Assessment for IDEA Part C:  
Lesson One: Key Federal Requirements

Slide 1:  
no narration

Slide 2:  
This module is a beginning overview of assessment for early intervention, with more information to be layered in future lessons. The goal of this first lesson is to review a range of assessment practices that are legally required. This type of information is important for personnel at all levels of decision-making—whether providers making day-to-day decisions for children and families, or administrators making policy-level decisions—so that they are prepared to make effective and appropriate decisions that affect services received by young children with special needs and their families.

To learn specific policies and procedures for how services should be provided in SC, visit the BabyNet website or contact BabyNet Regional Consultants or Provider Relations.

Slide 3:  
The information selected for all lessons in this module is based on both external evidence (such as, empirical data published in peer-reviewed journals) and internal evidence (such as, regulations, policy and scholarly reviews). It has been documented that many early intervention practices have not yet been studied adequately and that empirical data (or external evidence) is still being developed. Readers should know that the practices described in this module were selected because they have a basis in either internal or external evidence, with many considered to be foundational.

Future lessons will include additional information from emerging research, trends, and practices, and other external sources, and from internal evidence sources including the expected revised IDEA Code of Federal Regulations.

Slide 4:  
Specifically, information for this first lesson comes from The Individuals with Disabilities Education Act, or IDEA, Code of Federal Regulations; The IDEA 2004 Statute, evidence-based practice literature, and core competencies for all BabyNet personnel, particularly core competency number 4 specifically related to assessment.

The Individuals with Disabilities Education Act, Federal Regulations for 34CFR303, Early Intervention Program for Infants and Toddlers with Disabilities, Revised July 1, 1999 - http://www.nectac.org/idea/303regs.asp

For information related to S.C. policy, link to the BabyNet website - http://www.scdhec.gov/health/mch/cshcn/programs/babynet/policy.htm

Slide 5:  
The next few slides explain the assessment process for infants and toddlers, and their families, as required by the IDEA Part C; that is, based on internal evidence.
Slide 6:
The IDEA Part C Code of Federal Regulations uses the terms “assessment” and “evaluation” as two distinct “testing” processes and intents: specifically, “assessment” refers to the process for determining a child’s unique strengths and needs and the family’s resources, priorities and concerns in order to develop an IFSP; the assessment process takes place once a child has been determined eligible for the Part C system; assessment typically focuses on obtaining more comprehensive and functional information that will be used to formulate goals and objectives meaningful for the child and family; “evaluation” on the other hand refers to the process for determining a child’s eligibility for the Part C system (CFR 303.322); eligibility determination, or evaluation, typically requires scores and other stipulations that describe criteria for program eligibility.

For additional information on evaluation, and to further compare and contrast the processes, refer to the module on Evaluation for Eligibility Determination.

Slide 7:
Children who have been evaluated and determined eligible for the Part C early intervention system take part in a continuous assessment process which begins with assessment for the initial IFSP. This assessment determines child and family strengths and needs, and addresses the five developmental domains: cognitive, physical-- including vision and hearing, communication, social or emotional, and adaptive development. When services begin, service providers complete more specific assessments with the child and family to develop treatment plans.

Children in the early intervention system must be re-evaluated for eligibility every year and re-assessed for IFSP review and development every year. The annual re-evaluation and annual re-assessment results are reviewed at the yearly IFSP team meeting and ensure that children continue to require Part C services and that the services are appropriate, effective, and address goals related to documented strengths and needs.

Slide 8:
It is important to note that the assessment process also takes place at other points during a child’s eligibility for early intervention services as diagrammed here; for example, in addition to initial and annual IFSPs, assessments are completed:

- in an ongoing manner as part of IFSP services, and
- for transition planning.

Depending on the purpose of assessment, assessment activities may vary. For example, relatively specific assessment may take place to develop a treatment plan for an IFSP goal, whereas relatively “general” or more comprehensive assessment of required domains is effective for development of IFSP goals (which are by definition more global than treatment plans or objectives).

Slide 9:
This slide summarizes assessment requirements from IDEA. As noted here, assessment should focus on the child and family. Assessment collects information that will help the child take part in every day activities and that will help the family meet the developmental needs of their child.

Slide 10:
As for evaluation, IDEA specifies that assessment must be “voluntary” by the family; that is, assessment is to take place with the consent of the family, and it should also be “based on informed clinical opinion” or ICO. There is more about ICO in later slides.
Slide 11:
Assessment must include information from:
pertinent records, about the child’s level of functioning in five, the unique needs of the child in these developmental
areas, and the families’ resources, priorities, and concerns as well as the supports and services necessary to help the
family facilitate the development of their child. Ongoing assessment is also used to determine results or outcomes of
early intervention services.

Slide 12:
IDEA requirements for assessment ensure that there is sufficient information to develop an IFSP, and to do so within
appropriate timelines (i.e., a 45 day requirement for development of the initial IFSP from date of referral).

IDEA also stipulates that the lead agency is to ensure that all assessment requirements are “implemented by all affected
public agencies and service providers in the State.” States’ early intervention systems have developed various
procedures to meet these specific legal requirements. To learn South Carolina’s specific procedures for initial, ongoing,
and annual assessment, link to the Policy Manual and Forms section of the BabyNet website

Slide 13-14:
No narration

Slide 15:
“Informed clinical opinion” (ICO) is an assessment approach or procedure required by IDEA Part C for both evaluation
and assessment.

Slide 16:
For assessment, ICO involves collection, synthesis, and interpretation of qualitative and quantitative information about a
child and family, in all domains of development by qualified personnel. ICO for assessment can include such activities as
interviews or information from parents or others, observations of parent-child interactions, existing testing information,
etc.

In this way, team members use both qualitative and quantitative information to
“...shape an informed clinical opinion about a child’s development and need for early intervention services. To do so,
the professional must have knowledge of the multiple domains of development characteristic of infants and toddlers;
the expected sequence of development; and the broad range of individual variations that may be seen in appropriately
developing infants and toddlers.”

Slide 17:
In this slide, ICO is described in a similar manner by The Division for Early Childhood (DEC) of the Council for Exceptional
Children (CEC) Recommended Practices in Early Intervention/Early Childhood Special Education.

Slide 18:
Informed Clinical Opinion is increasingly recommended because of professionals’ growing concern that available
standardized tests for young children do not give a complete and meaningful picture of the child. In an attempt to
address some of the limitations of traditional tools, assessment providers report that they include informal
observational or other techniques to obtain a more comprehensive and meaningful picture of the child and family as
described in this slide. This slide describes the purpose of ICO from the National Early Childhood Technical Assistance
Center.

Slide 19:
This slide describes the purpose of ICO from some multidisciplinary early intervention literature sources.
Slide 20:
There is a variety of assessment information that should be reviewed by IFSP team members who formulate an “informed clinical opinion” to determine needs and goals at various times throughout a child’s enrollment in early intervention services.

The activities in the next few slides have been used for gathering assessment and evaluation information and for supplementing “standardized testing” with more meaningful data about a child’s strengths and concerns in everyday activities. These methods help teams formulate an “informed clinical opinion” about the child’s abilities and needs for development of IFSPs, treatment plans, and transition plans. All of these can take place in the child’s and family’s natural environments.

Examples include:
- Getting family or other caregiver to participate in testing situations; such as having family members administer an item or having them present to interpret a child’s response
- Considering testing situations in which family members, the child and two or more service providers participate by observing, and asking questions related to the child’s areas of concern, such as “can you show me how you get your child to..., or could you show us the things that you have tried that seem to work...”
- Getting family or others to observe and describe their child’s skills and needs in various situations (such as during play, mealtime, bath time); or using more formal observation checklists for them to identify the presence or absence of certain behaviors or skills

Slide 21:
More examples of ICO
- Asking family members to validate what is found on tests.
- Involve family or others in as many aspects of assessments to the degree that you and everyone feels comfortable and confident
- Using judgment-based assessments such as interviews or reports about the child in various settings.
- Getting samples of the child’s natural and elicited behaviors and responses during play activities in different places and times; this can include strategies that caregivers use to facilitate a child’s skills, or can pinpoint needs; these documented observations can include portfolio formats if available, which are typically collected over time.

Slide 22:
ICO examples can involve -
- Including familiar toys or books or a favorite snack, with familiar people, or assessing while caregivers carry out typical routines with the child such as play-social routines or feeding.
- Using eco-behavioral or ecological assessments during specific activities, which are most helpful for intervention planning; for example, this could include observing a challenging situation to determine goals and strategies for changing or improving behaviors or skills, such as activity adaptations for caregivers
- Including curriculum-based assessments (CBAs), which compare a child’s performance to his own, not to peers; CBAs typically do not provide a standard score nor do they diagnose disorders; CBAs provide more information than standardized tests regarding a child’s performance across domains, and they provide information that can assist development of IFSP goals and intervention activities for the IFSP phase.
Slide 23:
ICO can also involve –

- Using “‘dynamic’ assessment, which includes an adult facilitating or trying strategies to improve the child’s performance during the assessment process...”; this lets you try different intervention approaches, strategies or adaptations to see which appears to improve the child’s performance or which seem to be used most easily by the child and family.
- Using information from other current testing, such as from discipline-specific testing that has already been completed.
- And using information from the child’s records, including progress notes from interventions and other services, and as always when working with records, complying with the privacy and security of documentation according to HIPAA, FERPA, and other state and federal laws.

Finally, it is always important to refer to other professionals and community resources when additional information is needed.
Lesson One:
Key Federal Requirements

Objectives
Participants will be able to:
- Describe key requirements for assessment from IDEA Part C, Code of Federal Regulations (CFR), revised as of 1999, and IDEA 2004 Statute (P.L. 108-446) for Part C, including:
  - Definitions
  - Assessment activities
  - Specific requirements for assessment
- Describe Informed Clinical Opinion (ICO), required by IDEA Part C for assessment, including:
  - Definitions
  - Purpose of ICO
  - Examples of ICO methods

For more information, link to...
- The Individuals with Disabilities Education Act, Federal Regulations for 34CFR303, Early Intervention Program for Infants and Toddlers with Disabilities, Revised July 1, 1999 - http://www.nectac.org/idea/303regs.asp

Evidence-based practices

Key Requirements Regarding Assessment from IDEA Part C

Definitions of “evaluation” versus “assessment”
- Evaluation determines a child’s eligibility for Part C early intervention systems
- Assessment determines a child’s unique strengths and needs, and the family’s resources, priorities, and concerns for IFSP development
Part C of IDEA, CFR § 303.322 Evaluation and Assessment:

(2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child’s eligibility under this part to identify—

(i) The child’s unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their infant or toddler with a disability.

(iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.

Assessment Activities

Assessment for Initial IFSP
Assessment of required domains is used to develop IFSP goals. Goals then guide selection of services

Assessment for Treatment Plan
Service provider assesses to develop treatment plan related to IFSP goal; if more needs are found, review meeting is held

Assessment for Annual IFSP and Outcomes Reporting
Annual assessment determines progress & current functioning. IFSP goals & related treatment plans are developed

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Ongoing Assessment as Part of IFSP Service
Ongoing assessment occurs while providing services to meet goals. Quarterly reports are submitted

Assessment for Transition Planning
Assessment of domains & progress data are used to help plan for the child’s participation in future settings/activities

IDEA/C CFR § 303.322 Evaluation and Assessment, and 2004 Statute Section 636:

Assessment must address:
- "pertinent records"
- "level of functioning in each of the five domains"
- "unique needs of the child in each of the developmental areas"
- "the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the child"
- "measurable results or outcomes"

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Assessment Activities

Assessment must also be “voluntary” and “based on informed clinical opinion.”

To learn South Carolina’s procedures for assessment, link to: http://www.scrieac.gov/health/mch/vchri/programs/babynet/policy.htm
**Summary of Key Legal Requirements for Assessment**

Assessment must:

- Include a determination of the child's and family's strengths, needs, and priorities
- Be conducted by qualified providers for development of IFSPs, treatment plans, transition plans
- Take place in an ongoing manner and at several points during a child's eligibility for IDEA services
- Be voluntary
- Involve informed clinical opinion
- Enhance the family's capacity to meet the needs of their child, and be family directed, based on information provided by the family
- Take place in a manner that is timely, comprehensive, and multidisciplinary

For more information on IDEA, see [http://old.nichcy.org/idea.htm](http://old.nichcy.org/idea.htm)

**Summary of Key Legal Requirements for Assessment**

Assessment specifically addresses:

- Pertinent records
- The child's level of functioning in five domains
- Unique strengths and needs of the child in each developmental area
- Resources, priorities, and concerns of the family, and supports and services needed to help the family promote the development of their child
- Measurable results or outcomes for the child and family

For more information on IDEA, see [http://old.nichcy.org/idea.htm](http://old.nichcy.org/idea.htm)

**Informed Clinical Opinion (ICO)**

**Definition of ICO, from the National Early Childhood Technical Assistance Center (NECTAC), commissioned by the OSEP (Shackelford, 2002)**

ICO involves:

- Use of qualitative and quantitative information in forming a determination regarding difficulty to measure aspects of current developmental status and the potential for early intervention
- Assessment of all domains of development
- Assessment by personnel with appropriate training, previous experience with evaluation and assessment, sensitivity to cultural needs, and the ability to elicit and include family perceptions

**Definition of ICO, from the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) Recommended Practices in Early Intervention/Early Childhood Special Education (2005)**

ICO involves:

- Use of quantitative and qualitative information to make judgments regarding program decisions when child characteristics challenge more direct appraisal
- Some familiarity with the child as well as sufficient knowledge for making informed judgments

**Purpose of ICO, from NECTAC, commissioned by OSEP (Shackelford, 2002), is to**

- Ensure a dynamic assessment approach
- Support acquiring & interpreting information from multiple sources
- Support decision making with greater compatibility between needs & services
Purpose of ICO, from Wetherby & Prizant 1992, McLean & McCormick 1993, Hanft & Rhodes 2004, & others, is to:
- More adequately profile early skills
- Give ecologically valid picture of child & family
- Have information from various parents & settings
- Provide culturally sensitive "testing"
- More adequately assess children whose health or behavior is such that results of norm-referenced, standardized testing would be invalid

Examples of Methods for Conducting Informed Clinical Opinion (ICO)

Ask family members to validate what is found on tests; report these separately
Involve family or others in as many aspects of assessments to the degree everyone feels comfortable and confident
Involve judgment-based assessments
Get samples of the child's natural and elicited behaviors and responses

Examples of Methods for Conducting Informed Clinical Opinion

Use "...dynamic assessment, which involves an adult facilitating and enhancing the child's performance...", in order to try different intervention approaches, strategies, or adaptations
Use information from other current testing
Include information from records review
** Refer to other professionals and community resources when additional assessment information is needed

Examples of Methods for Conducting Informed Clinical Opinion

SUMMARY OF ICO
Assessment must include ICO, which involves:
- Collecting and using qualitative and quantitative information
- Assessing all domains of development
- Gathering information from multiple sources and various individuals
- Developing a meaningful profile of early skills, which should correspond to provision of services

See http://www.nectac.org/pubs/pdfs/nnotes10.pdf (with updates announced at http://www.nectac.org/pubs/) to read more about ICO.