What is required for a child’s initial or ongoing evaluation to determine eligibility for the IDEA Part C system? Are test scores alone to be used?

**Evaluation** refers to activities used to determine a child’s initial and continuing eligibility for services under the Individuals with Disabilities Education Act, Part C for infants and toddlers, and must include a determination of the status of the child across developmental areas (CFR 303.322; Crais, E.R. 1995). Evaluation activities must be conducted in a manner that is “family-directed” and “multidisciplinary” (CFR 303.322), including the collection and review of existing documentation (CFR 303.322; BabyNet Policies and Procedures 2006, Section VII, C), such as information provided by the parent and others familiar with the child.

The process by which eligibility is determined must include the use of “informed clinical opinion” (CFR 303.300), or ICO, which 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; Shackelford 2006). ICO is intended to answer the question, what are the child’s abilities and needs in his/her every day activities, routines, and places, by answering such questions as does he/she communicate functionally, does he/she interact effectively with others, etc., in his every day activities, routines, and places. This type of information is used along with more “formal” evaluation methods (e.g., a CBA and any discipline-specific or medical specialty evaluations available prior to referral to the state’s Part C system) to inform eligibility decisions; ICO activities are considered a “...necessary safeguard against eligibility determination based upon isolated information or test scores alone (Shackelford 2002; Shackelford 2006).

Evaluations must be individualized and appropriate for the child and family (Sandall et al 2005). Specifically, evaluations should include activities conducted in contexts that are familiar to the child. For evaluation for IDEA/C eligibility decision-making, this could involve such evaluative activities as reviewing a child’s typical performance/interactions at home, interview information provided by the family, behaviors reported from daycare, etc. (Sandall et al 2005). Evaluative information should also be gathered from multiple sources (e.g., families, professional team members/service providers, agencies, other regular caregivers). For eligibility decision-making, this could involve reviewing previous assessment reports from providers, medical records from other agencies, information provided by the family regarding their priorities and concerns, etc. (Sandall et al 2005).

All of a child’s evaluative information is used to inform eligibility decisions and may result in suggesting “…areas that may require further evaluation” (Shackelford 2002); e.g., children should be referred for further evaluations when there is any indication of possible needs, regardless of meeting eligibility criteria. A “whole child approach...that goes beyond a reporting of test scores” (Shackelford 2002) is facilitated when the child’s team synthesizes and interprets all available information about the child.

Each state uses the guidelines from IDEA/C (CFR 303.300) to establish criteria and procedures for eligibility evaluation team members to use during evaluation activities (for South Carolina’s criteria and procedures, see the BabyNet Policies and Procedures Manual 2006, Section VII). There are some variations in the specific eligibility criteria and procedures that states have adopted (Shackelford 2006); as a result, re-determination of Part C eligibility would be required any time a family moves from one state to another.

SEE PAGE 2 FOR REFERENCES
• learn South Carolina’s policies/procedures by logging on to www.scdhec.net/babynet (click on Policy Manual and Forms)
• learn about IDEA 2004 for Part C by logging on to the TECS website(http://www.sc.edu/tecs/), or www.ed.gov/offices/osers/idea
• contact Team for Early Childhood Solutions, (803)935-5227.

REFERENCES
American Speech-Language-Hearing Association (2004), Preferred Practice Patterns for the Profession of Speech-Language Pathology, #11 Communication Assessment – Infants and Toddlers and #12 “Communication Intervention—Infants and Toddlers.”