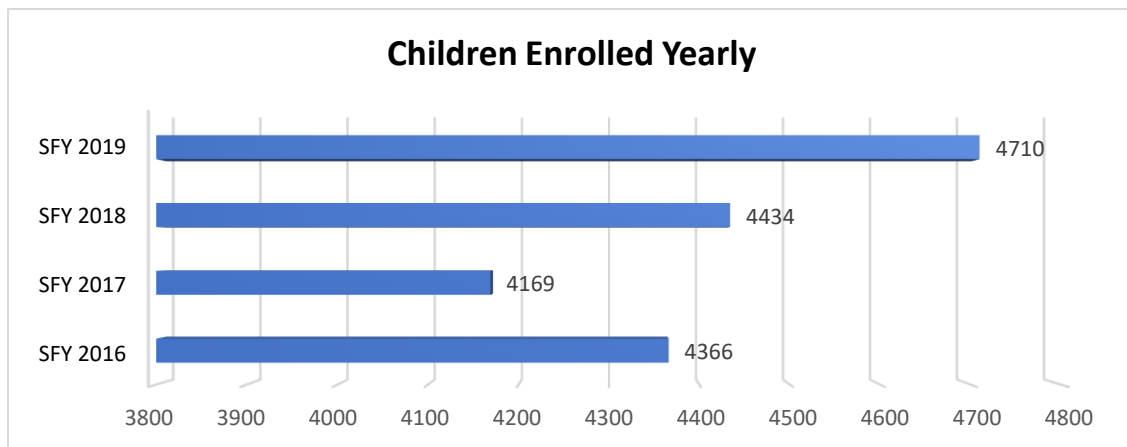
² Workgroup on Principles and Practices in Natural Environments (November 2007). OSEP TA Community of Practice-Part C Settings.

http://ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf

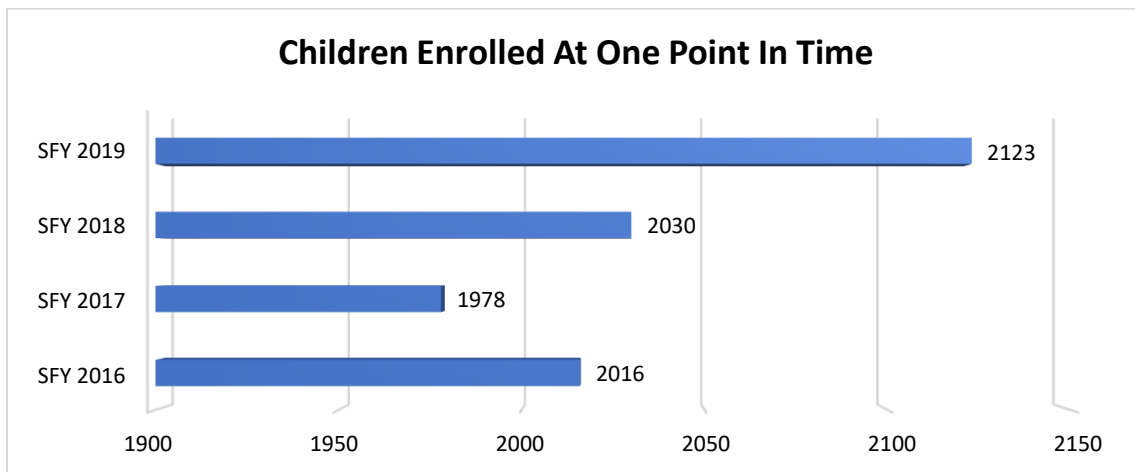
³ New Mexico Department of Health; Family Infant Toddler Program, 8th Key Principle: Support for families in developing strategies to understand, interpret and nurture their child’s development is best achieved through the use of reflective practices; Key Concepts - The Principle Looks Like/Does Not Look Like. <https://nmhealth.org/publication/view/general/3541/>

How Many Children Does Early Intervention Serve?

During SFY⁴ 2019, a total of 4,710 children were enrolled in Rhode Island’s Early Intervention system. Enrollment was slightly more in 2019 than previous years. A decrease in enrollment in 2017 was thought to have been a possible result of preventive programs such as the family visiting programs through the Rhode Island Department of Health⁵. However, neither 2018 data nor 2019 data followed the same pattern. Expanded outreach efforts may have had an impact on the enrollment increases seen in 2018 and 2019.



Children enter and exit EI throughout the year. While there was a total of 4,710 children enrolled throughout the year, on a given day⁶, enrollment was:



⁴ SFY is the acronym for State Fiscal Year, July 1, 2018 – June 30, 2019.

⁵ Family Visiting Programs through the Rhode Island Department of Health include First Connections, Nurse Family Partnership, Parents as Teachers, and Healthy Families America

⁶ Data collected on December 1, 2018 (SFY 2019)

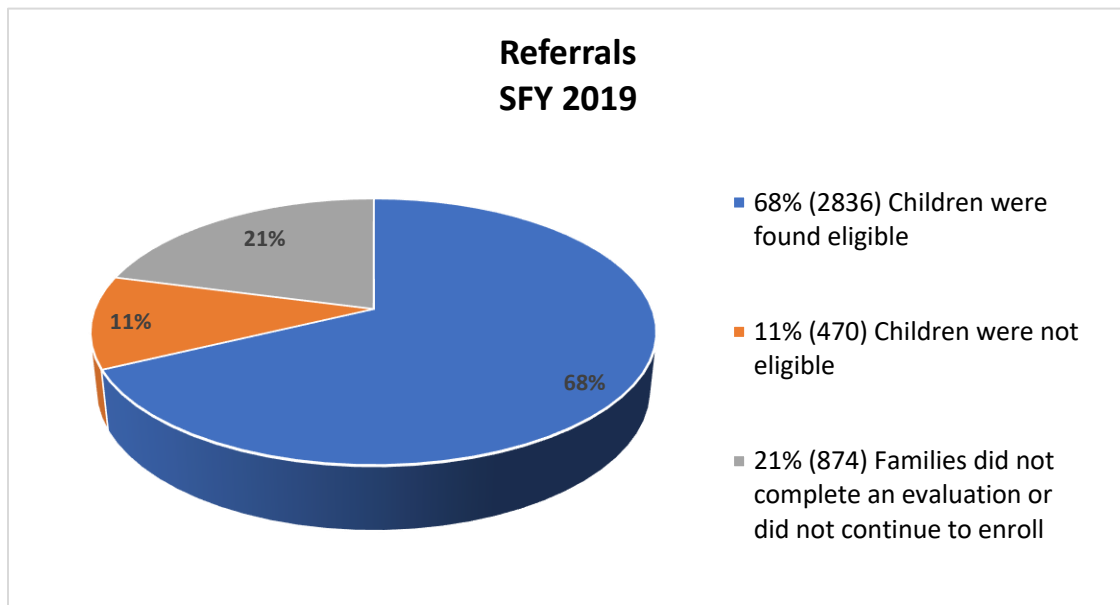
How do families become involved in Early Intervention services?

Most children are referred to Early Intervention by their parents. In most cases parents have heard about EI from their pediatricians. Other referrals come from hospitals, visiting nurses, DCYF, childcare centers, First Connections⁷ and others.

In SFY 2019, Early Intervention received 4,180 new referrals.

| <u>SFY</u> | <u>Number of Referrals</u> |
|------------|----------------------------|
| 2019 | 4,180 |
| 2018 | 3,965 |
| 2017 | 3,729 |
| 2016 | 3,753 |

What happens with the referrals made to Early Intervention?



In 2019, Rhode Island ranked 4th in the country for identifying and serving eligible infants and toddlers with disabilities.

| Compared to All 50 States and District of Columbia | |
|---|-----|
| Birth – 1 year ⁸ : | 4th |
| Birth – 3 years ⁹ : | 4th |

⁷ First Connections is a program within the RI Department of Health that provides family visiting and screenings for newborns at risk.

⁸ 3.14% = 331/10,557 enrolled on December 1, 2018 (SFY 2019)

⁹ 6.54% = 2,123/32,465 enrolled on December 1, 2018 (SFY 2019)

What makes a child eligible for Early Intervention?



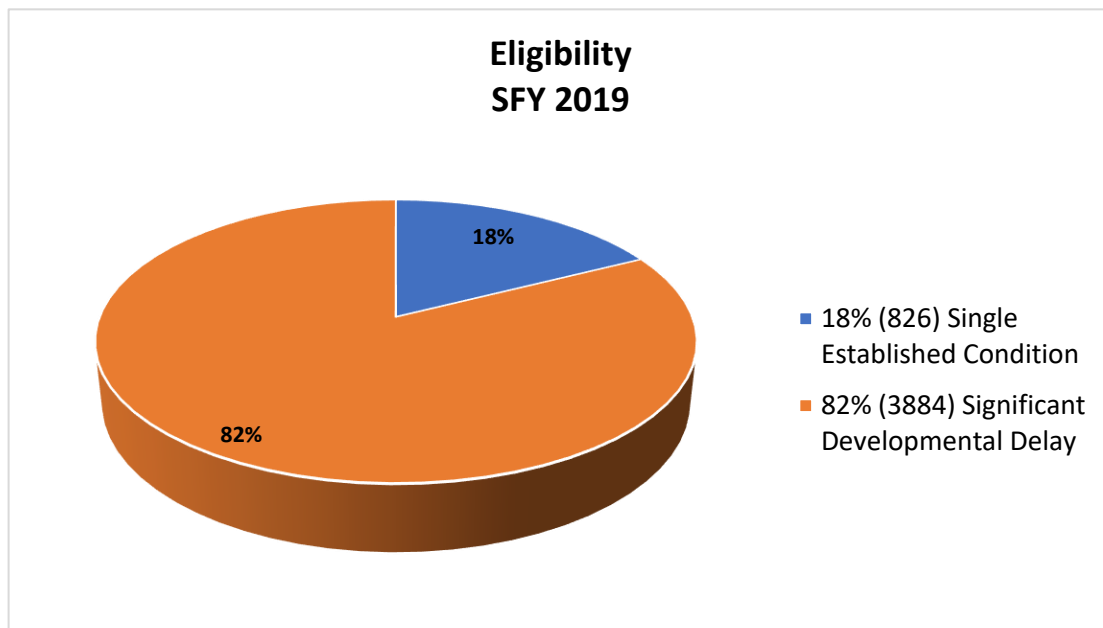
“The support and encouragement we've gotten from EI has given us confidence in our ability to support our child's needs and has been indescribably helpful.

– Comment from 2019 Parent Survey

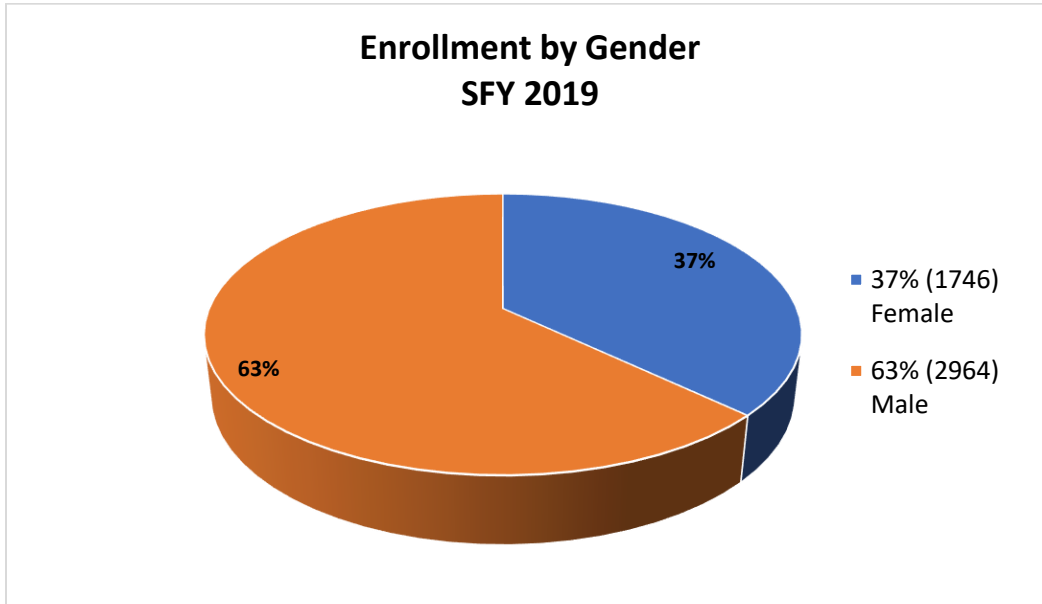
Children can qualify for Early Intervention if they meet one of two eligibility categories.

Single Established Condition: A diagnosed condition known to lead to developmental delay. Examples include very low birth weight, visual or hearing impairment, metabolic disorders, Autism Spectrum Disorder, Fragile X Syndrome or Down Syndrome.

Significant Developmental Delay: Evaluation results that are 2 standard deviations below average in at least one area of development or 1.5 standard deviations below average in two or more areas of development. The areas of development evaluated are (1) cognitive, (2) physical (including vision and hearing), (3) communication, (4) social/emotional, and (5) adaptive development. Sometimes the scores on an evaluation tool do not adequately document a child's skills and functioning throughout his/her day. In situations like this, the evaluation team can use *informed clinical opinion* to determine that a child does have a developmental delay. The team can analyze the evaluation results and consider if a significant delay has not been captured by test scores, or if there are significant atypical behaviors or significant circumstances that have impacted child/family functioning. Some examples might be significant trauma or losses, multiple placements outside the birth home, or a history of abuse or neglect.



Does a particular gender present greater enrollment in Early Intervention?



Children and families in Early Intervention come from many ethnic backgrounds...

Children Enrolled in Early Intervention, SFY19

| <u>Race/Ethnicity</u> | <u>Number</u> | <u>Percentage</u> |
|---|---------------|-------------------|
| White | 2,606 | 55.33% |
| Hispanic | 1,463 | 31.06% |
| Black or African American | 328 | 6.96% |
| Mixed Race | 171 | 3.63% |
| Asian | 114 | 2.42% |
| American Indian or Alaska Native | 26 | 0.55% |
| Native Hawaiian or Other Pacific Islander | 2 | 0.04% |

...and speak many languages.

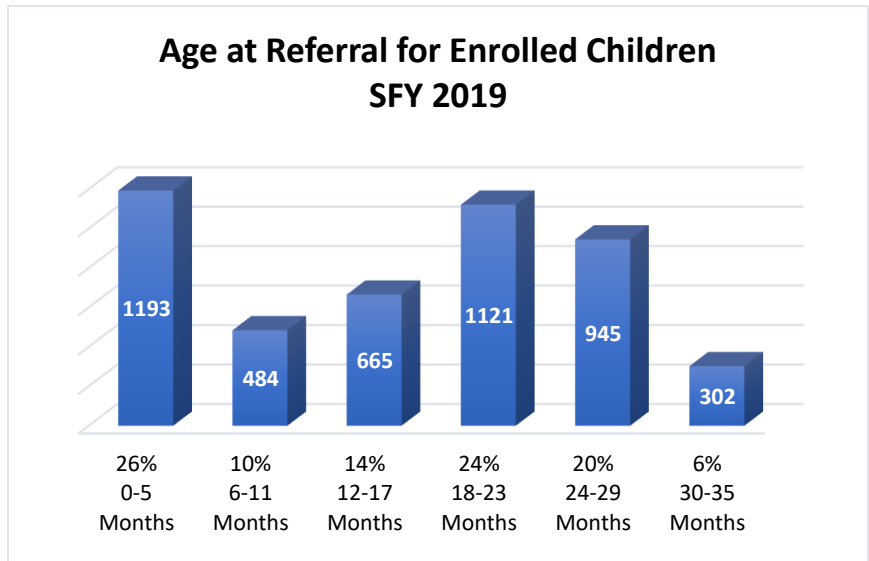
| <u>Language</u> | <u>Number</u> | <u>Percentage</u> |
|--------------------|---------------|-------------------|
| English | 4139 | 87.88% |
| Spanish | 515 | 10.93% |
| 10 other languages | 56 | 1.19% |

The most important lesson was... “A que cada niño es diferente y por lo tanto mi hija no tiene que ir al ritmo de los demás niños si no que al suyo propio.” (That each child is different and therefore my daughter does not have to go to the rhythm of the other children but her own.)

– Comment from 2019 Parent Survey

The Executive Office of Health and Human Services website (<http://www.eohhs.ri.gov/>) has additional data (*‘Early Intervention Providers’ → ‘EI Certification Standards, Policies and Reports’*) with links to reports regarding the performance of specific Rhode Island Early Intervention programs.

What is the average age of children who become enrolled in Early Intervention?



Who are the children we serve?

Children in Early Intervention come from every city and town throughout RI.

| <i>Rhode Island City/Town</i> | <i>Number of Children in RI <3 yrs¹⁰ of Age</i> | <i>No. of Children Enrolled In EI</i> | <i>Percent of Children in EI Relative to Population < 3</i> |
|-------------------------------|---|---------------------------------------|--|
| Barrington | 366 | 60 | 16% |
| Bristol | 507 | 53 | 10% |
| Burrillville | 460 | 67 | 15% |
| Central Falls | 1,028 | 162 | 16% |
| Charlestown | 186 | 25 | 13% |
| Coventry | 940 | 121 | 13% |
| Cranston | 2,318 | 303 | 13% |
| Cumberland | 970 | 172 | 13% |
| East Greenwich | 299 | 42 | 14% |
| East Providence | 1,560 | 165 | 11% |
| Exeter | 166 | 20 | 12% |
| Foster | 113 | 8 | 7% |
| Glocester | 247 | 21 | 9% |
| Hopkinton | 258 | 25 | 10% |
| Jamestown | 85 | 6 | 7% |
| Johnston | 816 | 116 | 14% |
| Lincoln | 587 | 91 | 16% |
| Little Compton | 68 | 4 | 6% |
| Middletown | 502 | 56 | 11% |
| Narragansett | 271 | 16 | 6% |
| New Shoreham | 21 | 2 | 10% |
| Newport | 820 | 80 | 10% |
| North Kingstown | 728 | 108 | 15% |
| North Providence | 851 | 134 | 16% |
| North Smithfield | 290 | 47 | 16% |
| Pawtucket | 2,959 | 384 | 13% |
| Portsmouth | 429 | 63 | 15% |
| Providence | 7,609 | 1111 | 15% |
| Richmond | 235 | 15 | 6% |

¹⁰ 2020 Rhode Island KIDS COUNT Factbook, Population under age 3 is based on Census 2000 and may not reflect increases or decreases in population. Enrollment data for this table is from calendar year 2019.

| <i>Rhode Island City/Town</i> | <i>Number of Children in RI <3 yrs¹¹ of Age</i> | <i>No. of Children Enrolled In EI</i> | <i>Percent of Children in EI Relative to Population < 3</i> |
|-------------------------------|---|---------------------------------------|--|
| Scituate | 193 | 48 | 25% |
| Smithfield | 402 | 70 | 17% |
| South Kingstown | 640 | 71 | 11% |
| Tiverton | 398 | 46 | 12% |
| Warren | 296 | 35 | 12% |
| Warwick | 2,322 | 299 | 13% |
| West Greenwich | 178 | 15 | 8% |
| West Warwick | 1,044 | 110 | 11% |
| Westerly | 726 | 91 | 13% |
| Woonsocket | 1,900 | 339 | 18% |

| <i>Rhode Island City/Town</i> | <i>Number of Children in RI <3 yrs¹² of Age</i> | <i>No. of Children Enrolled In EI</i> | <i>Percent of Children in EI Relative to Population < 3</i> |
|-------------------------------|---|---------------------------------------|--|
| Core Cities ¹³ | 13,496 | 1996 | 15% |
| Remainder of State | 20,292 | 2605 | 13% |
| Rhode Island | 33,788 | 4601 | 14% |

“[My EI provider] took time with my family to compose a set of goals that were best for my son. She gave me time to reflect on the importance of each one. She offered emotional support and reassured me that goals could be changed around if needed. She helped me to verbalize what I was thinking. She was kind, patient, and non-judgmental.”

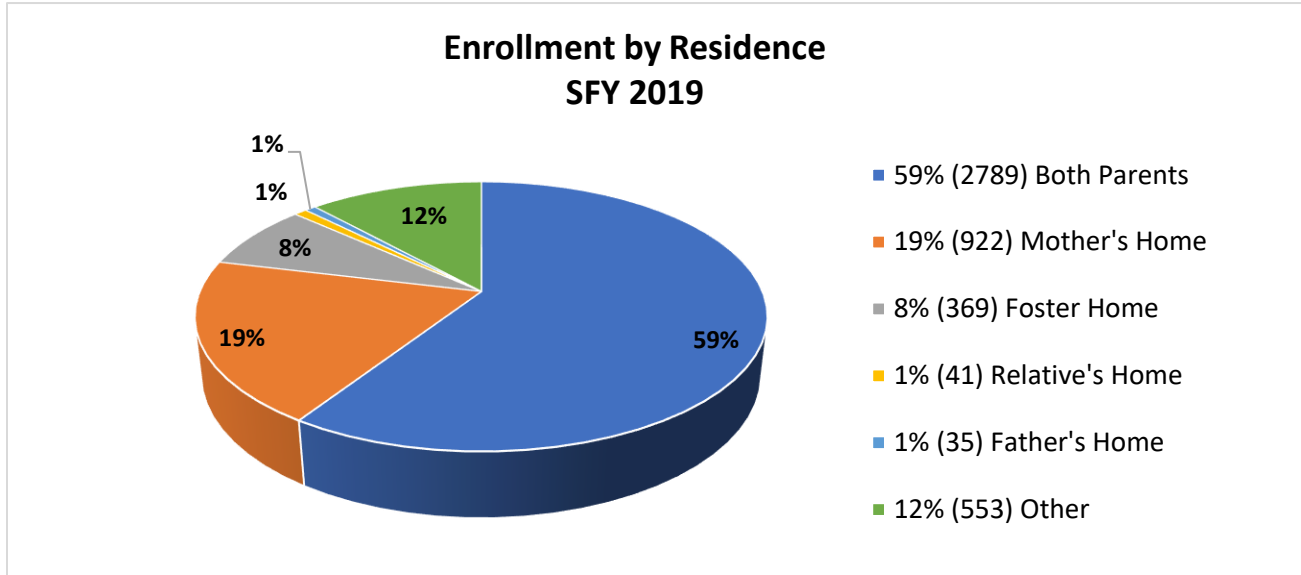
– Comment from 2019 Parent Survey

¹¹ 2020 Rhode Island KIDS COUNT Factbook, Population under age 3 is based on Census 2000 and may not reflect increases or decreases in population.

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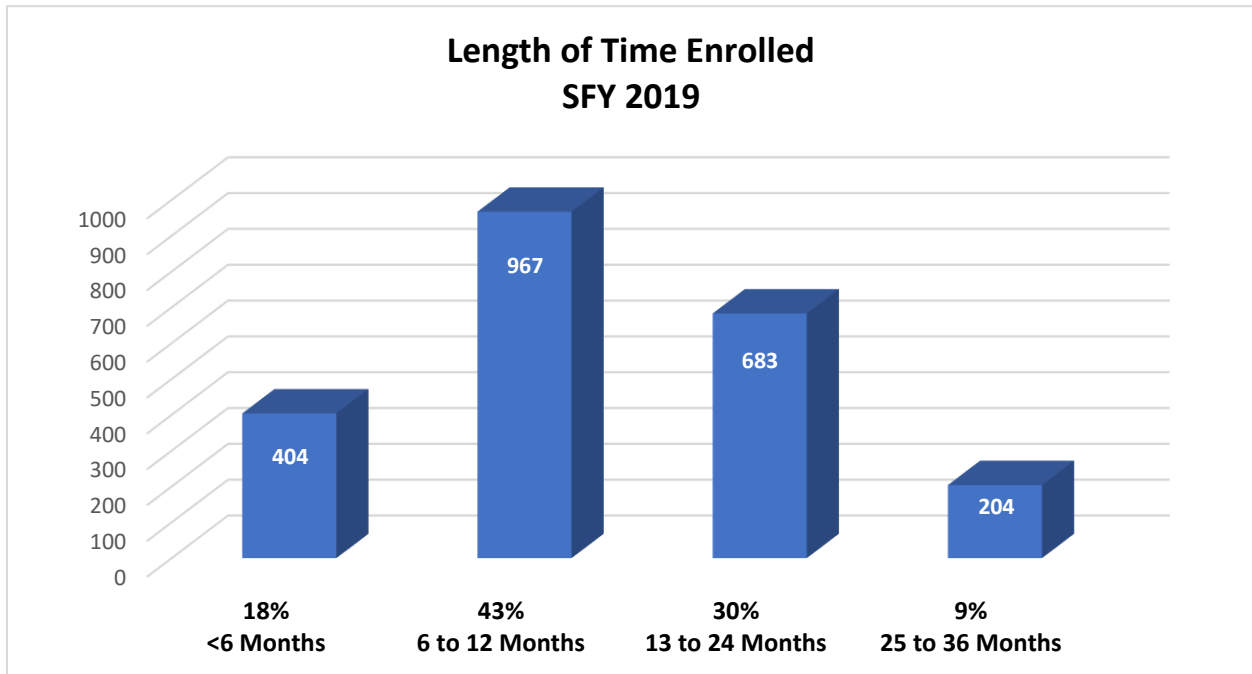
¹³ Core cities are Central Falls, Pawtucket, Providence, and Woonsocket as noted in 2020 Rhode Island KIDS COUNT Factbook.

Who do most children in EI live with?

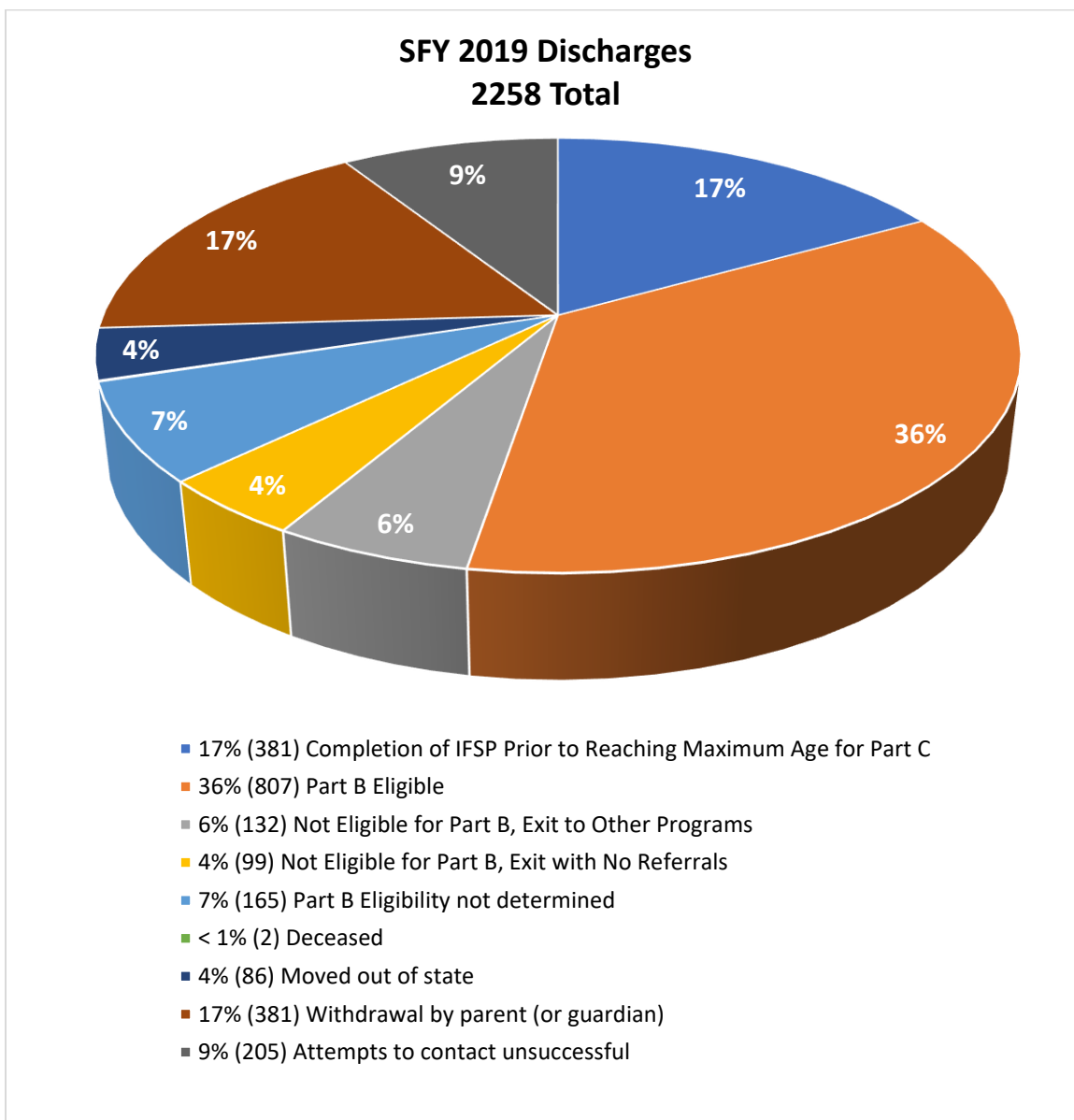


Most children lived in two-parent households (59%), while 20% of children in EI lived with a single parent and 8% resided in foster placement.

How long do most children stay in Early Intervention?



What are the reasons a child leaves Early Intervention?

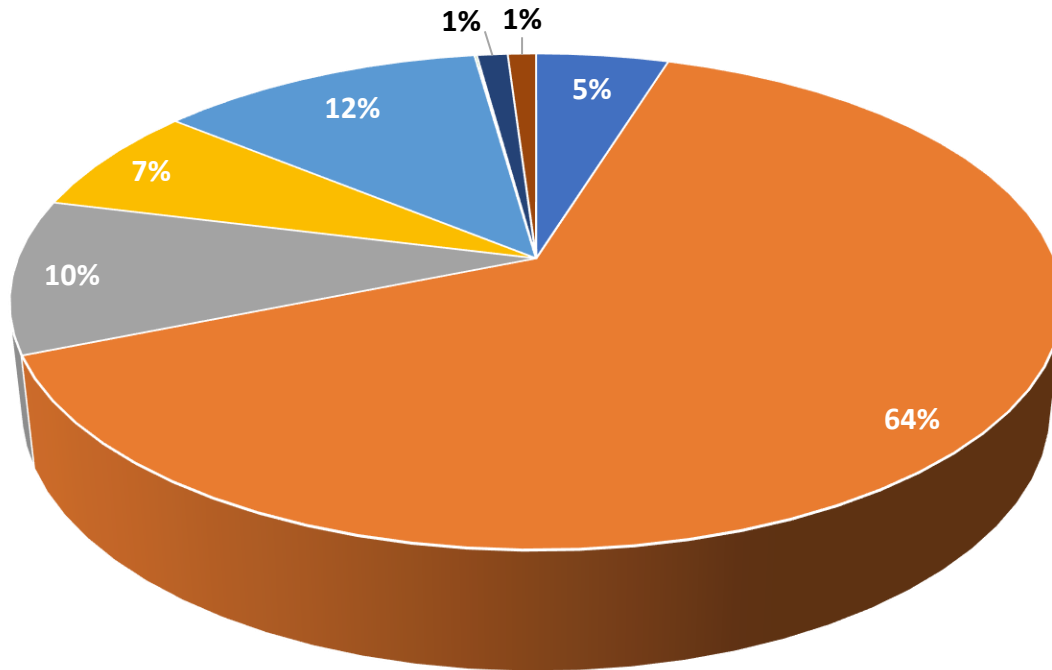


Children and their families exit or are discharged from Early Intervention for many reasons prior to age three. 1,309 children exited Early Intervention before enrollment. Some did not qualify for EI and others moved or withdrew based on the family's choice. 2,258 children discharged after enrollment. Some no longer qualified for EI, some met their goals and no longer needed EI services, and others moved or withdrew based on the family's choice.

"EI is more for me than for my child. It's the opportunity for me to learn how to respond to my child's needs, how to push him, and how to help him the other 23 hours a day when the EI therapist is not there. The strategies I've learned in EI are very helpful."

- Comment from 2019 Parent Survey

SFY 19 Discharges at age 3 1165 Total



- 5% (56) Completion of IFSP Prior to Reaching Maximum Age for Part C
- 64% (746) Part B Eligible
- 10% (117) Not Eligible for Part B, Exit to Other Programs
- 7% (82) Not Eligible for Part B, Exit with No Referrals
- 12% (138) Part B Eligibility not determined
- < 1% (1) Moved out of state
- 1% (13) Withdrawal by parent (or guardian)
- 1% (12) Attempts to contact unsuccessful

When the child turns 28 months of age, the EI team and family meet and begin planning the transition process. Some children will transition to community-based preschools or other programs designed for young children. Others will qualify for Special Education services through their local school district. All children and their caregivers go through a transition planning process before they exit Early Intervention. 1,165 children left Early Intervention at age 3.

Of the children who were 3 years old when they discharged in SFY 2019, 64% qualified for Special Education Services and related services through their local school departments. Special Education regulations are outlined in IDEA Part B.

Children will...

- *Demonstrate positive social emotional development (including positive social relationships)*
- *Acquire and use knowledge and skills, including early literacy skills*
- *Use appropriate behaviors to meet their needs*



How Do We Measure Success?

National goals have been developed for Early Intervention which we report on annually. They are: developing positive social relationships, acquiring and using knowledge and skills, and taking appropriate actions to meet needs.

Our Early Intervention program provides services to infants and toddlers with a wide range of delays and disabilities, including children with severe disabilities and degenerative conditions. For children with severe disabilities, skills will grow slowly; some children may even lose skills. For other children, the interventions help them catch up with their peers. Our data shows a high percentage of children who had greater than expected growth during their time in the program and a substantial percentage of children who were within age expectations when they left Early Intervention. Additional data shows that nearly all children acquired new skills during their time in the Early Intervention program (nearly all children made developmental gains—98.7% to 99.18% across all outcomes.)

Demonstrate positive social and emotional development including social relationships:

- **98.91% of children made gains**
- **50.21% made significant gains**
- **47.1% left within age expectations**

Acquire and use knowledge and skills, including early literacy skills:

- **98.7% of children made gains**
- **56% made significant gains**
- **39.51% left within age expectations**

Using appropriate behaviors to meet their needs:

- **99.18% of children made gains**
- **63.06% made significant gains**
- **48.26% left within age expectations**



Families will...

- Understand their children's strengths, abilities, and special needs*
- Know their rights and effectively communicate their children's needs*
- Help their children develop and learn*

During their time in Early Intervention, families grow along with their children. As providers, we see families go through the various stages of grief, anger, realization, understanding, acceptance and empowerment.

Through this journey, we want to be sure parents leave EI with the knowledge, skills and resources so they may continue supporting their child's development.

Family outcomes are assessed annually by responses¹⁴ to our parent survey, administered by RI Parent Information Network (RIPIN).¹⁵

95.94% of families told us that Early Intervention helped them communicate effectively about their child.

91.7% of families told us that Early Intervention helped them to understand their rights within the EI system.

93.66% of families told us that Early Intervention helped them understand how their child develops and learns.

¹⁴ 2019 survey response rate was 39.26%.

¹⁵ RIPIN is available to assist individuals, parents, and families by providing information, education, training and support.

What Are Other Measures We Report On?

We report annually to the Office of Special Education Programs and have included many of those measures earlier in this report. Below are additional measures for SFY 2019.

| | |
|--|-----------------------------------|
| <i>The percent of infants and toddlers with an Individual Family Service Plan (IFSP) who receive the Early Intervention Services on their IFSPs within 30 days</i> | 93% |
| <i>The percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community setting(s)</i> | 99.5% |
| <i>The percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within 45 days</i> | 97% |
| <p><i>The percent of all children exiting Part C who received timely transition planning to support the child's transition to Early Childhood Special Education and other appropriate community services by their third birthday including:</i></p> <ul style="list-style-type: none"> • <i>Development of an IFSP with transition steps and services at least 90 days prior to the toddler's third birthday</i> • <i>Notification to the Department of Education and the school district where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services</i> • <i>Transition conference held with the approval of the family at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Early Childhood Special Education services.</i> | <p>99%</p> <p>100%</p> <p>99%</p> |

Financing Early Intervention in Rhode Island

Total Cost: \$18.6m

Funds to implement required components of the EI system: **\$2.4M (12.9% of total cost)**

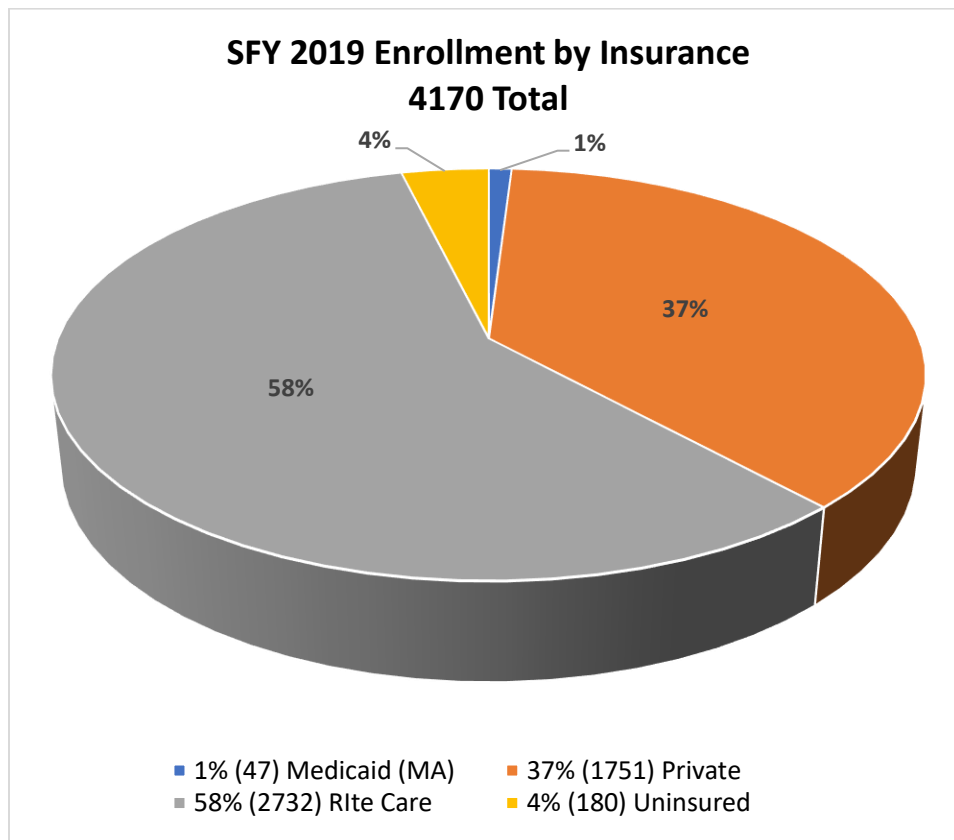
Direct services to children and their families: **\$16.2M (87.1% of total cost)**

Who pays for Early Intervention?

Early Intervention is paid for using a combination of state and federal funds and the use of public and private insurance. Rhode Island annually applies for and receives a Part C (Early Intervention) federal grant from the Office of Special Education Programs of approximately \$2.3 million. These funds are used to implement the required components of the EI system in RI, including: a comprehensive child find and referral system, public awareness, a comprehensive system of personnel development, general administration and supervision, a system for compiling data on the Early Intervention system, administration of the Early Intervention Interagency Coordinating Council, and the development and implementation of policies and procedures to meet the requirements of Part C of the Individuals with Disabilities Education Act.

Families receive all Early Intervention evaluations, services and supports at no cost. RI State Statute §27-18-64 requires private and public insurers based in Rhode Island and providing coverage for dependent children to cover the cost of Early Intervention services. Plans may not include deductibles, copays or coinsurance.

Rhode Island residents may have employer sponsored health benefit plans or “self-insured” plans that are exempt from Rhode Island State law, but these plans must follow federal law. Any Early Intervention service not covered by health insurance or health benefit plans exempt from Rhode Island State law including deductibles, copays or coinsurance is funded using public and Part C funds.





**Rhode Island Executive Office of Health
and Human Services**

**Jennifer Kaufman, Part C Coordinator
Chief, Family Health Systems**

Families can choose Early Intervention (EI) providers who serve the city/town in which they live. By utilizing one of these providers, families will work with professionals who have the best knowledge of services, activities and educational opportunities within their community.

Rhode Island Early Intervention Providers

Children's Friend & Service

621 Dexter Street
Central Falls, RI 02863-2603
Ph: 401-721-9200

Community Care Alliance

8 Court Street
Woonsocket, RI 02895-3123
*Mailing Address: PO Box 1700
Woonsocket, RI 02895*
Ph: 401-235-7000
Referral Line: 401-235-6029

Easter Seals, RI

320 Phillips Street, Unit D #103
North Kingstown, RI 02852
Ph: 401-235-6029

Family Service of RI

134 Thurbers Avenue
Providence, RI 02905-4754
Ph: 401-331-1350
Referral Line: 401-519-2307

Groden Center Early Intervention

610 Manton Avenue
Providence, RI 02909
Ph: 401-525-2380

Looking Upwards, Inc.

2974 East Main Road
Portsmouth, RI 02871
*Mailing Address: PO Box 838
Portsmouth, RI 02871*
Ph: 401-293-5790

Meeting Street

1000 Eddy Street
Providence, RI 02905
Ph: 401-533-9100
Referral line: 401-533-9104

Seven Hills Rhode Island

178 Norwood Avenue
Cranston, RI 02905
Ph: 401-921-1470

J. Arthur Trudeau Memorial Center

3445 Post Road
Warwick, RI 02886
Ph: 401-823-1731

Early Intervention Supporting Partners

**Paul V. Sherlock Center on Disabilities
EI Training and Technical Assistance Center**
Rhode Island College
600 Mt. Pleasant Avenue
Providence, RI 02908
Ph: 401-456-8072 Fax: 401-456-8150
TDD: 401-456-8773

**Rhode Island Parent Information
Network (RIPIN)**
300 Jefferson Boulevard, Suite 300
Warwick, RI 02888
Ph: 401-270-0101 Fax: 401-270-7049

Inter-Agency Coordinating Council 2019 ICC Membership

| | | |
|--|---|--|
| <p>Deborah Masland, Chair Advocacy Representative, Director of Peer Support Rhode Island Parent Information Network</p> | <p>Evan Ortiz Family Representative</p> | <p>Sandra Riviera Family Representative</p> |
| <p>Darlene Magaw, Vice-Chair Provider Representative, Program Manager Community Care Alliance</p> | <p>Christine Branch, Head Start Disabilities Coordinator Tri-Town Community Action</p> | <p>Laurie Farrell Provider Representative Director, Seven Hills Early Intervention</p> |
| <p>Jennifer Kaufman Executive Office of Health and Human Services Chief, Family Health Systems Part C Coordinator</p> | <p>Dr. Yvette Yatchmink Pediatrician Children's Neurodevelopment Center</p> | <p>Natalie Redfearn Provider Representative Director of Programs Children's Friend and Service</p> |
| <p>Colleen Polselli Rhode Island Department of Health Chief, Office of Special Healthcare Needs Division of Family Health</p> | <p>Victor Woods State Insurance Agency Representative Health Economic Specialist Office of the Health Insurance Commissioner</p> | <p>Tara Townsend Family Voices Family Support Coordinator Rhode Island Parent Information Network</p> |
| <p>Leslie Bobrowski Personnel Preparation Director, Comprehensive System of Personnel Development Sherlock Center on Disabilities at Rhode Island College</p> | <p>Pat Maris Personnel Preparation Technical Assistance Specialist Sherlock Center on Disabilities at Rhode Island College</p> | <p>Sue Hawkes Provider Representative Director, Easter Seals Early Intervention</p> |
| <p>Joe Carr Department of Children, Youth & Families Representative Early Childhood Specialist</p> | <p>Michelle MacIntosh Family Representative</p> | <p>Casey Ferrara Provider Representative Director of Early Childhood Programs Meeting Street</p> |
| <p>Carol LaFrance Provider Representative Early Intervention Program Supervisor Groden Center Early Intervention Program</p> | <p>Ruth Gallucci Rhode Island Department of Education Education Specialist: Early Childhood Special Education</p> | <p>Kristine Campagna Manager, Newborn Screening and Early Childhood Programs Rhode Island Department of Health</p> |
| <p>Jacqueline Ferreira Provider Representative Director, J. Arthur Trudeau Early Intervention Program</p> | <p>Valory McHugh Provider Representative Children's Program Administrator Looking Upwards, Inc</p> <p>Carolyn Souza Clinical Supervisor Looking Upwards, Inc.</p> | <p>Randi Walsh Provider Representative Director of Early Intervention Family Service of Rhode Island</p> <p>Monique DeRoche Supervisor</p> |
| | <p>LeeAnn Barrett Rhode Island Kids Count</p> | <p>Joanne Quinn Autism Project of Rhode Island</p> |

Gina Raimondo, Governor

Womazetta Jones, Secretary,
Executive Office of Health and Human Services

Jennifer Kaufman, Chief, Family Health Systems,
Part C Coordinator
Executive Office of Health and Human Services

Executive Office of Health and Human Services
Early Intervention Program
Virks Building, 3 West Road
Cranston, RI 02920



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the Department of Education Office of Special Education Programs.