Evaluation for Eligibility for IDEA Part C: Lesson 1

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The information selected for this module is based on both external evidence (such as empirical data published in peer-reviewed journals) and internal evidence (such as regulations and scholarly reviews) from the literature. It has been documented that many early intervention practices have not yet been studied adequately and that empirical data is still in development.

This module should be considered a beginning overview of evaluation for eligibility for early intervention services, with additional information to be layered in future lessons. Lessons in this module begin with internal evidence sources, specifically, the legal requirements for early intervention service delivery for evaluation. Lessons 2 and 3 include a focus on external evidence sources— that is, looking at what the literature from various disciplines says about early intervention evaluations.

Lessons to be added later will include emerging information about evaluation, such as from new research, trends, and practices and the expected revised IDEA Code of Federal Regulations for Part C.

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This lesson on key federal requirements for evaluation for eligibility is based on information from The Individuals with Disabilities Education Act or IDEA The IDEA Statute of 2004, the latest IDEA Code of Federal Regulations of 1999; core competencies for all BabyNet personnel, particularly core competency number 4 specifically related to evaluation and assessment, and evidence-based information from the practice literature related to evaluation in early intervention.

- 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

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The purpose of Lesson One is to present definitions, concepts, and practices per legal requirements. This type of information is necessary so that personnel at all levels of decision-making— whether providers or families making day-to-day decisions regarding their children, or administrators making policy-level decisions— are prepared to make effective and appropriate judgments that affect services received by young children with special needs and their families.

By the end of this lesson, participants should be familiar with the IDEA, Part C, requirements; in particular, requirements for the target population for early intervention services, eligibility criteria and process, and Informed Clinical Opinion. These legal requirements are intended to guide states in their development of policies for evaluation.
The criteria for Part C program eligibility are established at the state level for each state and are based on requirements listed in IDEA. Each state’s Part C system must determine and publish: the target population who will receive Part C services in their state, and the criteria and procedures the state will use to evaluate children for eligibility. This published information, or policy, must comply with requirements listed in the IDEA Statute and IDEA Code of Federal Regulations.

The next slides describe the target population, and the criteria and procedures for determining eligibility for the early intervention system, according to federal requirements.

The target population-- each state must develop policies specifying which children are eligible for their state’s Part C early intervention system.

IDEA states that children who receive early intervention services through a state’s Part C system can be from birth through age two.

Children must be referred, evaluated, and determined eligible to receive early intervention in the IDEA Part C system. Eligibility evaluation team members conduct the evaluation to determine eligibility.

Children are to be eligible for early intervention services in the IDEA Part C system if they meet the definition for “infants and toddlers with disabilities” outlined in the CFR 303.16 which is that a child must:
1) Have a verified developmental delay “…as measured by appropriate diagnostic instruments and procedures, in one or more of the following 5 domains: (i) Cognitive development. (ii) Physical development, including vision and hearing. (iii) Communication development. (iv) Social or emotional development. (v) Adaptive development; or
2) Have a diagnosed physical or mental condition, as listed in the Code of Federal Regulations, that has a high probability of resulting in developmental delay. (This is known as ‘established risk’ for impact on development).
(3) The definition may also include, at a State’s discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided (CFR 303.16).” (This is known as ‘at risk’ for developing delays due to presence of other risk factors; SC has not elected to include this criteria as part of the definition of infants and toddlers with developmental delay).

Each state must use this definition but adopts varying criteria for “verified developmental delay” and “established risk,” and some states opt NOT to serve children who are otherwise “at risk.”
States’ discretion to serve children who are “at risk” for developing developmental delays involves those children who do not have documented delays in one or more of the above 5 domains, do not have one of the conditions stated in the CFR, but are considered at risk for developing developmental delays if they do not receive early intervention services. To learn SC’s most current eligibility criteria for entry in the early intervention system, please log onto the BabyNet website.

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Each state must develop criteria and procedures for evaluation team members to use to determine eligibility of children who can receive early intervention services.

To do so, states use guidelines from IDEA, which are described in the next two slides.

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There are some variations in the specific eligibility criteria and procedures adopted by each state; this is important to know since redetermination of Part C eligibility may be required anytime a family moves from one state to another. The most current eligibility criteria adopted in SC are described on the BabyNet website.

For a child to be eligible for early intervention services based on verified developmental delay according to Guidelines from the IDEA/C CFR (303.300), states must specify:

1. The measures to be used, or “the procedures, including the use of informed clinical opinion, that will be used to measure a child’s development” in each domain; and
2. the “levels of functioning or other criteria that constitute a developmental delay in each of those areas.”

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For a child to be eligible for early intervention services based on “established risk,” “The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition that has a high probability of resulting in developmental delay under § 303.16(a)(2).”

Additionally:
If the State elects to include in its system children who are at risk under § 303.16(b), the State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to identify those children.

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Briefly, “informed clinical opinion” or ICO is an eligibility evaluation approach or procedure required by IDEA.

ICO involves the “…use of qualitative and quantitative information in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention” (Shackelford, 2002).
ICO is further described in the next lesson of this module, but it is important to note here that states are mandated to ensure that informed clinical opinion is used in determining a child’s eligibility for IDEA participation. Informed clinical opinion is especially important if there are no standardized measures, or if the standardized procedures are not appropriate for a given age or developmental area.

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It is important to keep in mind that IDEA/C regulations use the terms “evaluation” and “assessment” to refer to two different types of activities.

Evaluation refers to activities used to determine a child’s initial and continuing eligibility for services under the act and must include a determination of the status of the child across developmental areas (CFR 303.322). The outcome of evaluations is to determine whether a child is eligible for services under the Individuals with Disabilities Education Act, Part C (Crais, E.R., 1995).

Assessment refers to the ongoing procedures used to identify: the child’s unique needs; the family’s resources, priorities, and concerns regarding the child’s development; and the nature and extent of early intervention services needed by the child and family (CFR 303.322). The outcome of assessments should include a complete picture of the child and family in order to develop an Individualized Family Service Plan (IFSP) and to plan effective intervention (Crais, E.R., 1995). As described in the assessment module, assessment takes place several times during a child’s eligibility, including prior to IFSP development to determine needs and goals, and prior to intervention to determine delays/disorders and plan individualized intervention.

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As noted before, IDEA states that Informed Clinical Opinion (or ICO) must be included in eligibility evaluation procedures used by evaluation team members. So what is ICO?

ICO involves the collection, synthesis, and interpretation of qualitative and quantitative information about a child and family, in all domains of development; this could include such activities as interviews with parents, observations of parent-child interactions, information from teachers or providers, existing test information.

ICO involves evaluation team members using 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.”

ICO is intended to answer the question, what are the child’s abilities and needs within his/her natural environment in order to inform eligibility decisions.

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ICO: is an evaluative method labeled and required by the IDEAV/C Code of Federal Regulations, “…as a necessary safeguard against eligibility determination based upon isolated information or test scores alone” (Shackelford, 2002; CFR 303.300).
The Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) Recommended Practices in Early Intervention/Early Childhood Special Education (2005) describes ICO in a similar manner. This publication recommends practices for early childhood services based on identified indicators, that have been validated by parents, providers, and higher education personnel from various disciplines; the DEC practices have become benchmarks for quality services adopted by a variety of disciplines, including organizations such as the National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAEYC/NAECSSDE), the National Association of School Psychologists (NASP), the American Speech-Language-Hearing Association (ASHA), and the Association for Childhood Education International (ACEI).

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The intent of the IDEA/C regulations' requirement for including ICO is to:
1) Ensure a dynamic assessment approach;
2) Support and encourage the acquisition and interpretation of multiple sources of information as part of the evaluation and assessment process; and
3) Permit greater compatibility between a child and family’s needs and the provision of services.

Link to http://www.nectac.org/pubs/pdfs/nnotes10.pdf (with updates to this data to be announced at http://www.nectac.org/pubs/) to read a more in-depth interpretation of ICO.

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Over the years, disciplines affiliated with early intervention have endorsed the use of Informed Clinical Opinion. There has been 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, evaluators have reported that they increasingly find it necessary to include informal observational or other techniques.

“Alternative testing” methods for young children allow evaluators to accomplish several goals including to more adequately profile early skills and behaviors, give an ecologically valid picture of the child and family that considers context and routine activities, to receive information from a variety of individuals and settings, to provide culturally sensitive “testing,” and to more adequately assess children too young or too sick to be tested or whose behavior is such that results of norm-referenced, standardized testing would be invalid.

Lessons 2 and 3 include additional information about evaluation for eligibility from IDEA and the practice literature.
Resources
American Speech-Language-Hearing Association (2004), Preferred Practice Patterns for the Profession of Speech-Language Pathology, #11 Communication Assessment – Infants and Toddlers


Early Head Start National Resource Center Paper No. 4, Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs.


