

El Breakfast Club

September 28, 2026



MIKE DEWINE
GOVERNOR OF OHIO



AGENDA

- Program Updates
- SFY26 Annual Data Review
- Presenter: Reena Kothari, ODH Infant Hearing
- 2026 EI Family Questionnaire Data Review



UPDATES



PROGRAM UPDATES

DS CERTIFICATION RULE

- Public hearing September 3
- JCARR hearing September 8
- Planned implementation date moved to October 15

COUNTY DATA

- Family Questionnaire open-ended responses sent September 3
- SFY26 annual county data sent September 8
 - SFY26 statewide summary available on the [Data and Monitoring Resources page](#) of the EI website
- SFY26 county COS data sent September 22

COURSEWORK TRANSFER

- All EI coursework currently on DODD MyLearning is transitioning to the Ohio Professional Registry (OPR) – to be completed by the end of the calendar year

Action steps you can take to prepare:

- If you have not already done so, create an OPR profile
- Plan to complete any EI coursework you have started in MyLearning by early December
- Monitor the EI Program Updates for reminders, updates, and additional information

Contact eitraining@childrenandyouth.ohio.gov with any questions

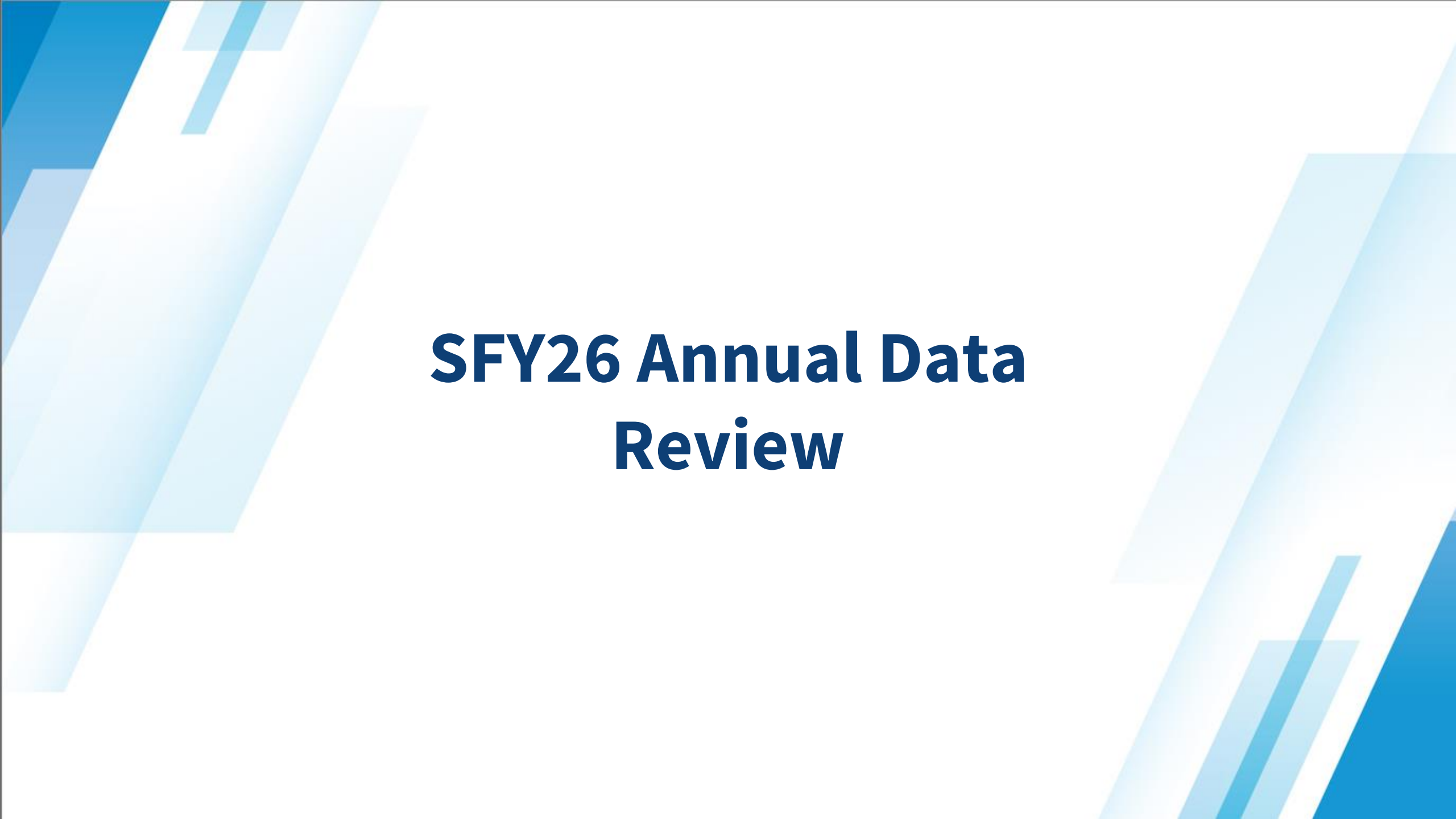
EIDS REWRITE

- In the early stages of planning a rewrite of the EIDS application
- Initial iteration will primarily be to update the technology
 - Will include the same data components and functionality
 - Plan to clean up functionality as needed/applicable
- Provides opportunity for future enhancements/development
- Stakeholder Involvement
 - Input on functionality
 - Thorough communication
 - User Acceptance Testing (UAT)
 - Trainings

SYSTEM OF PAYMENT

Quick Reminders

- If completing EI-16s and sending to POLR inbox, please CC Lindsay Morrison (lindsay.morrison@childrenandyouth.ohio.gov) on those submissions.
- If completing request for COG support form, please remember to send form to respective COG and to click "submit" after filling out the form so it is sent to DCY.
- When EI documents such as EI-03 and EI-04 need to be translated, please check to see if there is a translated template on the EI website. If you place English sections on one of the existing translated documents, it will cut down on time and cost for the overall translated document.



SFY26 Annual Data Review

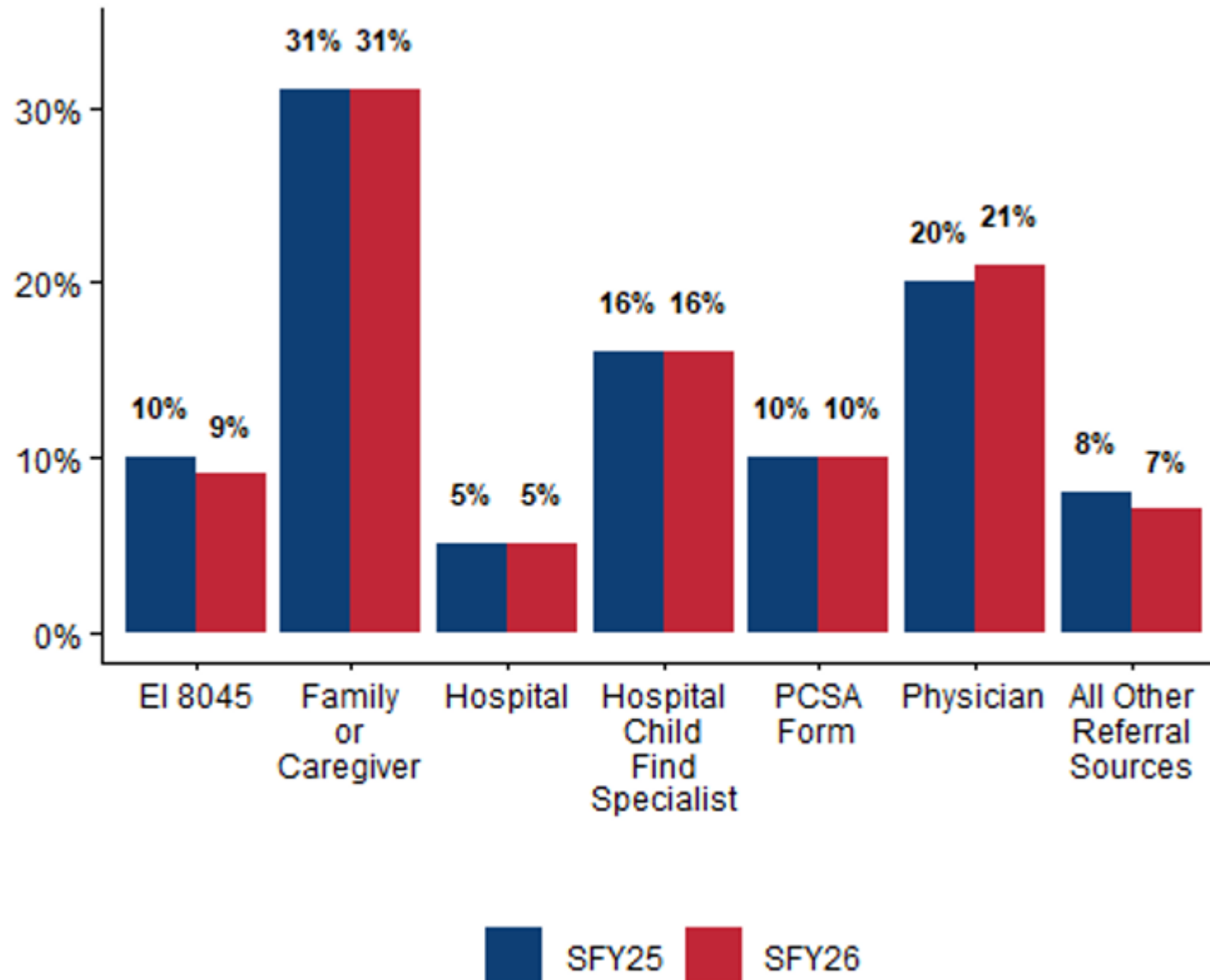
EI REFERRALS BY MONTH

Month	SFY18	SFY19	SFY20	SFY21	SFY22	SFY23	SFY24	SFY25	SFY26
July	2,190	2,525	2,686	2,388	2,886	2,754	2,706	3,049	2,935
August	1,723	3,009	2,761	2,351	2,797	3,085	3,174	2,931	2,692
September	2,699	2,490	2,708	2,545	2,757	2,919	2,848	2,836	2,858
October	2,296	2,868	3,024	2,501	2,705	2,792	3,121	3,040	2,852
November	2,082	2,412	2,453	2,117	2,648	2,750	2,700	2,453	2,243
December	1,977	2,032	2,365	2,101	2,404	2,315	2,362	2,315	2,399
January	2,393	2,838	3,082	2,611	2,681	3,217	3,061	2,970	2,772
February	2,063	2,582	2,769	2,514	2,805	2,848	2,965	2,692	2,660
March	2,474	2,798	2,204	3,030	3,596	3,384	2,919	2,968	2,917
April	2,483	2,956	1,526	2,891	3,133	2,779	3,174	2,997	2,927
May	2,503	2,893	1,804	2,591	2,869	3,092	3,123	2,859	2,621
June	2,196	2,637	2,317	2,812	2,747	2,990	2,595	2,732	2,761
SFY Total	27,079	32,040	29,699	30,452	34,028	34,925	34,748	33,842	32,625

EI REFERRAL SOURCE CATEGORIES

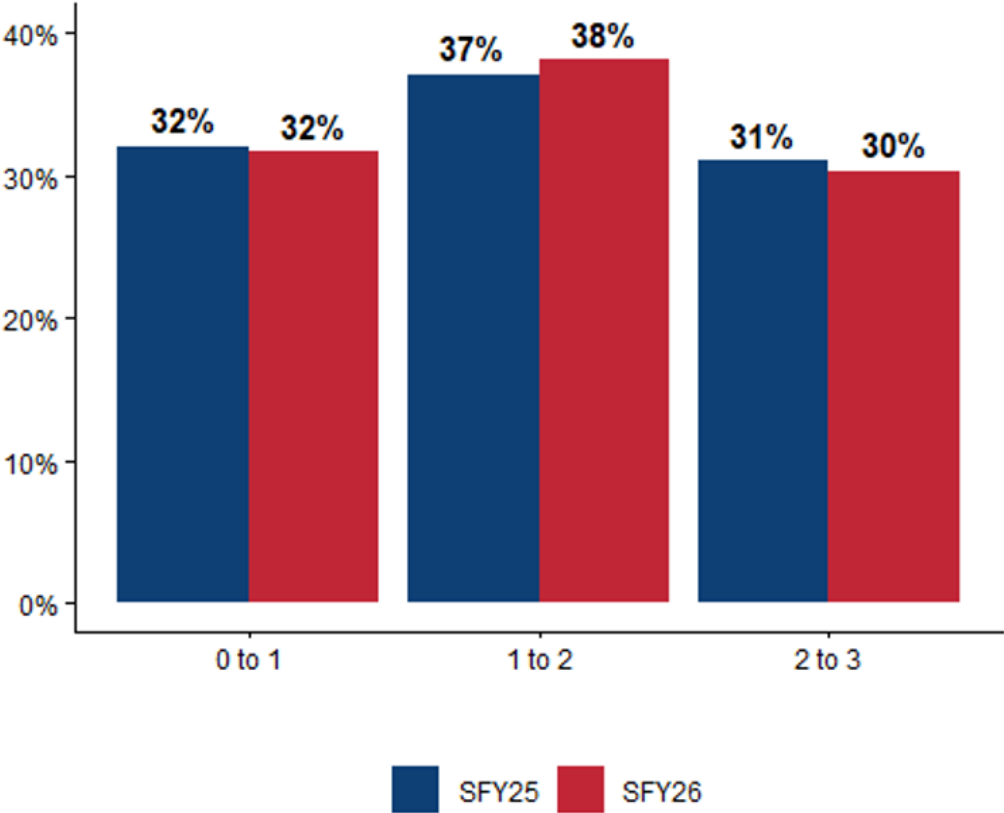
Count of Referral Source Category	SFY25		SFY26	
	Number	Percent	Number	Percent
Early Childhood or Child Care Program	354	1%	390	1%
EI 8045	3,247	10%	3,003	9%
Family or Caregiver	10,472	31%	10,088	31%
Hospital	1,715	5%	1,740	5%
Hospital Child Find Specialist	5,561	16%	5,225	16%
ODH-EBLL	544	2%	385	1%
ODH-NAS	10	0%	16	0%
ODH-OCCSN	201	1%	151	0%
PCSA Form	3,390	10%	3,280	10%
Physician	6,834	20%	6,880	21%
Public Health	488	1%	443	1%
Social Services Agency	1,000	3%	1,024	3%
Total	33,816	100%	32,625	100%

EI REFERRAL SOURCE CATEGORIES



AGE AT EI REFERRAL

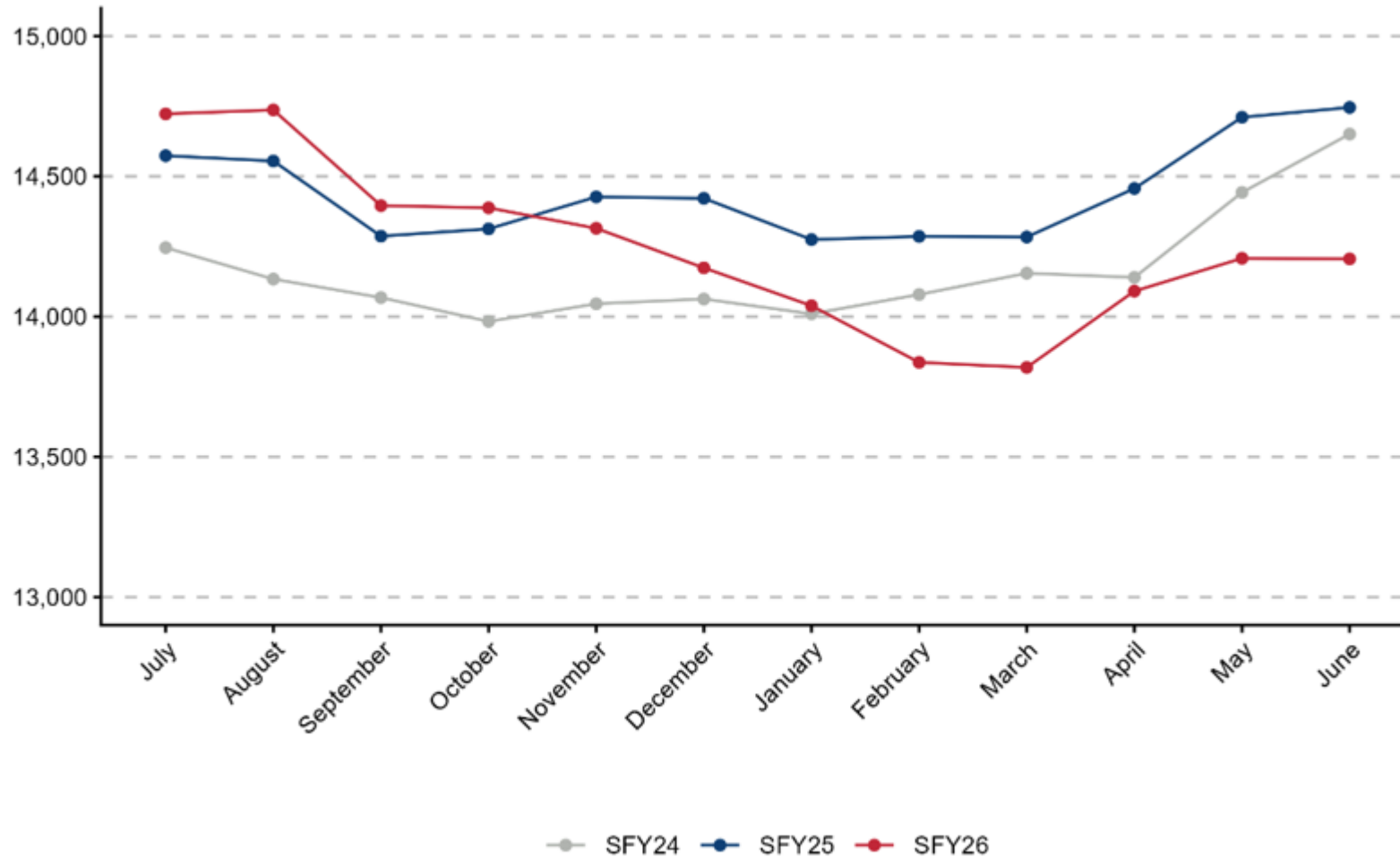
Age	SFY25		SFY26	
	Number	Percent	Number	Percent
Prenatal	3	0%	0	0%
0 to 1	10,657	32%	10,310	32%
1 to 2	12,596	37%	12,426	38%
2 to 3	10,560	31%	9,889	30%
Total	33,816		32,625	



EI MONTHLY AND CUMULATIVE CHILD COUNTS

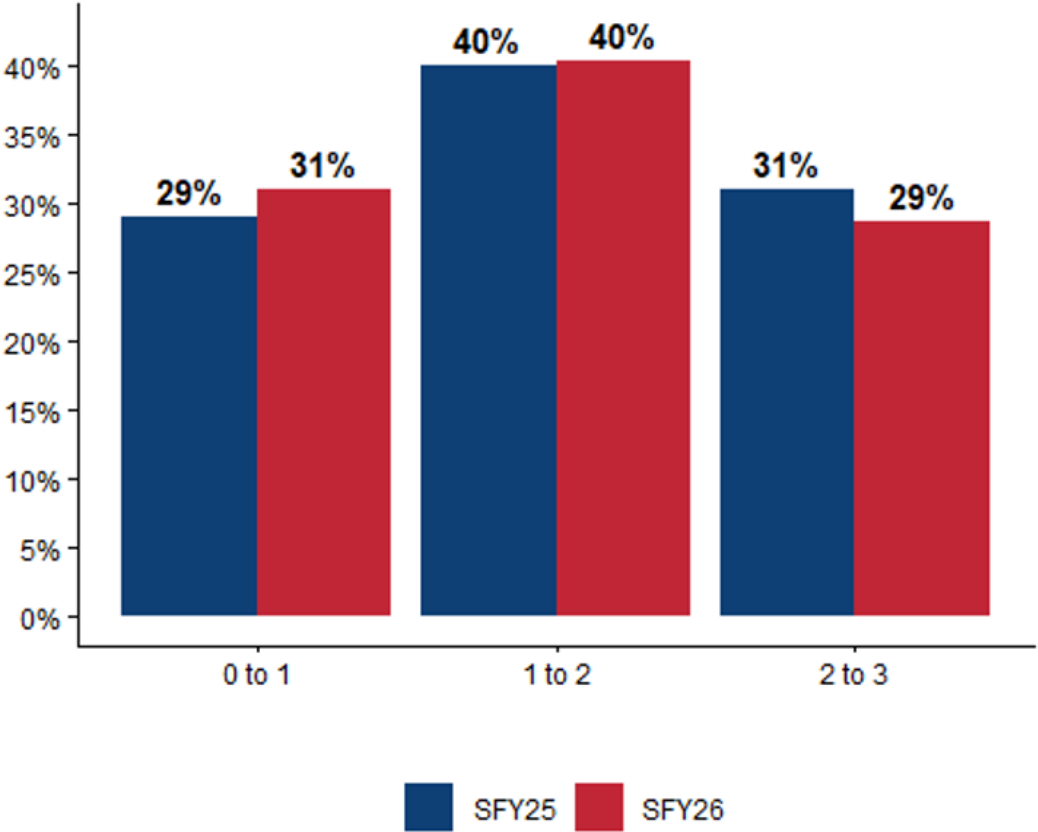
Month	SFY19	SFY20	SFY21	SFY22	SFY23	SFY24	SFY25	SFY26
July	10,828	11,783	11,121	11,288	13,311	14,246	14,574	14,723
August	10,754	11,733	10,615	11,315	13,254	14,134	14,555	14,737
September	10,545	11,796	10,495	11,427	13,271	14,068	14,287	14,396
October	10,712	11,727	10,496	11,595	13,274	13,983	14,313	14,388
November	10,896	11,986	10,382	11,692	13,352	14,046	14,427	14,315
December	11,112	11,995	10,371	11,870	13,480	14,063	14,422	14,174
January	11,064	11,955	10,283	11,988	13,502	14,010	14,275	14,039
February	11,119	11,985	10,328	12,103	13,642	14,079	14,286	13,837
March	11,129	12,049	10,460	12,196	13,748	14,155	14,284	13,819
April	11,308	11,943	10,716	12,603	14,032	14,140	14,457	14,091
May	11,596	11,608	10,868	12,899	14,164	14,443	14,711	14,208
June	11,727	11,372	11,062	13,131	14,335	14,561	14,746	14,026
SFY Average	11,066	11,828	10,600	12,009	13,614	14,161	14,445	14,244
Cumulative Served	23,438	23,349	22,811	25,733	28,450	29,622	29,681	29,348

EI MONTHLY AND CUMULATIVE CHILD COUNTS



AGE AT INITIAL E&A IN EI

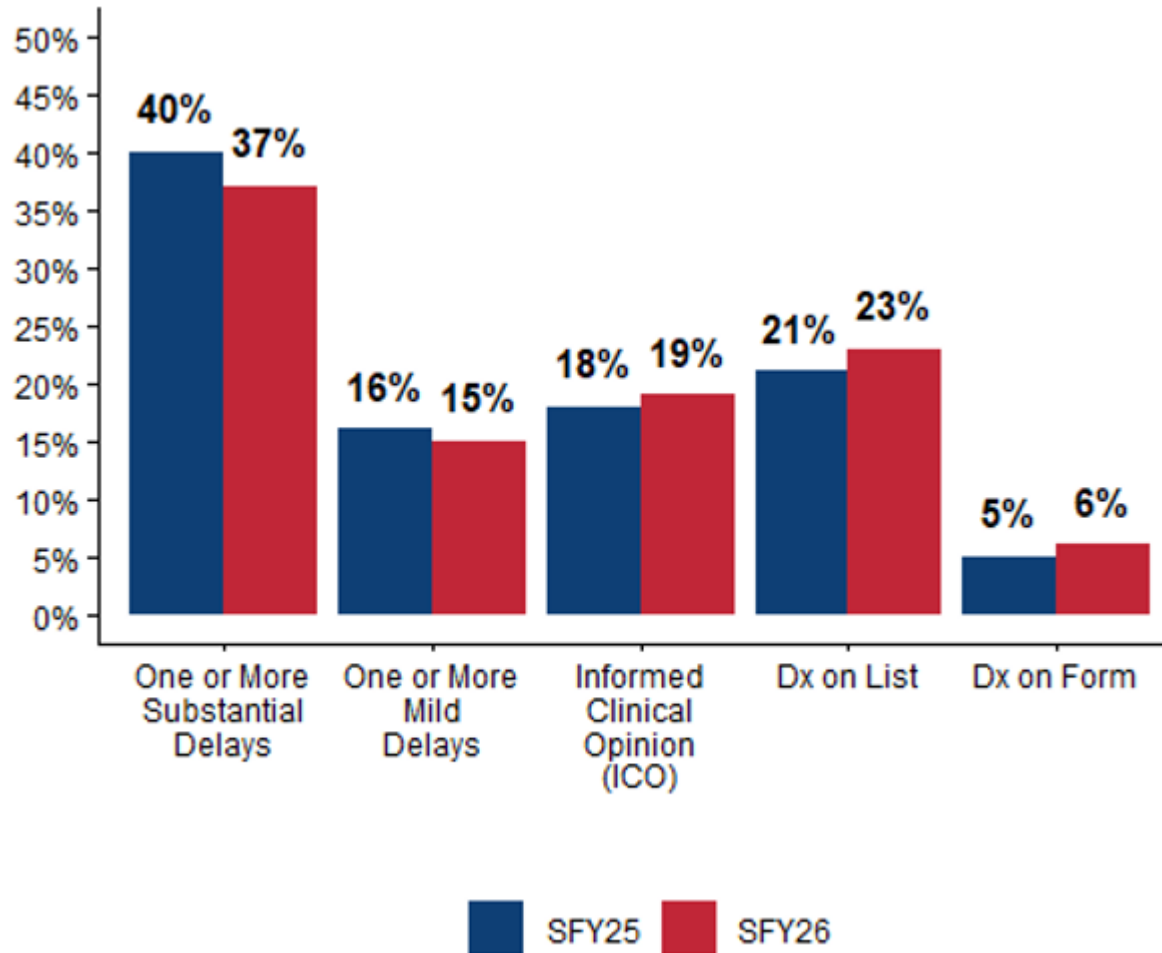
Age At Initial E&A Process	SFY25		SFY26	
	Number	Percent	Number	Percent
0 to 1	8,753	29%	9,088	31%
1 to 2	11,754	40%	11,846	40%
2 to 3	9,174	31%	8,414	29%
Total	29,681	100%	29,348	100%



COMPARISON OF EI ELIGIBILITY REASONS

Eligibility Reason	SFY25		SFY26	
	Number	Percent	Number	Percent
One or more substantial delays	11,972	40%	10,833	37%
One or more mild delays	4,733	16%	4,539	15%
Informed Clinical Opinion (ICO)	5,326	18%	5,670	19%
Dx on List	6,235	21%	6,658	23%
Dx on Form	1,415	5%	1,648	6%
Total	29,681	100%	29,348	100%

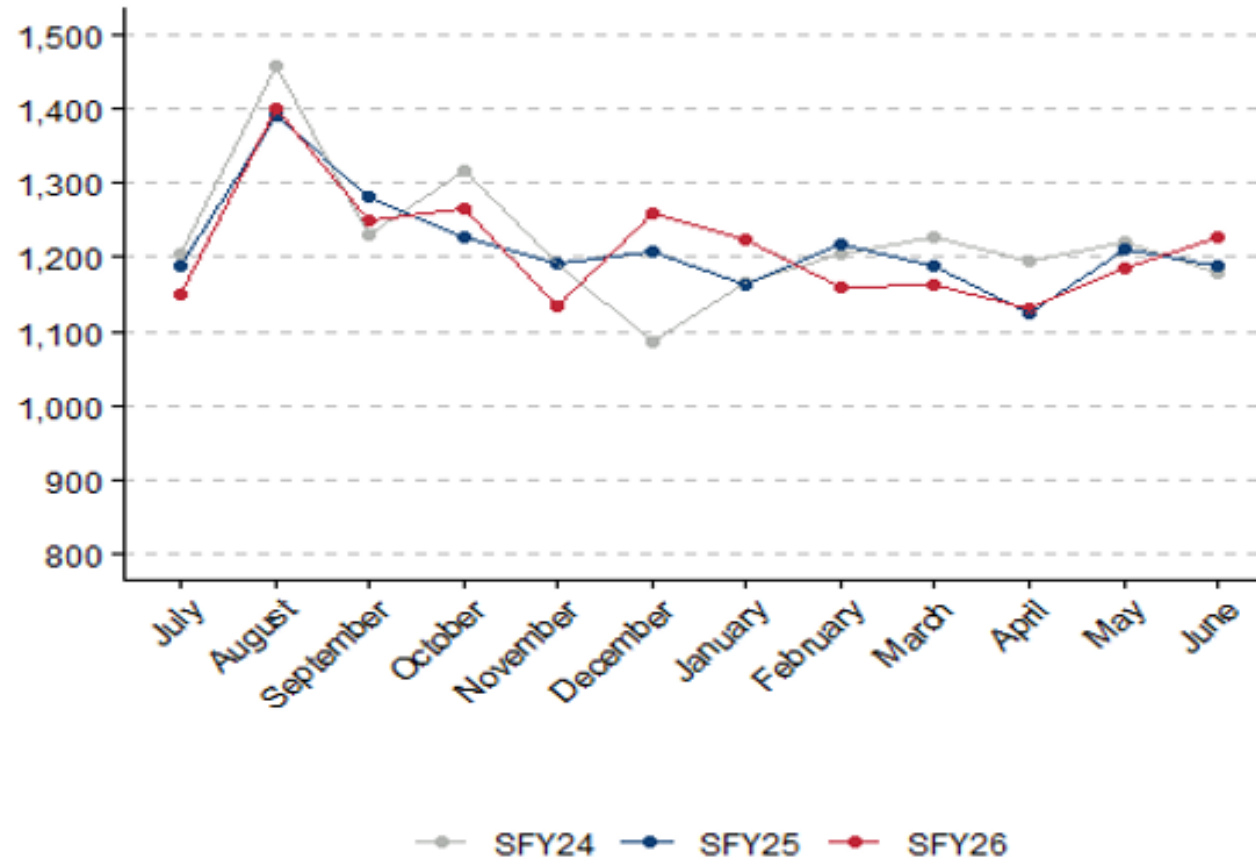
COMPARISON OF EI ELIGIBILITY REASONS



EI EXITS BY MONTH

Exit Month	SFY24	SFY25	SFY26
July	1,203	1,189	1,149
August	1,456	1,389	1,400
September	1,230	1,282	1,249
October	1,318	1,227	1,264
November	1,191	1,193	1,133
December	1,087	1,209	1,260
January	1,166	1,162	1,225
February	1,203	1,217	1,158
March	1,226	1,188	1,163
April	1,195	1,125	1,130
May	1,220	1,210	1,184
June	1,180	1,189	1,226
SFY Total	14,675	14,580	14,541

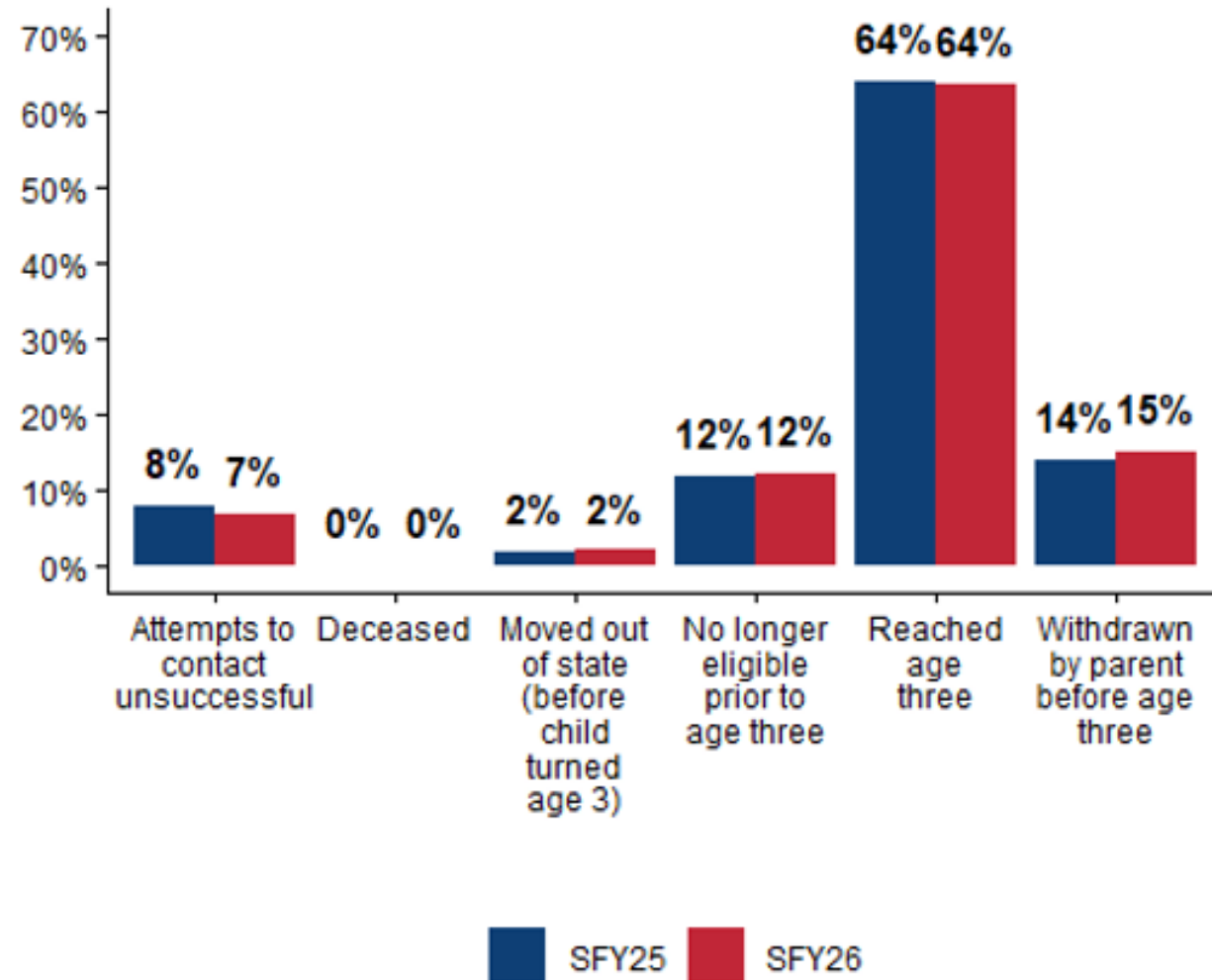
EI EXITS BY MONTH



COMPARISON OF EI EXIT REASONS

Exit Reason	SFY25		SFY26	
	Number	Percent	Number	Percent
Attempts to contact unsuccessful	1,152	8%	993	7%
Deceased	20	0%	21	0%
Moved out of state (before child turned age 3)	250	2%	316	2%
No longer eligible prior to age three	1,754	12%	1,787	12%
Reached age three	9,346	64%	9,242	64%
Withdrawn by parent before age three	2,058	14%	2,182	15%
Total	14,580	100%	14,541	100%

COMPARISON OF EI EXIT REASONS



EI LENGTH OF STAY SUMMARY

Exited During	Total Exits	Average Age At Initial E&A	Average Age At Exit	Average Length of Stay	Average Potential Length of Stay	Average Percent Potential Length of Stay
SFY24	14,675	20.0	31.5	10.9	15.1	72%
SFY25	14,580	19.7	31.3	10.9	15.4	71%
SFY26	14,541	19.2	31.3	11.3	15.8	72%

Infant Hearing Program Overview

Sept. 28, 2026

Reena Kothari, Au.D.
Infant Hearing Program Manager

Agenda

Understanding:

- The Ohio Department of Health Infant Hearing Program (IHP) and Early Hearing Detection and Intervention (EHDI) system.
- Collaboration and coordination of services.
- Ongoing education and awareness.

EHDI Program Purpose

- Ensure **all newborns** in Ohio receive timely newborn hearing screening.
- Identify infants who are **deaf or hard of hearing (D/HH)** as early as possible.
- Connect families to diagnostic services and **early intervention (EI)** to support optimal language, social, and developmental outcomes.
- Align statewide outcomes with national Centers for Disease (CDC) EHDI benchmarks.

Key Principles of EHDI

- Public health prevention program.
- Part of the newborn screening panel of tests.
- The Joint Committee on Infant Hearing (JCIH 1-3-6 Goals).
- To reduce language and communication delays for babies born with hearing loss or deafness.
- Ready to learn at the earliest years of life.
- All states receive federal funding to support EHDI programming.



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Universal Newborn Hearing Screening

- Universal hearing screening began July 1, 2004, in Ohio.
 - Ohio Revised Code 3701.503-.509.
 - Ohio Administrative Code 3701-40.
- IHP is also known as the **Ohio EHDI Program.**

Ohio's EHDI Framework (1-3-6 Model)

Before or by month(s) of age:

- **1 Month:** Universal newborn hearing screening for all babies born in a birth hospital.
- **3 Months:** Diagnostic audiologic evaluation for infants who do not pass the second hearing screening.
- **6 Months:** Enrollment in EI services for infants diagnosed with hearing loss or deafness.



Goal: Provide timely identification and developmental support to maximize communication, language and outcomes.

[Joint Committee on
Infant Hearing](#)

Incidence of Hearing Loss

Newborns:

- 1-3/1000 babies born with congenital hearing loss.
- Increases with NICU admission.

Early childhood to childhood:

- Incidence can double from birth to school age.
 - Progressive, late onset (genetic), acquired, fluctuating, injury, noise induced.

Source: [CDC](#)

[Hearing Loss in the Newborn Infant: Early Hearing Detection and Intervention.](#)

Pediatric Hearing Loss/Differences

Congenital Hearing Loss

- Present at birth.
- Hereditary (genetic).
 - Syndromic and non syndromic.
- Non genetic.
 - Infections.
 - Birth complications

Acquired Hearing Loss

- Occurs any time (after birth).
- Infection.
- Medication.
- Injury.
- Genetic.
- Noise induced.
- Blockage.

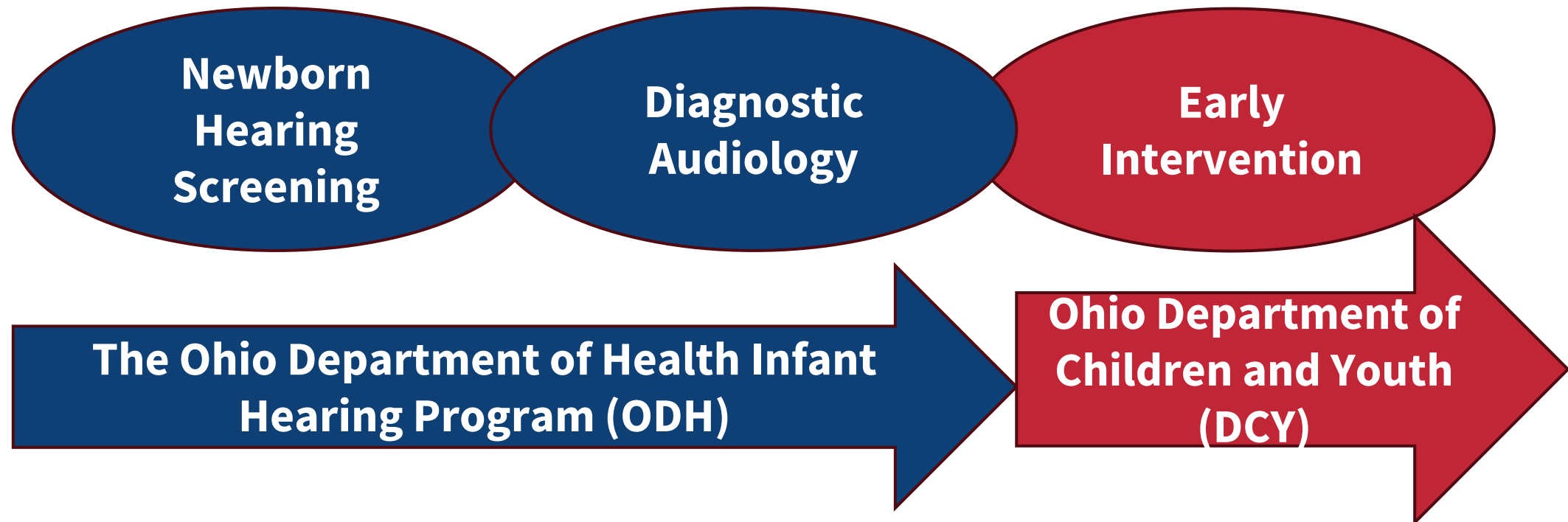
Other Aspects of Hearing Loss/ Hearing Differences:

- Stable.
- Progressive.
- Sudden.
- Late Onset.
- Syndromic.
- Non-Syndromic.
- Unilateral/Bilateral.

Temporary or permanent:

- Conductive. Sensorineural
- Mixed hearing loss.
- Mild.
- Auditory Neuropathy

Ohio EHDI System



Newborn Hearing Screening

- Hearing screening is performed at least 24 hours after birth.
- A maximum of two screenings are performed prior to discharge.
- Screenings are performed to identify risk for hearing loss.
- Babies may be screened with two types of equipment:
 - Otoacoustic Emissions (OAE).
 - Auditory Brainstem Response (ABR).



Photo source: ODH Creative Services

Type of Screening

Otoacoustic Emissions (OAE):

-Well Baby Nursery (WBN).



Auditory Brainstem Response (ABR)

-WBN and required for Nursery Level II, III, IV.



- Single device or combination of both devices.
- Automated screening.
- Neonatal Intensive Care Unit (NICU) admission requires ABR.

Exceptions to Screening

- Home births.
- NICU stays may lead to diagnostic testing versus screening.
- Parent objection.
 - Religious tenants.
 - Other reasons.

Newborn Hearing Screening Results

PASS

- Both ears passed the screening in the same session.
- Parents/families monitor communication, speech and language milestones, continue to talk, sing and read to develop communication and language.

NON-PASS

- A second screening is completed on both ears before discharge, regardless of the ear that did not pass.
- If the second screening is a non pass in one or both ears, a follow up audiology evaluation is recommended to be completed shortly after discharge and before 3 months of age.

PASS with Risk Factor

- Both ears passed the screening in the same session and there is one or more risk factor(s) for hearing loss.
- Follow up audiology evaluation is recommended based on certain timelines.
- Talk, sing and read to baby.

Risk Factors and Hearing Loss/Deafness

- Risk factors are associated with hearing loss or deafness.
 - Family history, syndrome, infection, others.
- Babies may pass the hearing screening but have a risk factor placing them at higher risk for hearing loss/deafness.
- Passing the hearing screening does not exclude progressive, late onset, or acquired hearing loss.
- Risk factors affect babies differently.
- Ongoing monitoring for late onset hearing loss or progressive hearing loss is critical.

Diagnosis by 3 months of age

- Babies with a non pass newborn hearing screening are provided a referral for a recommended audiologic evaluation with a pediatric audiologist.
- Ideally by 3 months of life, testing is often completed shortly after discharge from the hospital.
- [EHDI PALS - Pediatric Audiology Listing](#).
- Identification of hearing loss/deafness soon allows for the next step of EHDI, referral to EI.

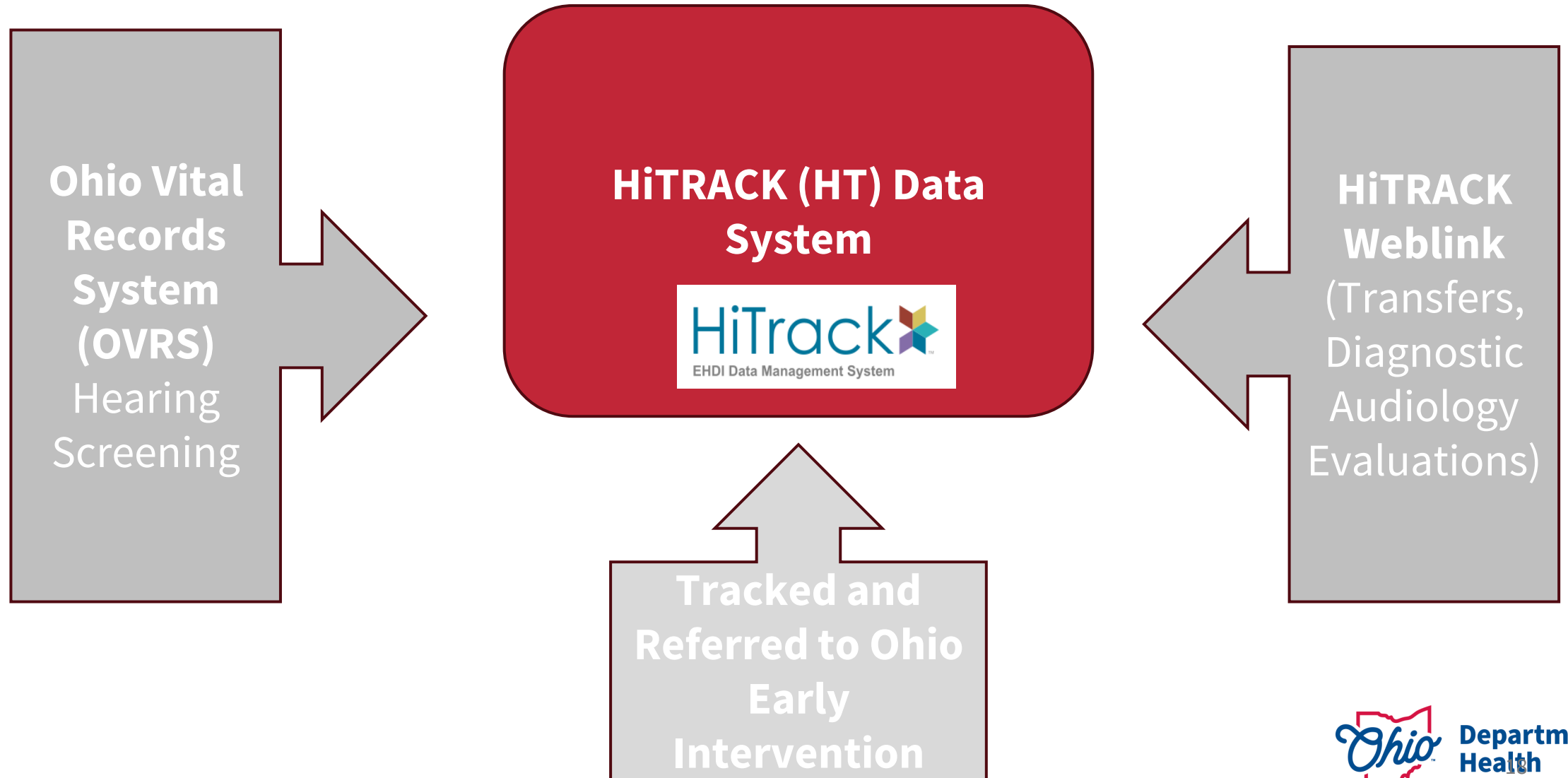
Audiology Evaluation

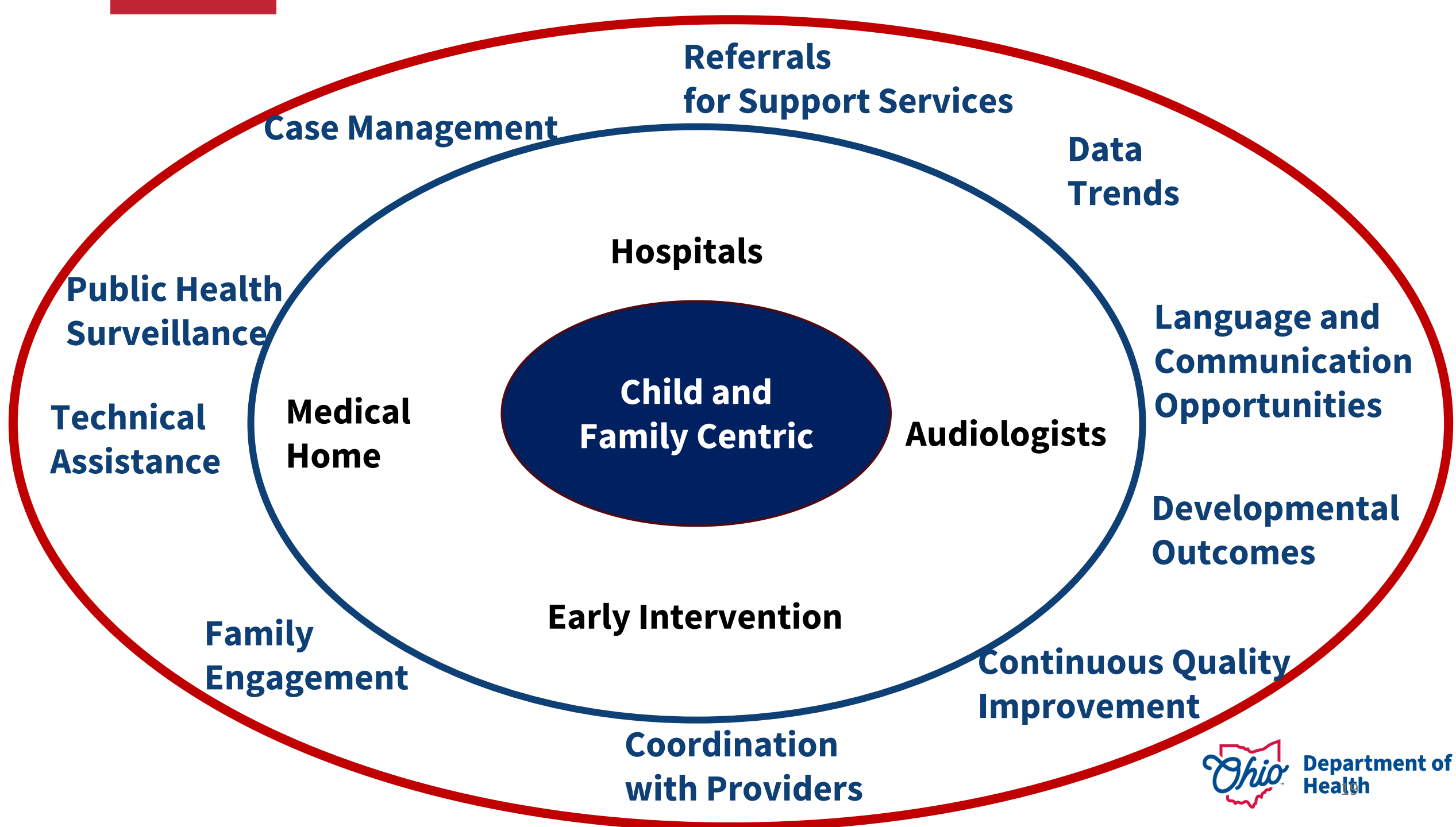
- Completed by or before 3 months of age.
- Allows for testing to be completed by natural sleep.
- The goal is to identify type and degree of hearing loss in each ear if present.
- Comprehensive standard test battery used by pediatric audiologists.
- Results reported to the IHP electronically for case management and referrals.
- Audiologists monitor hearing loss/deafness at various intervals and assist with hearing assistive technology needs.
- Provide additional referrals to Ear, Nose Throat (ENT), Otologists, Ophthalmologists, and others as needed.
- Referral to EI with confirmed hearing loss.

Late Onset Pediatric Hearing Loss/Differences

- Passed result on routine newborn hearing screening.
- Acquired, structural or genetic:
 - Childhood illness, infections, risk factors, others.
 - Injury, head trauma, concussion.
 - Malformations or structural deformities
 - Genetics component.
 - 400+ syndromes.
- Struggling with communication, language, reading, listening, behavior, attention.
- Hidden hearing loss behind thresholds.
- Auditory processing.

Case Management and Surveillance





Program Partners

- ODH.
- Hospitals.
- Audiology clinics & diagnostic centers.
- EI (Part C) providers.
- Pediatricians and family practitioners.
- Community outreach programs supporting D/HH children and families.
- State agencies and other partners.

Responsibilities

- **ODH**

- Adopts rules establishing standards and procedures.
- Monitors hospital and audiology reporting.
- Provides training and technical assistance.

- **Hospitals and Children's Hospitals**

- Notify family of the screening.
- Perform the screening.
- Notify the family and pediatrician of the results.
- Report the results to the ODH.
- Provide coordination for babies that need follow-up audiology evaluation.

Responsibilities

- **Physician and or Advance Practice Provider** (to include primary care physician, pediatrician, family practice physician, nurse practitioner, physician assistant).
 - Review newborn hearing screening results and identify any risk factors not present/identified at birth.
 - Review AAP Periodicity Schedule to track milestones and development.
 - Provide referral to audiology and/or assist with scheduling the appointment.
 - Review follow up audiology evaluation results and provide referral for Early Intervention and/or other specialists as needed.

Responsibilities (cont'd.)

- **Audiologists.**

- Provide follow-up audiology evaluation and provide results to the family, PCP and IHP.
- Make a referral to Early Intervention and provide printed materials about early intervention.
- Monitor hearing loss/deafness, communication and language.
- Provide additional referrals if needed (ENT, speech pathology, other specialists).

- **Early Intervention.**

- Family centered EI services.
- Monitor language, communication and development on track.

Performance Indicators

2024 (CDC Hearing Screening and Follow Up Survey HSFS Survey)*

Screening:

- 97% screened.
- 4.2% referral rate.

Diagnostic:

- 69% completed an audiology evaluation.
- 6.4% diagnosed with permanent hearing loss
- 17% lost to follow up for diagnosis.

Early Intervention:

- 352 total cases of hearing loss.
- 29.2% enrolled in EI Part C.
- 29.5% lost to follow up for EI.

Strengths of the Ohio EHDI Program

- High rates of timely newborn hearing screening.
- Audiology evaluation testing completed.
- Strong infrastructure through the Ohio IHP.
- Consistent reporting through HiTrack EHDI Data Management System.
- Prompt identification of hearing loss/deafness paired with early intervention dramatically improves child outcomes and access to language and communication ability.

EHDI Coordinated System

Short Term Follow Up

Long Term Follow Up

**Newborn
Hearing
Screening**

**Audiology
Evaluation
and Diagnosis**

**Early
Intervention**

By 1 month of age

By 3 months of age

By 6 months up to age 2



Increase follow up and follow through

**Coordinating Care
Education and Awareness
Resources
Community Partnerships**

Opportunities for Improvement

- Increase education and awareness of EHDI in Ohio.
- Language and early access to language and communication.
- Increase partnerships with agencies and access.
- Increase timely enrollment in early intervention services.
- Strengthen referral pathways between audiologists and Part C EI providers.
- Enhance family engagement and education.
- Reduce loss-to-follow-up by improving communication, referral and care coordination for babies, children and families.
- Improve kindergarten and school readiness.

The “I” in EHDI

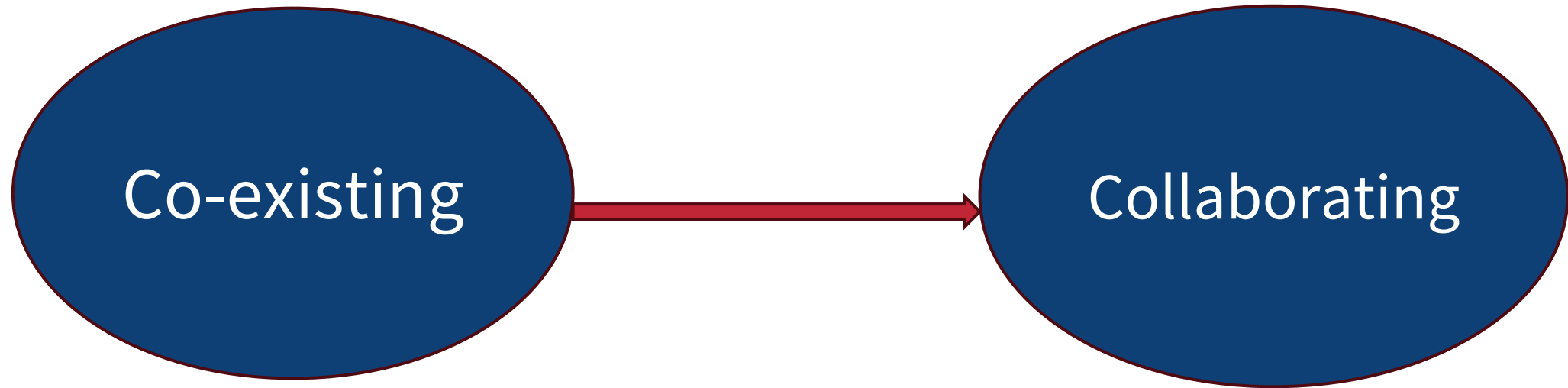
Intervention:

- Early, timely, high quality.
- Impacts the baby and child as a whole.
- Developmental milestones.
- Communication and language are important for brain development in the early years.
- Intervention has shown to increase communication skills to hearing level peers.

Intervention

- Referred and/or enrolled in by or before 6 months of age.
- Language development, spoken or sign language or combination.
- Use of assistive technology per parent/family choice.
- Parent recognized as baby's first teacher.
- Family centered support and engagement.
- Language rich environment for daily activities of living.
- Read, sing, communicate. Participate in social activities.
- Meet developmental communication goals set by the family.
- Assessment of communication skills.
- Whole child development across domains.

Mindset Shift



Collaboration



Partnership between ODH and DCY and providers, agencies and others.

Coordination and collaboration among all.

Family centric, coordinated care.

Goals for Partnerships and Impact

- Increase partnerships, education and awareness about EHDI.
- EI enrollment remains a key area for growth and collaboration.
- Strengthening referral systems, family outreach, and EI connections will help Ohio more closely align with CDC standards and improve outcomes statewide.
- EI improves family readiness and communication and language development in DHH children.
- Enhanced coordination leads to better outcomes across the lifespan.
- Ohio's EHDI Program plays a critical role in ensuring children who are deaf or hard of hearing receive opportunities to communicate and learn language.

Parents and Families

Upon a referral for EI services for a Deaf and Hard of Hearing infant or child/diagnosis of hearing loss:

- Provide information on the importance of communication and language.
- Share resources for parents/families to understand communication and language importance during the early years. (see resources).
- Discuss the how early intervention services is family centered and that a service coordinator will assist with creating the individualized family service plan (IFSP).
- Share the services offered by the EI Hearing Service Providers (HSP) and how these services assist with communication and language.

Benefits of EHDI

- Identifying babies at risk for hearing loss or deafness shortly after birth and babies with hearing loss/deafness within 3 months of age.
- Timing is critical, brain neuroplasticity.
- Connection to family support services and early intervention programs.
- Improved language outcomes, reading and academic readiness.
- Increased developmental outcomes, ready to learn and grow.
- Social and emotional development.
- Coordinated care from birth to school age.
- Quality of life.

Resources

National:

[CDC Learn the Signs. Act Early Milestone Tracker App](#)

[American Speech Language Hearing Association Communication Milestones](#)

[Expecting Health: Baby's First Test](#)

[Joint Committee on Infant Hearing \(JCIH 2019\)](#)

[EHDI PALS -Pediatric Audiology Listing](#)

Resources

State level:

[Infant Hearing Program Webpage](#)

[Infant Hearing Roadmap](#)

[Hospital Parent Handouts](#)

[Home Birth Parent Handouts](#)

[Ages and Stages Developmental Screening Program \(ASQ\)](#)

[EI Booklet for families](#)

[Ohio Center for Autism and Low Incidence and OCALI Your Child's Journey](#)

[Ohio Center for DeafBlind Education](#)



Infant Hearing Program

The Infant Hearing Program assists families of babies who do not pass a newborn hearing screening to complete a diagnostic audiological evaluation and provides a referral for early intervention services if hearing loss/deafness is found. Follow up coordination is provided by our program so that babies have the best start in life.

WELCOME

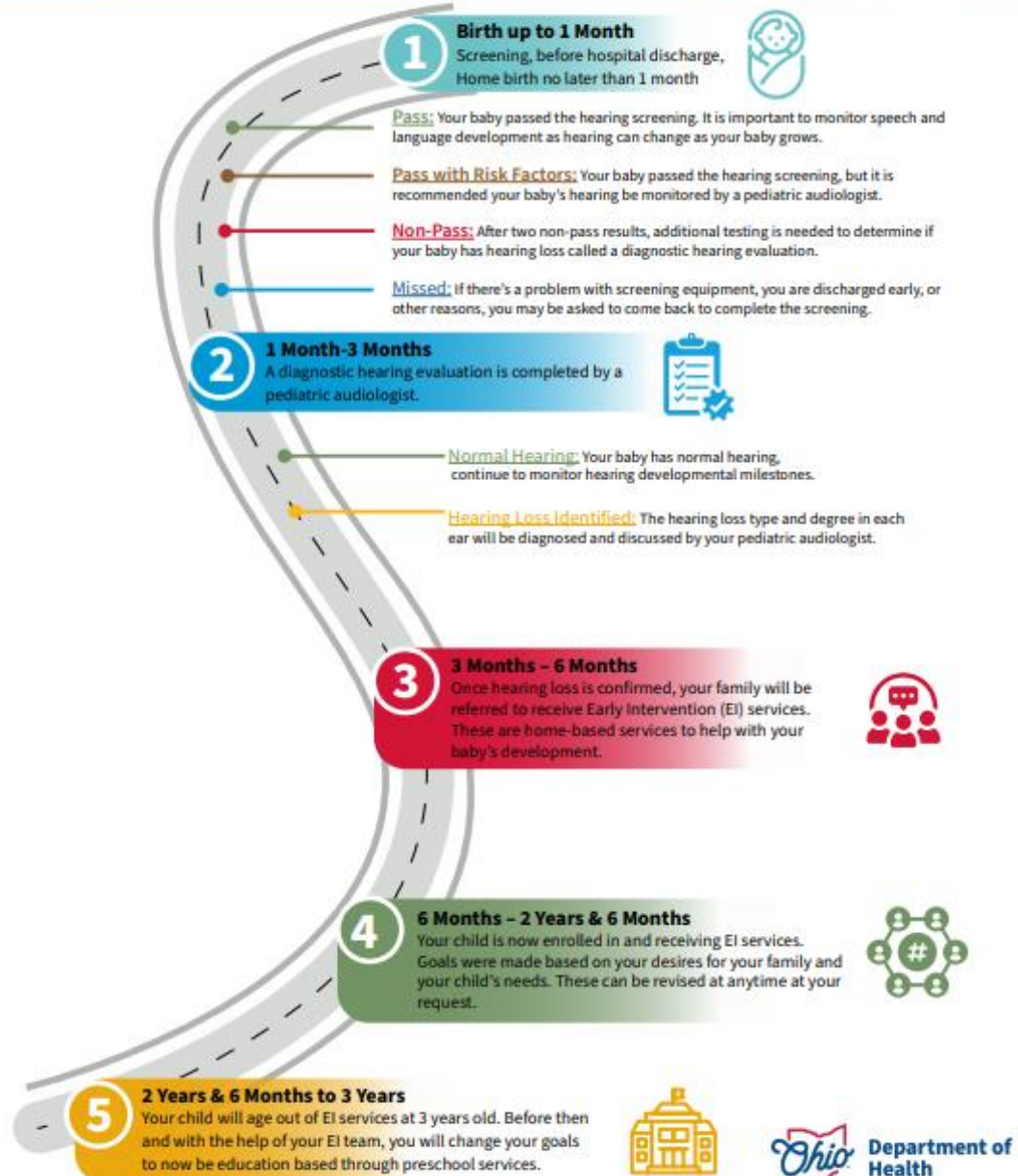
[FOR PARENTS AND
CAREGIVERS](#)[FOR PROVIDERS](#)[FIND A PEDIATRIC
AUDIOLOGIST](#)[HOSPITAL PARENT
HANDOUTS](#)

For Providers

Information for providers serving families throughout the Early Hearing Detection and Intervention (EHDI) system.

[Read More](#)

[Infant Hearing Program Webpage](#)



Infant Hearing Program Roadmap for Families

QUESTIONS?

ODH.OHIO.GOV

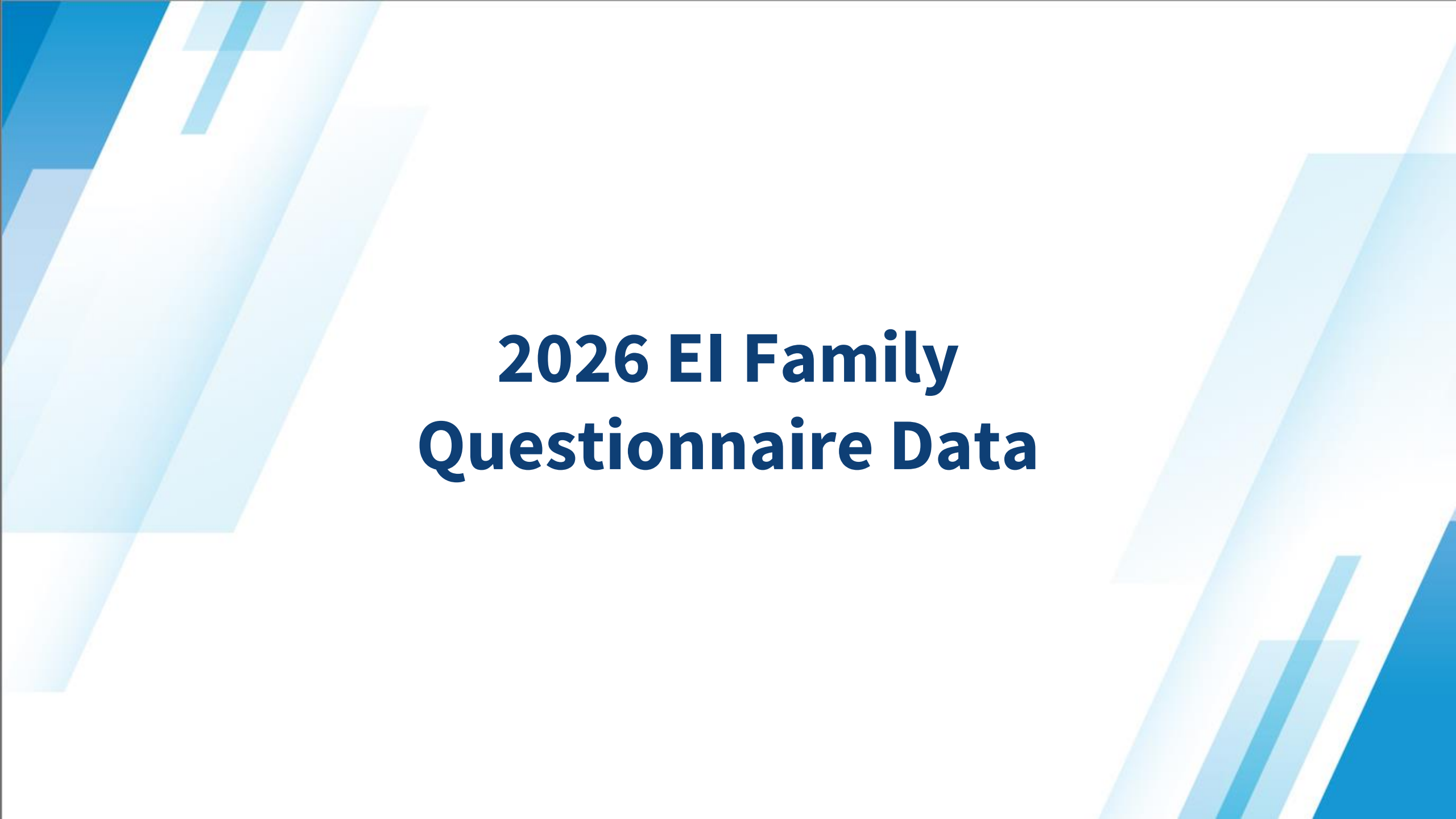
Reena Kothari, Au.D.

Reena.Kothari@ODH.OHIO.GOV

614-387-0135



**Department of
Health**

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2026 EI Family Questionnaire Data

RESPONSE RATES

Year	Received	Sent	Response Rate	Collection Method
2016	1,579	9,539	16.55%	Primarily by mail
2017	1,755	9,957	17.63%	Primarily by mail
2018	1,472	9,976	14.76%	Primarily by mail
2019	1,610	10,841	14.85%	Primarily by mail
2020	1,271	10,570	12.02%	Primarily online; sent info sheets
2021	2,189	10,524	20.80%	Primarily online; sent emails
2022	2,743	12,464	22.01%	Primarily online; sent emails
2023	3,572	13,640	26.19%	Primarily online; sent emails
2024	3,992	13,404	29.78%	Primarily online; sent emails
2025	3,956	13,479	29.35%	Primarily online; sent emails
2026	3,872	13,209	29.31%	Primarily online; sent emails

2026 QUANTITATIVE RESULTS

Question	% Positive Responses
1. Early Intervention has helped me to know my rights in the program.	94.52%
2. Early Intervention has helped me to communicate my child's needs.	96.14%
3. Early Intervention has helped me to help my child learn and develop.	95.34%
4. I am satisfied with the respect shown to my family by Early Intervention Service Coordinators and Service Providers.	97.62%
5. I am satisfied with my family's participation in the development of our Individualized Family Service Plan (IFSP).	96.53%
6. I am satisfied with the assistance that Early Intervention has given my family.	95.86%
7. I am satisfied with my child's progress.	93.60%
8. I am likely to recommend Early Intervention to another family.	96.51%
9. Early Intervention has helped me better understand my child's social-emotional strengths and needs.	90.90%
10. Early Intervention has helped me be more confident in supporting my child's social-emotional development.	91.80%
11. Early Intervention has helped me better support my child's social-emotional development.	91.90%
12. During my time in Early Intervention, I actively participated in helping my team learn more about my child's social-emotional strengths and needs.	94.03%
13. During my time in Early Intervention, I actively participated in developing Individualized Family Service Plan (IFSP) outcomes that support my child's social-emotional development.	93.15%

Note: A response of 'Agree' or 'Strongly Agree' is considered to be a positive response

QUOTES FROM 2026 EI FAMILY QUESTIONNAIRE

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When talking with anyone involved in Early Intervention, you can immediately sense how deeply they care about what they do and how passionate they are about helping parents understand the resources and support that can help their child thrive. It can be incredibly disheartening to compare your child to others and focus on the ways they may seem behind, but this program helps shift the focus toward progress, growth, and everything they have already overcome. Early Intervention truly helps set children and families up for success by celebrating each step of the journey.

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The biggest impact has been learning strategies that we can use in our daily routines to support our child's development. The encouragement and guidance from our Early Intervention team have helped us recognize progress and better understand our child's strengths and challenges. Having support early on has made us feel more prepared to advocate for our child's needs.



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The biggest impact of early intervention on our family has been the support and guidance we have received from our therapists. They have helped us understand our child's needs and taught us activities and strategies to encourage communication, learning, and development at home. They have also helped us connect with valuable community resources, including assistance with diapers, educational toys, and other services our child needs. Their encouragement and support have given us confidence and made a positive difference in our child's progress and in our family's daily life.

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Early Intervention has worked very well for our family because of the individualized support, communication, and guidance provided throughout the process. The therapists were patient, encouraging, and gave us practical strategies to use during everyday routines at home. We appreciated how family centered the services were and how they focused on helping our child build communication skills in a natural and supportive way. We have seen meaningful progress in our child's speech and confidence, and we are very grateful for the support our family received.



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Enrolling my son in Early Intervention has been an incredible blessing for our family because it allowed him to receive therapy services both at home and at daycare. What has worked especially well has been the support and guidance provided not only to my son, but to me as a parent. The staff truly listened to my concerns and fears regarding my son's developmental challenges and helped me feel supported throughout the process. They provided valuable recommendations for a daycare that would best fit his specific needs, suggested local resources and activities to help support his development, and guided me through the IEP transition process so he would continue receiving support after aging out of EI. They also helped me learn new strategies and ways of approaching things at home that better support his growth and development. Overall, EI has made a tremendous positive impact on both my son and our entire family.

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