

Nebraska Early
Development
Network



A Family's Guide
**Early Intervention
Services in
Nebraska**



**Nebraska Early
Development Network**

Babies can't wait

Revised 2022
edn.ne.gov

Content

What is early intervention?	2
Introduction to the EDN	3
What Happens After Referral?	5
The IFSP	9
Transition at Age Three	13
Consent, Confidentiality, and Record Review	14
Dispute Resolution	15
Rights Regarding EDN Services	16
Available Resources	17

The contents of this document were developed under a grant from the U.S. Department of Education, H181A220033. However, these contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document. For comments regarding this document contact nde.guidance@nebraska.gov. It is the policy of the Nebraska Department of Education not to discriminate on the basis of gender, disability, race, color, religion, marital status, age, national origin or genetic information in its education programs, administration, policies, employment or other agency programs.

This document was printed on recycled paper with funds from grant award: H181A220033
Revised September 2022

1

What is early intervention?

Early intervention can help you and your family support and promote your child’s development within your family activities and community life. Nebraska’s Early Development Network (EDN) supports children from birth to age three who have special developmental needs. The Nebraska EDN program “connects” families with early intervention services (EIS), such as occupational, speech, or physical therapy, to help infants and toddlers grow and develop and help their families in this process. It is a voluntary program and does not discriminate based on race, culture, religion, income level, or disability.

Need more information?

For more information on your rights, or if you need help understanding the information provided, contact any of the following:

Your Services Coordinator: _____
Provider: _____
IFSP Team: _____

Your local school district

Name: _____
Contact Information: _____
Special Education Director: _____

Notes: _____

Who should read this document?

This document is for any parent or guardian who has a concern regarding the development of their infant/toddler or whose infant/toddler has healthcare needs.

Why do I need this document?

As a parent/guardian, you have rights under both Federal laws (Individuals with Disabilities Education Act [IDEA]) and state early intervention regulations (92 NAC 52, 480 NAC 1) that affect any services your child may be eligible for. This document will help explain some of those rights, the process, and important contacts if you have questions.

What is early intervention?

Early intervention is a collection of services families may need if their infants/toddlers have developmental delays and/or healthcare needs.

What is the EDN?

The EDN provides early intervention services that are *voluntary* and *free* for children in Nebraska from birth to age three and their families. Information on the EDN can be found at <http://edn.ne.gov>.

The EDN is a partnership among

- Families and their young children with special needs (birth to age three);
- Providers from the Nebraska Department of Education;
- Providers from the Nebraska Department of Health and Human Services; and
- Other community agencies.

What is the special education law?

Federal law

The Federal law is called IDEA. It outlines rights and responsibilities regarding special education for children with disabilities and their parents. More information can be found at idea.ed.gov.

Nebraska state law

In Nebraska, EIS are outlined in the Early Intervention Act. The state regulations covering early intervention come from the two agencies that have oversight of the program – the Nebraska Department of Education and the Department of Health and Human Services. The two state regulations are Nebraska Department of Education (NDE) Rule 52 and Department of Health and Human Services (DHHS) 480 NAC 1. The regulations and state policies can be found here: <https://edn.ne.gov/cms/policies-procedures/state-regulations>.



What do the numbers in parentheses mean?

(i.e., Rule 52 – 006.04)

Throughout this guide, you will see reference numbers that will guide you to topics listed in either NDE Rule 52 or 480 NAC 1. Rule 52 are NDE's regulations, and 480 NAC 1 are DHHS' regulations.

How do I know if my child is eligible?

(Rule 52 – 006.04)

(480 NAC 1 – 007.02)

If you have a concern about your child's development or your child has been diagnosed with a health condition that will affect their development, they may be eligible for EIS.

The assigned EDN Services Coordinator will request your written permission for evaluations through the Special Education Department of your school district. A Multidisciplinary Evaluation Team (MDT), consisting of professionals within your school district and yourself, conducts these evaluations.

The MDT determines eligibility for free and appropriate EIS/education under state guidelines. Eligibility guidelines are found in Rule 52, section 006 (Eligibility for Early Intervention).

What is a free appropriate public education (FAPE)?

(Rule 52 – 003.08-09)

FAPE means infants/toddlers who are found to be eligible under state and Federal requirements can receive early intervention and related services that are provided at no cost to parents.

EIS are developmental services that are provided by public agencies. They are selected in collaboration with parents and provided at no cost to the family. Services are designed to meet the needs of a child with a disability and their family.

What areas of development are addressed by EIS?

(Rule 52 – 003.06A4)

EIS provides services to meet the child's needs in the following areas:

- Physical development;
- Cognitive development;
- Communication development;
- Social or emotional development; or
- Adaptive development.

3

What Happens After Referral?

What does a Services Coordinator do?

During your first visit, the Services Coordinator will talk about the program and the process as well as answer any questions you and your family may have. With your permission and consent, the Services Coordinator will gather information about your child and family.

A Services Coordinator will:

- Contact your family to determine if you are interested in EDN services;
- Arrange for an evaluation of your child;
- Work with agencies that provide services;
- Make sure services are delivered smoothly and properly;
- Inform you of services in the community;
- Inform your family about advocacy and support groups;
- Convene a team meeting to develop a plan for services for your child and family; and
- Gather information about your family's goals and concerns.

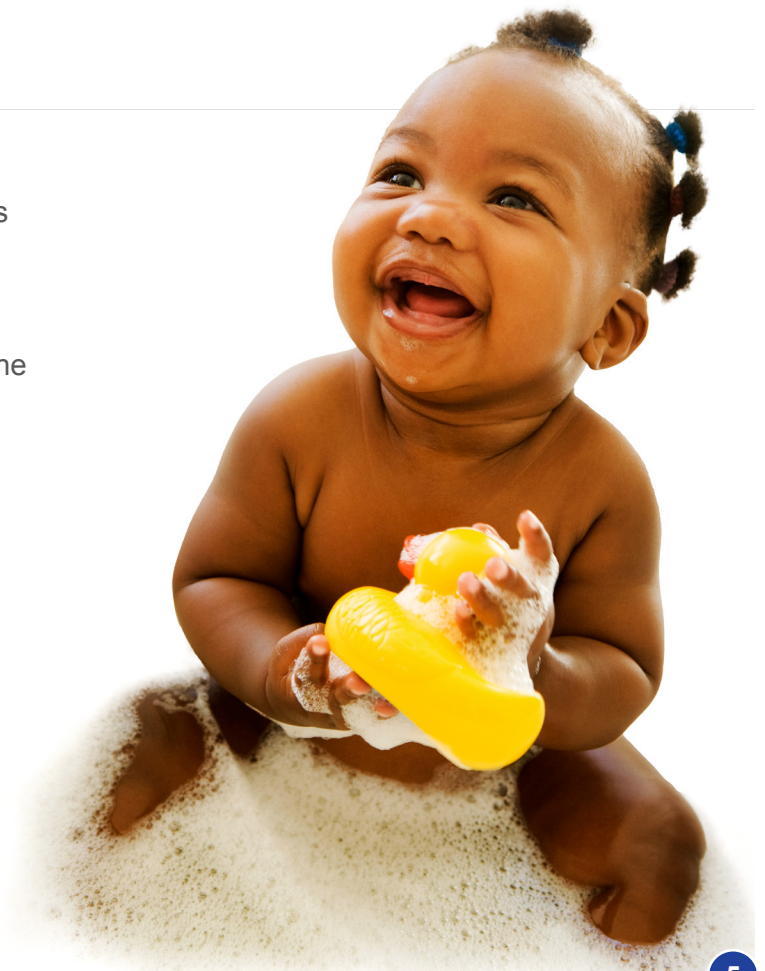
You are entitled to help from a Services Coordinator up to the time of the evaluation. If your child is verified as having a disability, the Services Coordinator's services will continue.

What are the steps to determining if my child is eligible for EIS?

(Rule 52 – 006)

Within 45 days from the date of referral, the following activities must be conducted:

- Screening may be conducted at the discretion of the Early Intervention team;
- Evaluation;
- MDT will determine eligibility for EIS;
- Child and Family Assessment; and
- An Individual Family Service Plan (IFSP) will be developed.



What is screening?

(Rule 52 – 006.03)

At the discretion of the Early Intervention team, screening may be conducted to gather initial information about an infant or toddler to determine whether or not the infant or toddler has a disability. This includes the use of appropriate screening instruments by people trained to administer the screening instrument.

During this screening process:

- You will be asked to provide informed written consent.
- Your screening professional will give you a description of the screening process and why it is being used so you can decide to consent.
- If you choose not to consent, or at any time during or after the screening, you can request a multidisciplinary evaluation.
- The screening tool can't be used to “rule out” an evaluation.
- You may choose not to proceed with an evaluation based on the information from the screening tool, but your screening professional will make sure you know your rights.
- If your screening professional doesn't follow these guidelines, contact your Services Coordinator (or whatever's appropriate).



What is an MDT?

With your consent, an evaluation of your child is conducted by an MDT. This team includes you (the parents/guardians) and a variety of qualified professionals who evaluate your child and determine if your child meets the state requirements to receive EIS (Rule 52 - 003.16). An MDT evaluation must be completed within 45 calendar days from the date of referral (Rule 52 – 006.02).

The make-up of the MDT is determined by the child's needs. Some of the professionals who may be included on the team are:

- An **infant/preschool teacher** works with children from birth until they enroll in kindergarten. These Early Childhood Special Education teachers have a degree in special education as well as child development. They have specialized training to meet the needs of children and toddlers with learning or physical disabilities.
- A **psychologist** administers intellectual and developmental tests and collects other assessment information, interprets test results, consults with other staff members in planning services to address the needs of children, assists in developing positive behavioral intervention strategies, and helps parents meet their child's needs.
- A **speech-language pathologist** identifies children with communication delays or impairments; diagnoses and appraises specific speech or language impairments, makes referrals for medical or other professional attention necessary for treating speech or language impairments, provides speech and language services for the treatment or prevention of communication impairments, and collaborates with parents and other team members about speech and language impairments.
- A **physical therapist** provides services that generally address the development of a child's posture, muscle strength, mobility, and movement. Physical therapy may be provided to prevent the onset or progression of impairment, functional limitation, disability, or changes in physical function or health resulting from injury, disease, or other causes.
- **Occupational therapists** develop the functional use of smaller muscles to improve the ability to perform tasks for independent functioning and, through early intervention, prevent initial or further impairment or loss of function.
- A **vision specialist** helps the infant or toddler to explore their environment; use limited vision if appropriate; develop functional skills with adaptations for vision disability; and helps family members to understand and enhance the child's development. *A vision specialist does not test visual acuity or make any kind of medical diagnosis.*
- An **audiologist** identifies children with hearing loss; determines the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the treatment of hearing loss; provides treatment activities, such as auditory rehabilitation or speech reading (lip-reading); and determines children's needs for amplification, including selecting and fitting an appropriate hearing aid for infants and toddlers, evaluating the effectiveness of amplification, and providing training and orientation for listening devices.
- A **nurse** cares for infants and toddlers with health needs such as tube feeding, tracheostomy, and breathing difficulties. A nurse administers the care and treatment that a doctor prescribes and helps family members follow treatment regimens.
- A **doctor** is a practitioner of medicine who graduated from a college of medicine, osteopathy, dentistry, chiropractic, optometry, or podiatry, and licensed to practice.

What is an evaluation?

(Rule 52 – 003.07 and 006.06)

A complete evaluation includes information provided by parents/guardians, observation of your child, and testing in each of the following areas of your child's development:

- **Cognitive**—ability to learn and how your child learns;
- **Physical**—ability to move, see, and hear as well as health development;
- **Communication**—ability to understand language and express needs;
- **Social/emotional**—ability to relate with others; and
- **Adaptive skills**—ability to dress, eat, and take care of oneself.

An evaluation is a way of seeing if your child is eligible for EIS. The evaluation will occur **only** with your written permission and at no cost to you. You, your child, and the professionals on your team will be involved in this evaluation.

How is an assessment different than an evaluation?

(Rule 52 – 006.07)

The purpose of an evaluation is to gather information to be used by the MDT to determine whether or not an infant or toddler is eligible to receive EDN services. Following the determination of eligibility, child and family assessments are conducted. Once again, these are completed only after the parent/guardian gives consent. Each family member can determine whether they want to participate in an assessment.

The assessments are carried out to pinpoint the child's unique strengths and developmental needs, determine how the child and family interact and move through their daily activities, and gather information from family members and caregivers about their role in supporting the child's development. The goal of gathering this information is to guide the EDN team as they establish desired outcomes for the child and family.



What is an IFSP?

(Rule 52 – 007)

If eligible, your child can receive EIS. You will have a meeting with your EDN Services Coordinator and other service providers to write an IFSP. Your first IFSP meeting must be held within 45 days of the referral. Services begin when you have agreed to the IFSP that has been developed. The plan will reflect your family's concerns and priorities.

The IFSP is an ongoing process that adjusts to the changing needs of your child and family. It is reviewed every 6 months and rewritten on a yearly basis. If there are major changes in your child's health or development or your family's situation, a review can occur at any time.

An IFSP is several pages long and includes the following information:

- **Present levels of functioning**—what your child is able to do now.
- **Family's concerns and priorities**—family concerns are what you are worried about for your child and family. Some of these concerns may center on pre-academic and/or developmental skills, and some may be more family-centered, i.e., things that would help your family to support your child. Priorities are those concerns you have identified as being the most important to address at this time.
- **Family's resources**—the strengths and abilities or formal and informal supports your family has to help meet the changes you want for your child.
- **Outcomes**—measurable changes you want to see for your child or something you want for your family. These are sometimes referred to as "goals."
- **EIS needed**—what services are needed, how often and how long they will be provided, where they will happen, and who will pay for them.
- **Natural environments**—settings that are natural or normal for your child's age peers without disabilities.
- **Other services**—these services may be medical, child care, recreational, or any service you want the IFSP team to know about.
- **Timelines**—when services will begin and end and when the team will formally review the plan again.
- **Name of your Services Coordinator**—someone to help you navigate the services that are named in your plan.
- **A transition plan when your child nears the age of three**—exploring and planning services after your child is 3 years old and exits from the EDN.
- **Assistive technology**—refers to a wide range of devices and modifications that can be used to support your child in play, communication, and participation in daily activities.

You may invite other family members, a friend, or support person to the meeting. Bring any information about your child that you feel is important to share.



What services does early intervention include?

(Rule 52 – 003.06B)

EDN services that are appropriate and agreed upon by the IFSP team are provided *at no cost to your family*. These services are family-centered and written on the IFSP. They are provided year-round.

Services may include, but are not limited to:

- **Services coordination** means planned efforts to assist and enable the child’s family and the infant or toddler with a disability to receive the services and ensure the rights to which they are entitled according to the Federal regulations (IDEA) and state requirements. This includes procedural safeguards, such as your rights regarding consent, confidentiality, access to records, revision of records, and a right to request a hearing. Services coordination includes supporting the child and family through the IFSP process and support in accessing services to make achieving child and family outcomes easier.
- **Assistive technology** is any item or piece of equipment that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. This most commonly refers to devices that help with speech and/or walking. The term does not include a medical device that is surgically implanted, such as a cochlear implant.
- **Audiology services** include identification of children with hearing impairments using at-risk criteria and appropriate hearing evaluation techniques. It also includes the provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services.
- **Family training, counseling, and home visits** are services provided by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability to understand the special needs of the child and enhance the child’s development.
- **Health services** might include clean intermittent catheterization, tracheostomy care, tube feeding, and the changing of dressings or colostomy collection bags. It does not include services that are surgical or purely medical or routine (“well-baby” care that is routinely recommended for all children).
- **Medical services** are provided by a licensed physician for diagnostic or evaluation purposes to determine a child’s developmental status and need for EIS.
- **Nursing services** include the assessment of current health in order to provide nursing care. This can include: **(1)** the identification of potential health problems; **(2)** the provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and **(3)** the administration of medications, treatments, and routines prescribed by a licensed physician.
- **Nutrition services** include individual assessments of nutritional history and dietary intake, feeding skills and feeding problems, food habits and food sensitivities or preferences, and providing recommendations for the development of IFSP goals as needed.
- **Occupational therapy** includes services to help an infant or toddler with a disability adapt to their environment, including sensory, motor, and fine motor development. These services are designed to improve the child’s ability to perform tasks in home, school, and community settings.
- **Physical therapy** includes services to improve the movement skills of a child with a disability. It includes enhancing bone/muscle interaction, improving perceptual and motor development, heart/lung functioning, and adaptation to the environment.
- **Psychological services** include administering and interpreting psychological and developmental tests and other assessment procedures and designing behavioral interventions.

- **Sign language and cued language services** include teaching sign language, cued language, and auditory/oral language; providing oral interpretation for deaf persons who lip-read; and providing sign and cued language interpretation and sound amplification.
- **Social work services** include making home visits to evaluate a child’s living conditions and patterns of parent-child interaction; preparing a social or emotional developmental assessment of the infant or toddler within the family context; providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents.
- **Special instruction** includes the design of learning environments and activities that promote the infant’s or toddler’s acquisition of skills; curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability; and working with the infant or toddler with a disability to enhance the child’s development.
- **Speech-language pathology services** include the identification of children with speech or language disorders and delays in the development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills.
- **Transportation and related costs** include the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child’s family to receive EIS.
- **Vision services** include evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development. It also includes communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

More in-depth definitions are available at:
www.parentcenterhub.org/repository/keyterms-ei/#coordination.

When do services begin?

(Rule 52 – 006.02 and 007.02E)

The process of evaluation, determination of eligibility, assessment, and the development of the IFSP must be completed within 45 calendar days from the date of referral to the EDN. A delay may occur if your child is hospitalized or your family has other extenuating circumstances. Services must begin in a timely manner, for example, within 30 days of the time the parent signs the consent for the services.

What is meant by services in “natural environments?”

(Rule 52 – 007.06)

Natural environment is different for each family and is defined as settings where children of the same age without disabilities would be found. Consider where your child would be spending time if they did not have a disability. Whenever possible, EDN services occur in natural environments.

Examples would include community child care centers, church or synagogue playgroups, public parks and pools, libraries, stores, restaurants, family vehicles, public transportation, birthday and holiday parties, barbers, dentists, festivals, and fairs to name only a few. What is ‘natural’ for one child may not be natural for all children, for example, riding daily in dad’s pick-up truck.

A location may not be a natural environment if it is where the clients or patrons are primarily persons with disabilities or illness, for example, clinics, hospitals, or special schools/classrooms. The provision of EIS for any infant or toddler may occur in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Why does assessment continue after the IFSP is developed?

(Rule 52 – 006.05)

An assessment is an ongoing collection of information about your child's strengths and needs. The EDN Service Providers use this data to determine your child's level of progress and whether program changes need to be made as your child grows. Assessments are ongoing and the information is included in the review of your child's IFSP.

What happens in the summer? Year-Round Continuous Services.

(Rule 52 – 007.07)

School districts, as well as services coordination agencies, are required to provide year-round services for children from birth to age three. This includes providing services over the summer months. Services may not be interrupted, modified, or otherwise changed for reasons such as the service provider's availability or scheduling that are unrelated to your child's needs. Only a change in your child's needs and your family's preferences should dictate a reduction in services.



5

Transition at Age Three

What happens when my child reaches age three?

(Rule 52 – 008.01) (480 NAC 1-011)

At the age of three your child will transition out of the EDN. You may choose to stay in the EDN until August 31st after your child's third birthday.

If they are still in need of special education services following their third birthday, they will transition from an IFSP to an Individualized Education Program. You and your team will schedule a meeting to ensure that the process of transition goes well for everyone. This meeting should occur at least 90 days before your child's third birthday. If desired, the meeting can be held up to 9 months before your child's third birthday.

The team will review your child's program options for the remainder of the time they are involved in EDN services, describe how your family will participate in the transition process, and develop the transition plan with you.



6

Consent, Confidentiality, and Record Review

What is prior written notice and why would I need it?

(Rule 52 – 009.03B)

Prior written notice is a document provided to you within a reasonable amount of time before EDN proposes or refuses to initiate or change the identification, evaluation, or location of services for your child or the provision of FAPE. It must include a description of the action proposed or refused and an explanation of why the action was proposed or refused. It must be written in an easily understandable manner, and in your native language. The notice is intended to allow you adequate time to learn more and respond to the proposed change before it occurs.

What does informed consent mean?

(Rule 52 – 003.04)(480 NAC 1 – 015)

It means that the EDN must have your permission in writing before any evaluations or services are provided. The information will be provided in your native language or another mode of communication, and your consent is voluntary and may be revoked at any time.

You can decide not to give permission for any specific services, and you may refuse a service at any time while keeping the services you choose to receive. The EDN must also have your permission before sharing information about you or your child with others. Consent means you have been fully informed about the activity for which consent is being sought and you understand and agree. More information on informed consent can be found in Rule 52 – 009.03.

Is information about my family confidential?

(Rule 52 – 009.01)

Your consent must be obtained before personally identifiable information is disclosed to parties other than officials of participating agencies unless specifically not required in the Family Education Rights and Privacy Act. If you have any questions, you can request a copy of local policies and procedures regarding how your confidentiality is protected.

“Even when all I needed was a shoulder to cry on, our team was always there for us.”

Can I review my child’s records?

(Rule 52 - 009.02B)

(480 NAC 1 – 013.01(G))

Yes, you have the right to request, review, and receive copies of the records. You have the right to be informed about the types and the locations of records collected, maintained, or used in the program, who in the program has access to those records, and when they see those records. You can request information about who has seen the records or copies of the records. You may review all records that relate to your child. You can request that information be changed if you believe it is inaccurate, misleading, or violates the privacy or rights of your child or family. The local agency will decide if the information is amended and will inform you of any refusal along with further information on your rights (Rule 52 – 009.02G).

7

Dispute Resolution

What if I don't agree with a decision or have concerns about my child's services?

If you: (1) disagree with any of the recommendations for your child; (2) think that your child is not receiving the services needed; (3) think the law is not being followed; or (4) think your rights have been violated, you have the right to voice your concerns and be heard.

When you disagree, you have the following options:

Work it out informally

You may try to work the problem out informally by meeting with your Services Coordinator and/or your IFSP team. If the disagreement is not resolved or you are not comfortable meeting informally, you may use any or all of the following options:

Request special education mediation

(Rule 52 – 009.05)

You may choose special education mediation, which is a voluntary process where a neutral third party helps parents and providers resolve disagreements. Special Education Mediation is free. See page 18 for specific office contacts.

File a complaint

(Rule 52 – 009.06)

You have the right to file a written complaint with the Nebraska Department of Education and have your complaint investigated by the State Complaint Investigator. The complaint must be written, signed, and include the facts about the complaint. The State Complaint Form and Checklist can be found online at education.ne.gov/sped/state-complaint/. Special accommodation will be made if writing is a barrier. Contact the Special Education Office in person or by telephone at 402-471-2471 to make arrangements.

Request a due process hearing

(Rule 52 – 009.07)

You have the right to request a due process hearing. This is a formal hearing or proceeding conducted by a Hearing Officer appointed by the NDE. A request for a due process hearing must be in writing and include the complaint. For additional information, you can contact either PTI Nebraska or the Disability Rights Nebraska.

If you would like additional information or resources, please refer to the contacts on page 1 or see the list of resources at the back of this book.



8

Rights Regarding EDN Services

What are my rights when receiving EDN Services?

Your Services Coordinator will give you this Family Guide to EIS along with the EDN Procedural Safeguards that explain your rights.

Before eligibility for special education is determined, you have the right to

- Services coordination;
- Act as the primary and final decision maker for your child; and
- Access services which include:
 - » Early identification of concerns;
 - » A multidisciplinary evaluation;
 - » Determination of your child's eligibility; and
 - » Voluntarily withdraw from or refuse the EDN process/specific services.



If your child is determined eligible to receive EDN services, you have the right to

- Services Coordination;
- An IFSP;
- Receive EIS related to your child's development;
- Agree to the services, but disagree with how often or where the services will be provided;
- Refuse some services recommended by the IFSP team and still receive other services (Informed Consent);
- Participate in all meetings concerning your child's EIS and changes in the delivery of services;
- Have meetings at a time and place agreeable to your family;
- Receive timely written notice of
 - » Any changes with any service involving your child;
 - » Meeting participants; and
 - » The date/time/location of MDT and IFSP meetings;
- Receive notices and IFSP documents in your native language or the mode of communication used in your home;
- Receive services in your child's natural environment;
- Dispute resolution;
- Informed consent;
- Confidentiality of information/records;
- Year-round services;
- FAPE;
- Access to all members of the IFSP team; and
- Receive services until August 31st following your child's third birthday (Transition).

9

Available Resources

Where can I find help?

IFSPweb

IFSPweb is an educational/informational online assistance program designed to help families develop IFSP for young children with disabilities.

Web: <http://www.ifspweb.org/>

PTI Nebraska (Parent Training and Information)

The mission of PTI Nebraska is to provide training, information, and support to parents in Nebraska who have a child birth through 26 with special needs. Resources are provided for parents, other family members, school personnel, and interested others.

Connie Shockley

Early Childhood Outreach Coordinator
PTI Nebraska

1941 S. 42nd Street, Suite 205

Omaha, NE 68105-2938

402-346-0525 Ext. 2

Email: cshockley@pti-nebraska.org

Web: www.pti-nebraska.org

Nebraska's Family to Family Health Information Center

Nebraska's Family to Family Health Information Center is a federally funded family-run center established to assist families of children with special health care needs to make informed choices about health care to promote good treatment decisions, cost-effectiveness, and improved health outcomes. PTI Nebraska (Parent Training and Information) is home to the Family to Family Health Information Center and is funded by the U.S. Department of Health and Human Services, the Health Resources and Services Administration, the Maternal and Child Health Bureau, and the Division of Services for Children with Special Health Needs.

Lisa Hobza

F2F Health Information Center Coordinator

PTI Nebraska

1941 S. 42nd Street, Suite 205

Omaha, NE 68105-2938

402-346-0525 Ext. 7

Email: lhobza@pti-nebraska.org

Web: www.pti-nebraska.org

“They not only took into consideration our daughter’s needs but all of our family’s needs as well.”

Munroe-Meyer Institute

The Munroe-Meyer Institute, located in the University of Nebraska Medical Center, is the federally designated University Center for Excellence in Developmental Disabilities for Nebraska. The goal of the Institute is to help build the professional capacity and the capacity of state and local systems to support individuals with disabilities and their families, including infants and toddlers with disabilities and their families.

Mark Smith

Resource and Family Support Coordinator

Nebraska Center on Disabilities

985450 Nebraska Medical Center

Omaha, NE 68198

402-559-5744

Toll-free: 800-656-3937

Email: msmitha@unmc.edu

NDE

EDN

500 S. 84th Street, 2nd Floor
P.O. Box 94987
Lincoln NE, 68510-2611
Web: www.education.ne.gov

Nebraska DHHS

EDN

P.O. Box 95026
Lincoln, NE 68509-5026
402-471-9310
Web: www.dhhs.ne.gov/Pages/default.aspx

Answers4Families: Connecting Nebraska's Families

Answers4Families.org is Nebraska's support and information connection for families and professionals seeking assistance. This website is a collection of articles, resources, and referrals organized by target groups.

Center on Children, Families, and the Law

P.O. Box 880227
206 S. 13th Street, Suite 1000
Lincoln, NE 68588-0227
402-472-0844
Toll-free: 800-746-8420
Web: www.answers4families.org

Assistive Technology Partnership (ATP)

ATP provides assistive devices and modifications to help individuals with disabilities to perform daily activities leading to the development of skills to live independently.

Lincoln Office

3901 N. 27th Street, Suite 5
Lincoln, NE 68521
402-471-0734
Toll-free: 877-713-4002
Web: <https://atp.nebraska.gov/>

The Arc of Nebraska

The Arc of Nebraska is committed to helping children and adults with disabilities secure the opportunity to choose and realize their goals of where and how they learn, live, work, and play.

The Arc of Nebraska

215 Centennial Mall South, Suite 508
Lincoln, NE 68508
402-475-4407
Email: info@arc-nebraska.org
Web: <https://www.arc-nebraska.org/>

"We were able to locate resources and equipment that made a world of difference in our lives."

Disability Rights Nebraska

Disability Rights Nebraska is a private, nonprofit organization designated by the Governor to protect and advocate for the rights of Nebraskans with significant physical or mental disabilities.

Disability Rights Nebraska

The Center for Disability Rights, Law, and Advocacy
The Protection & Advocacy System in Nebraska
134 South 13th Street, Suite 600
Lincoln, NE 68508
Phone: 402-474-3183
Fax: 402-474-3274
Toll-free: 800-422-6691
Email: info@disabilityrightsnebraska.org
Web: www.disabilityrightsnebraska.org

Mediation Centers

Mediation is a process in which trained mediators assist people in conflict to communicate and make voluntary, informed choices in an effort to find a mutually acceptable resolution to their dispute. There are six Mediation Centers in Nebraska. Information about the Mediation Centers can be found at: <https://www.education.ne.gov/sped/mediation.html>



**Nebraska Early
Development Network**

Babies can't wait

Co-Lead Agencies:

**Nebraska Department
of Education**

P.O. Box 94987

Lincoln, NE 68509-4987

402-471-2471

**Nebraska Department
of Health & Human Services**

P.O. Box 95026

Lincoln, NE 68509-5026

402-471-9310