How do evaluators implement IDEA/C concepts such as family-centeredness and natural environments during evaluation activities?

The Individuals with Disabilities Education Act, Part C, calls for use of family-centered frameworks, interdisciplinary and collaborative service delivery, and “natural environments” concept (inclusion of services in everyday activities and routines) to be implemented throughout all early intervention activities, from initial eligibility through IFSP service delivery, by all early intervention professionals. These concepts overlap to form part of the main foundation of Part C (Noonan & McCormick 2006), including for eligibility determination. For example, collaborative methods during eligibility determination (such as obtaining input from other team members including the family) can be used to

• obtain meaningful information about the child’s participation in every day activities/routines (natural environments concept) and
• elicit the families’ input for the evaluation process (family centered framework) (Hanft & Rhodes 2004; Shackelford 2002).

Eligibility information that involves family-centeredness, interdisciplinary and collaborative methods, and natural environments are part of the qualitative and quantitative information about the child that should be gathered to inform eligibility decisions (CFR 303.300, Shackelford 2002).

In order to give a complete and meaningful picture of the child and address the limitations of traditional tools, evaluators report that they increasingly find it necessary to include informal observations or other techniques (Crais 1995). Evaluative information can be gathered in a number of ways and allows 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, receive information from a variety of individuals and settings, provide culturally sensitive testing, and more adequately evaluate children too young or too sick to be tested (Bailey 1989, Crais 1993, Crais 1995, Wetherby & Prizant 1992, McLean and McCormick 1993, Hanft & Rhodes 2004, Sandall et al 2005).

Some of the ways in which evaluative information can be gathered includes from:

• family/caregiver participation in standardized or criterion-referenced tests, if they are given; e.g., the family/caregiver administers an item or the family is present during an evaluation for interpretation or input; results are reported as obtained from family participation.
• arena testing formats in which family members, the child and other professionals participate by observing, asking questions such as “can you show us how you get your child to…., could you feed your child and show us what you have tried that works…”, etc.
• judgment-based assessments such as observations reported of the child in various contexts (e.g., play, meal time, bath time); information can be used from formal or informal observation checklists/interviews which identify the presence or absence of certain behaviors/skills.
• samples of the child’s natural and elicited behaviors and responses such as during play activities, across settings; these documented observations of how the child interacts, moves about, communicates, etc., can include portfolio formats if available, which are typically collected over time.
• testing that includes the child involved with familiar toys, books, etc.; familiar people in the assessment; or typical routines such as play-social routines, feeding routines, etc.
• ecobehavioral or ecological evaluations during specific activities, such as observation of a specific problematic situation (e.g., during meal time, play, dressing, etc).
• other current testing; if discipline-specific and/or medical specialty evaluations have been completed prior to the eligibility determination evaluation, they must be considered as part of the eligibility review. (References on page 2)

Each state uses guidelines from IDEA/C (CFR 303.300) to establish criteria and procedures for eligibility determination. It is important to learn the qualitative and quantitative requirements for eligibility determination in the practitioner’s state since there are some variations (SC Policies and Procedures 2006, Sections A-C; Shackelford 2006).

SEE PAGE 2 FOR REFERENCES
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.”

- 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 web-site(http://www.sc.edu/tecs/), or www.ed.gov/offices/osers/idea
- contact Team for Early Childhood Solutions, (803)935-5227.