

Module I

The Basics of Early Intervention

Section 3 — 9 Key Definitions in Early Intervention

Module 1 of this training curriculum on Part C of IDEA is divided into three sections.

Section 1:

The **8** basic steps of early intervention

Section 2:

7 acronyms to know in early intervention

Section 3:

9 key definitions in early intervention

This is the Trainer's Guide for Section 3. 

All background information is given in the introduction to Section 1. We have not repeated that info here.

The information in the module is not a substitute for the requirements reflected in the IDEA statute and Part C regulations.

Handouts You May Need for Section 3



Handout 2 | Definitions of 9 Key Terms in Early Intervention

Handout 3 | Definition of Early Intervention Services

Activity Sheet 1 | Match 'em Up!

Activity Sheet 4 | What Does the Service Coordinator Do?

Materials from Your State

Your State's definition of "infant or toddler with a disability"

Your State's definition of "developmental delay"

Other pertinent State definitions

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9 Key Definitions in Early Intervention



Slide loads fully. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Use Slide 1 to orient your audience to what this training will be about: **9 Key Definitions in Early Intervention**.

This slide is intended to simply “announce” the beginning of the training session, but you can use it in other ways, too—including an opening activity or ice-breaker.

Talk with the audience about what terms they think they’ll hear in this session and what terms they’d like to have defined. Be brief, but taking a minute or two to activate participants’ prior knowledge will support their learning and interconnection of information.

Make a list of the terms that people mention and refer back to it on the next slide and when any of the listed words comes up in the training.



Note to Trainers!

This slideshow on 9 key definitions is the third (and last) slideshow in Module 1. The other slide presentations (and training sessions) focused on:

- 8 basic steps in the early intervention process
- 7 acronyms to know

We’ve separated the slideshows and associated trainer guides to give you flexibility to pick and choose how you use available training time. Your audience may or may not have seen the other two slideshows and participated in those trainings. Hopefully, you’ll know if they have (or haven’t) and can adjust your training session today accordingly.

In this session, you'll learn how the Part C regulations define these 9 terms:



- Infant or toddler with a disability
- Developmental delay
- Early intervention services
- Prior written notice
- Native language
- Consent
- Multidisciplinary
- Natural environments
- Service coordination services

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Slide 2 is an advance organizer for participants, to alert them to the terms to be covered in this session.

Go through the list of “to be learned” terms and ask participants to identify what they already know about the terms. Which terms interest them the most, or are most relevant to them, personally or professionally?

Then move on to the next slide, which presents the module’s first content regarding key definitions used in early intervention.

Infant or Toddler with a Disability

Opening View

Infant or toddler with a disability means an individual under 3 years of age who needs EI services because—

- the child is experiencing a **developmental delay...** in one or more developmental area:



Slide loads with this view.

Infant or Toddler with a Disability

CLICK I

Infant or toddler with a disability means an individual under 3 years of age who needs EI services because—

- the child is experiencing a **developmental delay...** in one or more

- Cognitive development
- Physical development
- Communication development
- Social or emotional development
- Adaptive development

Click 1: The picture of the child lifts away and reveals the 5 developmental areas.

CLICK AGAIN to advance to next slide.

See the discussion on the next page 

Slide 3: Background and Discussion

I Click



Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

Okay, here we go with Term #1: “Infant or Toddler with a Disability.” There will be two slides on the term (including this one), with the definition provided for participants on page 3 of Handout 2.

Discussing the Slide

How the Part C regulations define the term “infant or toddler with a disability” is central to early intervention, which is why we’ve made it the first term to look at. The definition plays an influential role in how States determine the eligibility of an infant or toddler for early intervention services under Part C.

The text on this slide comes directly from the Part C regulations at §303.21(a)(1). The top part of the slide unfolds first, while the five developmental areas remain hidden behind the picture of a young child.

There are several key elements of the definition visible thus far that you may wish to isolate for participants, as discussed next.

“Under 3 years of age” | Historically, early intervention has addressed the unique needs of children under the age of 3. This age range has often been said in other ways, including “up to the third birthday” (precise!) and

“through two” (which has caused some confusion).

Note: There are now provisions in Part C that allow States (if they so choose) to continue to make EI services available to children in Part C beyond their third birthdays (meaning, when they are older than 3). This is called the *Part C extension option*. While the option is not mentioned on any slide, you can bring it up at some point, if it’s pertinent in your State. For your knowledge and convenience, we’ve include some discussion of the extension option under the next slide.

“EI services” | The phrase “EI services” is used on the slide. If your participants took part in the second slideshow training in Module 1 (which focused on acronyms), they’ll know that EI means.... “early intervention.”

If not, mention that EI services and EIS are both common acronyms used to refer to “early intervention services.”

“Experiencing a developmental delay” | What might that be? Obviously “developmental delay” is an important part of this definition! It needs to be defined in itself. Is it defined in the Part C regulations? Yes—as will be seen under Slides 5 and 6.



“In one or more developmental area” | So delays can be experienced in one or more developmental area. What is a developmental area? Clearly, there’s more than just one area. How many are there? What are they?

You can either point out these key elements and **CLICK** to unfold the next part of the slide (a list of the five developmental areas), or you can ask participants quick questions to get them thinking about—and sharing aloud—what they already know.

The list of five developmental areas will unfold when you **CLICK** to lift off the photo of the little boy. These areas are:

- cognitive development
- physical development (including vision and hearing)
- communication development
- social or emotional development
- adaptive development.

A lot can be said about each of these, but for the sake of time, you may wish to summarize that these five developmental areas:

- pertain to the skills and knowledge that children typically learn as they grow;
- are often mentioned in the Part C regulations and, undoubt-

edly, in their own State's regulations and policies;

- are not *defined* by IDEA.

When children miss milestones of development, they need to be referred to the early intervention system in their State. They may not be eligible for EI services in the end, but it's important to investigate apparent delays in development. If a child is found to have a delay in one (or more) of the developmental areas, then he or she may be eligible for early intervention services under Part C.



(a) *Infant or toddler with a disability* means an individual under three years of age who needs early intervention services because the individual—

(1) Is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

- (i) Cognitive development.
- (ii) Physical development, including vision and hearing.
- (iii) Communication development.
- (iv) Social or emotional development.
- (v) Adaptive development; or...

States have the flexibility to define the level of developmental delay in each of these areas that's necessary to establish a child's eligibility for that State's Part C program.

About the Developmental Areas

For clarity, gather suggestions from the audience as to the skills we expect to see develop in children over time in each of these developmental areas. For example:

cognitive development | learning, memory, problem-solving, looking for objects that are out of sight, familiarity with routines

physical development (*including vision and hearing*) | sensory skills such as vision and hearing; fine and gross motor skills used in such activities as grasping, reaching for, sitting, crawling, standing, walking

communication development | babbling, cooing, first words, understanding simple commands, having an increasing vocabulary

social or emotional development | making eye contact, knowing familiar faces, first social smiles (always gorgeous!), responding to another's distress or delight, sharing

adaptive development | daily living skills like getting dressed, brushing teeth, feeding oneself¹

Refer participants to **Handout 2**, where they'll find the full definition of "infant or toddler with a disability." The first part of that definition appears on this slide and reads:

Before You Move to Slide 4

Draw participants' attention to the word "OR" at the very end of the regulations just cited above (they should look on page 3 of **Handout 2**). The "or" is there because there's more of the definition to come. Together, you've just looked at the first circumstance that may lead to an infant or toddler needing early intervention services—because he or she is experiencing a developmental delay in one or more of the developmental areas.

The second circumstance is given on the next slide, which will pick up where this one left off...

An infant or toddler may need early intervention services because of a developmental delay,

or because...

¹ University of Michigan Health System. (2010). *Developmental milestones*. Online at: <http://www.med.umich.edu/yourchild/topics/devmile.htm>

Infant or Toddler with a Disability

OR—

The child has a diagnosed physical or mental condition that—



- has a high probability of resulting in developmental delay

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

Picking up where we left off, an infant or toddler may need early intervention services because of a developmental delay, *or because...*

See how the sentence is completed on the slide. *Or because* the child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. These words come directly from the Part C regulations, as shown on page 3 of **Handout 2**.

Also shown on the handout are examples of the types of conditions that may be consid-

ered diagnosed physical or mental conditions that may result in developmental delays. Have participants read the relevant Part C provision at §303.21(2)(ii) aloud:

- (ii) Includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders

secondary to exposure to toxic substances, including fetal alcohol syndrome.

“Includes”

Point out to participants that the word “includes” is used—which indicates that the examples given in the provision are just that, examples. This is not an exhaustive list of diagnosed physical or mental conditions that may result in developmental delays.

However, it's an illuminating and useful list, and States have expanded upon it. Many States have guidelines that list additional conditions that qualify an infant or toddler for Part C services or that specify what conditions are considered "chromosomal abnormalities," for example, or "genetic or congenital disorders."

Change in the Part C Regulations

This provision is new (and not new!) in the Part C regulations. In the 1999 regulations, similar text appeared as Note 1 under then §303.16. Now, it's been incorporated into the regulations proper. Previously, "sensory impairments" had to be "severe," but the Department has removed the qualifier "severe" because "even a mild sensory impairment may result in developmental delay."²

Summarizing "Infant or Toddler with a Disability"

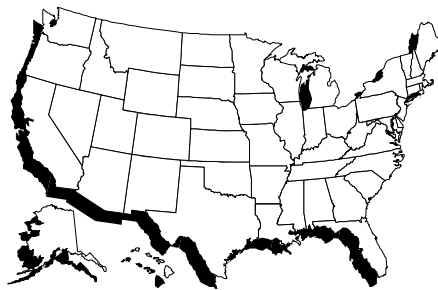
Slides 3 and 4 have looked at how the Part C regulations define the term "infant or toddler with a disability." That definition focuses primarily on infants or toddlers who need early intervention services because they have:

- one or more developmental delays (as defined by the State); or
- a diagnosed physical or mental condition that can cause a developmental delay.

Because both of these "categories" are further defined by the State, to truly understand the meaning of the term "infant or toddler with a disability," you have to know your own State's eligibility definitions and policies.

And that's it for this slide, unless you would like to provide any of the additional information discussed below on:

- at-risk infants or toddlers; and
- the Part C extension option.



Additional Information You May Wish to Cover

There are more parts to the definition of "infant or toddler with a disability" than what's covered on Slides 3 and 4. We're referring to the ending provisions of the definition, which are:

(b) *Infant or toddler with a disability* may include, at a State's discretion, an at-risk infant or toddler (as defined in §303.5).

(c) *Infant or toddler with a disability* may include, at a State's discretion, a child with a disability who is eligible for services under

section 619 of the Act and who previously received services under this part until the child enters, or is eligible under State law to enter, kindergarten or elementary school, as appropriate...

In a nutshell, these two provisions mean that a State may choose to include in its definition of "infant or toddler with a disability":

- those at-risk of developmental delay; and
- children who participate in the extended Part C option, if the State offers such an option.

The reason that this module hasn't broken out these two options and examined them on slides is because very few States have adopted either into their definition of "infant or toddler with a disability." If your State does not include either of these in its definition of the term, then the information is most likely to be irrelevant to participants.

However—should either of these two State options be relevant to your State, we've provided a discussion of them below, should you wish to make them part of your training on this important early intervention term.

At-Risk Infants or Toddlers

States have the option to include at-risk infants or toddlers in their definition of what constitutes an “infant or toddler with a disability.”³ The option isn’t new, although the wording of the provision has changed a bit.

Basic definition | The basic definition of “at-risk infant or toddler” can be found at §303.5 of the Part C regulations. The verbatim definition begins:

At-risk infant or toddler means an individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual.

If a State chooses to include at-risk infants and toddlers in its definition of “infant or toddler with a disability,” its application to the Department of Education must also include:

- the State’s definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C; and
- a description of the early intervention services provided under Part C to at-risk infants and toddlers with disabilities.⁴

While you may not need to share this level of detail with participants, it may be worthwhile for them to realize that the definition of “at-risk” extends beyond what appears in the Part C regulations. Clearly, States must have their own definition of the



term, and they must specify that definition to the Department in their application for Part C funding.

At the State’s discretion | The definition of “at-risk infant or toddler” at §303.5 goes on as follows:

At the State’s discretion, at-risk infant or toddler may include an infant or toddler who is at risk of experiencing developmental delays **because of biological or environmental factors that can be identified** (including low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, a history of abuse or neglect, and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure) [*emphasis added*].

States have the option to include in their definition of “at-risk” those infants or toddlers who are at risk of developmental delays because of biological or environmental factors that can be identified. The factors listed in the regulations (e.g., low birth weight) show the range of issues that may place an infant or toddler at risk of experiencing developmental delays.

Department’s discussion of at-risk | We’d like to note that there’s an extensive discussion of this “at-risk” definition in the Department’s *Analysis of Comments and Changes*. Points of potential interest are included in the box on the next page.

Part C Extension Option for Children Older Than 3

States now have the option to extend Part C services to children older than age 3. States are not required to do so; rather, it is “at a State’s discretion.” As **Handout 2** (page 3, column 2) and the regulations at §303.21(c) state:

(c) *Infant or toddler with a disability* may include, at a State’s discretion, a child with a disability who is eligible for services under section 619 of the Act and who previously received services under this part until the child enters, or is eligible under State law to enter, kindergarten or elementary school, as appropriate...

Section 619 of the Act refers to preschool programs through which States provide special education and related services to “children with disabilities aged 3 through 5, inclusive.”⁵ Section 619 falls under Part B of IDEA (not Part C).

So, in essence, the extended Part C option allows States (if they so choose) to continue to serve children under Part C until they are eligible to enter kindergarten or elementary school (as

appropriate and if they are eligible for Section 619 services). Note that:

- this option doesn't apply to children who have not previously received services under Part C; and
- certain other obligations exist when children continue receiving services under Part C instead of transitioning to Part B or other services.

The "other obligations" just mentioned can be seen in how this provision in the Part C regulations concludes. If you wish, refer participants again to **Handout 2** (page 3, column 2) and point out those obligations. As §303.21(c) indicates, a State may choose to continue serving infants and toddlers with disabilities past their third birthday under Part C:

...provided that any programs under this part must include—

(1) An educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills for children ages three and older who receive Part C services pursuant to §303.211; and

(2) A written notification to parents of a child with a disability who is eligible for services under section 619 of the Act and who previously received services under this part of their rights and responsibilities in determining whether their child will continue to receive services under this part or participate in preschool programs under section 619 of the Act.⁶

The Part C extension option is new to Part C, but it's rather involved and beyond the scope of this introductory module on early intervention.

References & Footnotes

² 76 Fed. Reg. at 60155.

³ §303.21(b)—Infant or toddler with a disability.

⁴ §303.204—Application's definition of at-risk infants and toddlers and description of services.

⁵ 20 U.S.C. 1400 §619. [The quote is from Public Law 108-446, the statute for the Individuals with Disabilities Education Improvement Act of 2004.]

⁶ §303.21(c)(1) and (2)—Infant or toddler with a disability.

⁷ 76 Fed. Reg. at 60143.

⁸ 76 Fed. Reg. at 60143.

⁹ 76 Fed. Reg. at 60144.

Excerpts from the Department's Discussion of "At-Risk" Infant or Toddler

Why these factors and not others that also put children at risk, such as lead paint, homelessness, or family violence?

The Department states: The list of factors that may contribute to an infant or toddler being considered at-risk for a developmental delay included in §303.5 is not meant to be exhaustive. We have not expanded this list further because §303.5 provides a sufficient number and range of factors that a State may include in its definition of at-risk infant or toddler for each State to understand the scope of the regulation.⁷

State Flexibility

The Department states: §303.5 provides discretion and flexibility for each State to define at-risk infant or toddler and determine the factors that may contribute to an infant or toddler being considered at-risk for a developmental delay in light of the unique needs of the State's at-risk population.⁸

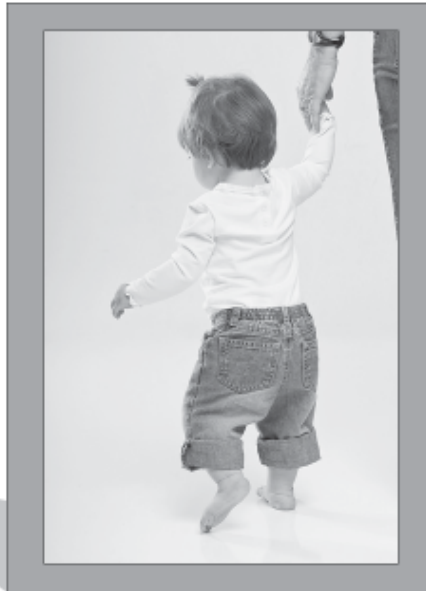
Biological OR Environmental, not Both

Again, in the words of the Department: States are not required to ensure that an at-risk infant or toddler is at risk due to meeting both types of factors.⁹

Developmental Delay

Opening View

Remember the **5 areas** in which infants & toddlers can experience a developmental delay?



Slide loads with this view and this question.

Developmental Delay

CLICK I

Remember the **5 areas** in which infants & toddlers can experience a developmental delay?

- physical development
- cognitive development
- communication development
- social or emotional development *or*
- adaptive development

Click 1: The picture of the child lifts away and reveals the 5 developmental areas.

CLICK AGAIN to advance to next slide.

See the discussion on the next page

Slide 5: Background and Discussion

I Click



Term 2: Developmental delay! Participants have certainly heard the term enough by now to wonder if the term itself has a definition. And, indeed, it does. Albeit a very brief one.

First, the slide asks participants if they recall the areas in which a child may experience a developmental delay. This harkens back to Slide 3, where the five developmental areas were first listed. Now, let's see if they remember! Can they name all 5 areas?

CLICK once, and a list will appear to refresh everyone's memory. Once you've re-energized that information in their minds, move on to the next slide.

Slide 6

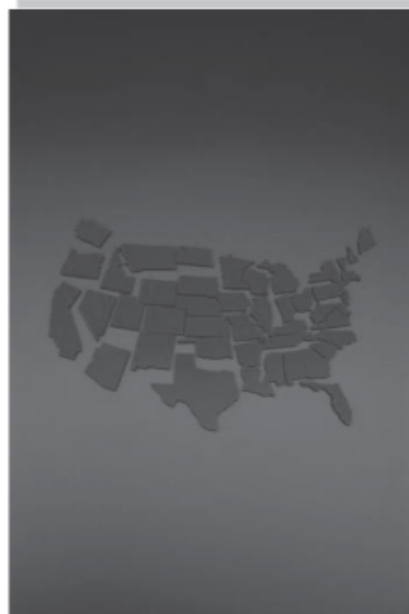
Term 2: Developmental Delay (slide 2 of 2)

Developmental Delay

Opening View

Each State must:

- have a rigorous definition of *developmental delay*



Slide loads with this view, and the statement that "Each State must have a rigorous definition of developmental delay."

continued on next page 

CLICK 1

Click 1:
Bullet 1 goes to
gray. Bullet 2
appears, and the
picture changes.

Each State must:

- have a rigorous definition of *developmental delay*
- describe the evaluation & assessment procedures that will be used to measure a child's development in each area



CLICK 2

Click 2:
Bullet 2 goes to
gray. Bullet 3
appears, and the
picture
changes again.

Each State must:

- have a rigorous definition of *developmental delay*
- describe the evaluation & assessment procedures that will be used to measure a child's development in each area
- specify the level of delay in functioning* that constitutes a developmental delay



* or other comparable criteria

continued on next page ►

Each State must:

- have a rigorous definition of *developmental delay*
- describe the evaluation & assessment procedures that will be used to measure a child’s development in each area
- specify the level of delay in functioning* that constitutes a developmental delay

** or other comparable criteria*

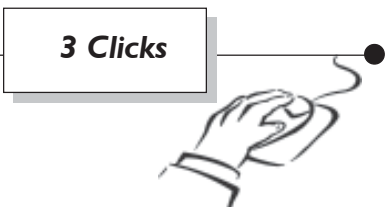
Together, these will be used by the State to identify infants & toddlers with developmental delays who are in needs of EI

Click 3

Click 3: This summary box appears.

CLICK AGAIN to advance to next slide.

Slide 6: Background and Discussion



Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

Refer participants again to **Handout 2**, this time to page 2, where Part C’s tiny definition of “developmental delay” is given. It reads:

§303.10 Developmental delay.

Developmental delay, when used with respect to a child residing in a State, has the meaning given that term by the State under §303.111.

Apparently, the entirety of the term is defined by *each State*, for use with children residing in that State. This gives enormous flexibility to each State—within certain parameters, as shown on the slide and enumerated in §303.311.

On **Handout 2**, participants can see the parameters provided by §303.111. Along with the flexibility to define developmental delay for itself, then, each State must:

- have a rigorous definition of the term that it will use to ensure the appropriate identification of infants and toddlers with disabilities;
- describe the evaluation and assessment procedures that will be used to measure children’s development in each of the five developmental areas; and
- specify the level of delay (or other comparable criteria) in functioning that will constitute a delay in each developmental area.

These regulations are new to Part C, although the thrust of them can be found in prior regulations. The word “rigorous” has been added, to be sure.

The Department states that, in order to be “rigorous,” a State’s definition must be consistent with the requirements of §303.311 (a) and (b)—the 2nd and 3rd bullets on the slide—and “established in accordance with the public participation requirements

in... §303.208(b) to enable parents, EIS providers, Council members and other stakeholders and members of the public to comment on the State's definition."¹⁰

Therefore, if a State is going to revise its current definition of

developmental delay, it must do so with public participation.

Summary Points

Each State defines the term "developmental delay." Thus, the meaning of the term can, and

does, vary from one State to another. For those involved in early intervention, it's imperative to know their State's policies.

References

¹⁰ 76 Fed. Reg. at 60163.

Slide 7

Term 3: Early Intervention Services (*slide 1 of 3*)

Early Intervention Services

(a) **General.** Early intervention services means

(1) Are provided under public supervision;

(2) Are selected in collaboration with the parent

(3) Are provided at no cost, except, subject to §... State law provides for a system of payments by fam

(4) Are designed to meet the developmental ne... and the needs of the family to assist appropriately i... identified by the IFSP Team, in any one or more of

(i) Physical development;

(ii) Cognitive development;

(iii) Communication development;

(iv) Social or emotional development; or

(v) Adaptive development;

(5) Meet the standards of the State in which the... including the requirements of part C of the Act;

(6) Include services identified under paragraph

(7) Are provided by qualified personnel (as that... types of personnel listed in paragraph (c) of this sec

(8) To the maximum extent appropriate, are pro... § 303.26 and consistent with §§ 303.126 and 303.3

(9) Are provided in conformity with an IFSP add... Act and § 303.20.

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

"Early intervention services" will be defined across three separate slides and one activity worksheet completed with the last of these slides.

This first slide is both the truth and a bit of a joke. After the first part of the huge definition of "early intervention services" loads, the definition is automatically and mostly covered by a picture of a woman squinting hard, trying to read it. But the

audience will have gotten an eye-ful. To fit even the first part of the definition of early intervention services on the screen, the text must be very tiny, which illustrates two things immediately:

- how detailed and involved the definition of this all-important term is, and
- the reason why you're going to look at this definition one piece at a time.

Let the audience see the crowded screen of this slide for a small bit of time, enough to absorb the absurdity of trying to read it. Indicate that maybe it would be best if you all tackled this crucial definition a piece at a time, and **CLICK** to advance to the next slide.

Early Intervention Services means developmental services that—

Opening View

1 | are provided under public supervision



Slide loads with this view.



Early Intervention Services means developmental services that—

CLICKS 1—3

1 | are provided under public supervision

2 | are selected in collaboration with the parents

3 | are provided at no cost, *except where Federal or State law provides for a system of payments by families*

4 | are designed to meet the developmental needs of an infant or toddler with a disability & the needs of the family to assist appropriately in the child's development

Clicks 1—3: Each time you click, one of the pictures lifts away, until you end up with all quadrants bare of pictures and filled with the points to be discussed.

CLICK AGAIN to advance to next slide.

See the discussion on the next page 



Pertinent Handout:

- none

How the Next Two Slides Are Organized

The first part of the definition of early intervention services relates to nine “general” elements found at §303.13(a). Together, this slide and the next will list all nine elements, summary style, allowing you to move quickly through the content, enumerating the elements but offering limited detail about any one of them.

The nine elements can be found in column 1, page 1 of **Handout 3**, but don’t have participants look at the handout yet. Save it until you’ve gone through all nine elements and it’s time for the activity sheet. Participants will use **Handout 3** and the activity sheet together to go over what remains of how Part C defines early intervention services. The definition is quite lengthy!

Elements 1-4

The first four elements are summarized on this slide. When the slide loads, there are four pictures covering all text. The first will lift off automatically, revealing element #1. To remove the other pictures and reveal the text beneath each, you will move **CLICK** by **CLICK**.

These elements correspond to §303.13(a)(1) through (4), which are given in the box to the right.

Selected Additional Information

The slide is designed to make it easy to move forward quickly, letting each element speak for itself. If more information is needed about any one element, consider mentioning the following:

Early intervention services means developmental services that—

(1) are provided under public supervision | Public funds are used to make early intervention services available. Therefore, public supervision is required. By “public,” the regulations do not mean John Q. Public (your average resident) but, rather, the public agency that

receives the public funding, develops the State’s Part C policies and procedures, oversees the operation of EI programs, and so on...including monitoring and supervising the early intervention process in the State.

States make many assurances to the Secretary of Education regarding the monitoring and supervision they will conduct to ensure public funds are spent appropriately and that State EI systems are compliant with Part C requirements.



“General” Elements in the Definition of “Early Intervention Services” at §303.13(a): The First Four

(a) *General. Early intervention services* means developmental services that—

(1) Are provided under public supervision;

(2) Are selected in collaboration with the parents;

(3) Are provided at no cost, except, subject to §§303.520 and 303.521, where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;

(4) Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant’s or toddler’s development, as identified by the IFSP Team...

(2) are selected in collaboration with the parents | Parent involvement in early intervention is considered crucial, with parental consent required at multiple points in the EI process. The Part C regulations ensure that parents are part of the group that decides what early intervention services their child and family need. As New York State's Department of Health states in its parent's guide to early intervention in New York, "You are the most important person in your child's life. You know your child best. You understand your child's needs, and what is helpful and what is not. You have the most information about—and responsibility for—your child's growth and development."¹¹ It's no small wonder that EI services are selected for children in collaboration with their parents.



(3) are provided at no cost, except where Federal or State law provides for a system of payments by families | Many States do provide for a system of payments for EI services by families. Specific regulations have been added to clarify State responsibilities and parent rights regarding the use of different funding sources to pay for Part C services, including public benefits or insurance, private insurance, and family fees.¹²

So it's important to know your State's policy with respect to family fees for services.

(4) are designed to meet the developmental needs of an infant or toddler with a disability & the needs of the family to assist appropriately in the child's development | The text of the regulation expressly mentions the five developmental areas in which infants and toddlers with disabilities may have needs. These areas have been extensively covered in this module.

Take a Breath—a Short One!

And those are the first 4 elements in the definition of early intervention services at §303.13(a). Go to the next slide to see and discuss the last 5 elements.

References

¹¹ New York State Department of Health. (2008). *The early intervention program: A parent's guide*. Albany, NY: Author. Quote from page 1. Online at: <http://www.health.ny.gov/publications/0532.pdf>

¹² Office of Special Education Programs, U.S. Department of Education. (2011, November). *Part C of the Individuals with Disabilities Education Act: Final regulations [nonregulatory guidance]*. Washington, DC: GPO. Online at: <http://tinyurl.com/chuk2cj>



Early Intervention Services means developmental services that—

Opening View

5 | meet the standards of the State in which the EI services are provided and Part C requirements



Slide loads with this view.



Early Intervention Services means developmental services that—

Clicks 1—4

5 | meet the standards of the State in which the EI services are provided and Part C requirements

6 | include services identified under paragraph (b)*

* we'll get there!

Clicks 1—4: Each time you click, one of the pictures lifts away, until you end up with all pictures are gone and the space is filled with the points to be discussed.

7 | are provided by qualified personnel

8 | are provided in natural environments, to the maximum extent appropriate

9 | are provided in conformity with the child's IFSP

CLICK AGAIN to advance to next slide.

See the discussion on the next page ▶

Slide 9: Background and Discussion

4 Clicks



Pertinent Handout:

- Handout 3, Definition of Early Intervention Services
- Activity Sheet 1, Match 'Em Up!

Slide 9 operates in the same fashion as the last slide. One element in the definition of early intervention services is shown automatically. You have to **CLICK** one by one to reveal the remaining elements.

Selected Additional Information

If more information is needed about any one element, consider mentioning the following:

Early intervention services means developmental services that—

(5) meet the standards of the State in which the EI services are provided and Part C requirements | As should be clear by now, States have considerable authority to define their own standards for how EI services will be provided within the State. EI services must meet the standards the State has determined as well as the requirements set forth in the Part C regulations.

(6) include services identified under paragraph (b)* | The services identified in paragraph (b) are extensive. The Part C regulations provide additional details about each, as we'll soon see when participants complete **Activity Sheet 1**, which asks them to refer to **Handout 3** in match-

ing services with their descriptions in the regulations. For now, just wave off explaining those services. As the asterisk text indicates, "We'll get there!"

(7) are provided by qualified personnel | While the Part C regulations require that EI services be provided by qualified personnel, each State defines the meaning of "qualified personnel" in the State.

(8) are provided in natural environments, to the maximum extent appropriate | This will be the subject of Slides 18 and 19. Promise participants that more on the subject is upcoming. For now, you might ask them to name what they think would be a "natural environment" for a baby or toddler.

(9) are provided in conformity with the child's IFSP | Once the IFSP is developed and the parent consents to the provision of services described there, the IFSP is implemented in keeping with what's stated in the IFSP.

You've done it! Walked through the general definition of "early intervention services."

Hopefully at a good pace, leaving enough time in your training session for participants to complete Activity Sheet 1, which will take them into other provisions included in the definition.

What Else is in the Definition?

Lots! It's truly amazing, how comprehensively the Part C regulations define the meaning of early intervention services. **Activity Sheet 1** is designed to take participants on a "tour" of the full definition as they try to match direct quotes from the regulations with the early intervention services those quotes reference.

The activity is described on the next page.

Activity Sheet I

Purpose

To have participants match quotes from the Part C regulations with the early intervention services they describe.

Total Time Activity Takes

15 minutes.

Group Size

Work in pairs, then discuss in large group.

Materials

Activity Sheet 1
Handout 3

Instructions

1. Refer participants to **Activity Sheet 1**. Indicate that this is the activity sheet they

have to complete, working with a partner and **Handout 3**.

2. The activity sheet has seven direct quotes from the definition of “early intervention services” at §303.13. Participants are to match each quote with the EI service it is describing, using the list of services in the right column. Indicate that participants will have 10 minutes to complete the worksheet.

3. At the end of the time allotted, call the audience back to large-group focus.

4. Take 5 minutes to go over their answers and their understanding of the scope and types of EI services specifically mentioned in the regulations. This is also a good opportunity to expand the

discussion, highlighting specific EI services as you see fit, given the needs and interests of your audience.

Answers

1 | F, nursing services

2 | A, audiology services

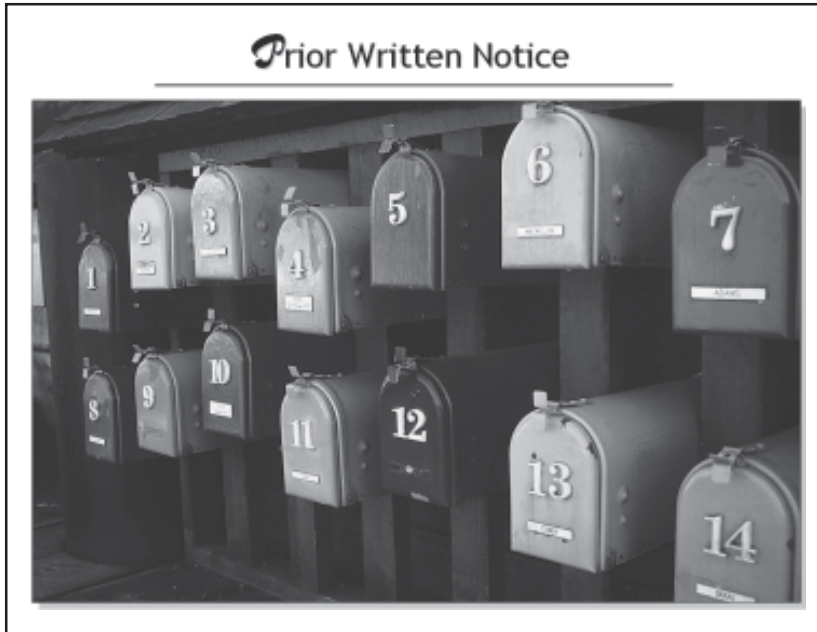
3 | B, speech-language pathology services

4 | C, family training, counseling, and home visits

5 | G, service coordination services

6 | E, medical services

7 | D, health services



No clicks needed!

Slide loads with this view—

—and then automatically morphs into this view.

Prior Written Notice

Prior written notice must be provided to parents

A reasonable time before the lead agency or an EIS provider proposes to or refuses to:

initiate **or** change

the infant or toddler's

- identification
- evaluation
- placement

OR--

- the provision of EI services to the child or family

CLICK to advance to next slide.

See the discussion on the next page ▶



Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

Our next term is on deck—*prior written notice*. Three slides will be devoted to this very important parent right and lead agency responsibility. Sounds like a lot of slides, but they are designed so you can move quickly through, using each slide to summarize key points to know about prior written notice.

What is Prior Written Notice?

Prior written notice refers to the information that must be provided to parents a reasonable time before the lead agency or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family.

This description of prior written notice appears on the slide and comes nearly verbatim from §303.421(a), which participants can see for themselves on **Handout 2** (page 5).

What's the Purpose of Prior Written Notice?

The purpose of prior written notice is always the same—to ensure that parents are fully informed regarding whatever action the lead agency or EIS provider is proposing to take (or not take) with their infant or toddler or with the family. Parental consent is often needed before the lead agency or EIS provider may proceed, and that consent must be *informed*. (Slides 15 and 16 will address how the Part C regulations define “consent.”)

Even if parental consent is not required, parents still have the right to know when something about their child's (or family's) involvement in early intervention is being proposed, refused, about to start, or about to change.

Examples | When Must Prior Written Notice Be Provided?

Don't yet get into what specific information the notice must contain—that's the next slide—but do consider taking a moment to give examples of when the lead agency or EIS provider must provide parents with prior written notice. That's an excellent way to illuminate the real-life implementation of the regulations shown on the slide, especially key phrases like “proposes to,” “refuses to,” “initiate,” or “change.”

If participants are already familiar with prior written notice, ask them to give examples of when they've received prior written notice (as parents) or when they've provided such notice to parents (as the lead agency or an EIS provider).

Prior written notice to parents would be required in circumstances like these:

- The lead agency wants to evaluate their infant or toddler and is seeking parental consent for the evaluation.
- The lead agency refuses to evaluate an infant or toddler when parents have requested an evaluation.
- The lead agency or an EIS provider intends to change the child's identification as an eligible “infant or toddler with a disability.”
- The lead agency wants to begin providing early intervention services to the infant or toddler and family.
- An EIS provider wants to change the services being provided to an infant or toddler with a disability.

Prior Written Notice



Produced by NICHCF, 2012

Notice must be in enough detail to inform parents about—

- The action that's being proposed (or refused)
- The reasons for taking the action
- All procedural safeguards available under Part C

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

Ahh, now for the *content* of the notice. What information must the prior written notice to parents include? The slide tidily summarizes §303.421(b), which appears on **Handout 2** (see page 5) and reads:

(b) **Content of notice.** The notice must be in sufficient detail to inform parents about—

(1) The action that is being proposed or refused;

(2) The reasons for taking the action; and

(3) All procedural safeguards that are available under this subpart, including a description of mediation in §303.431,

how to file a State complaint in §§303.432 through 303.434 and a due process complaint in the provisions adopted under §303.430(d), and any timelines under those procedures. [§303.421(b)]

What *doesn't* appear on the slide? The mini-list of procedural safeguards, including:

- a description of mediation;
- how to file a State complaint;
- how to file a due process complaint; and
- any timelines under those procedures.

Have participants look at the prior written notice provisions on **Handout 2**, compare them to what's on the slide, and identify the specific procedural safeguards mentioned in the Part C regulations. Point out that the regulations use the word "including." This word indicates that the list of safeguards given is not an exhaustive list but, rather, examples of procedural safeguards that are available to parents under Part C.

If procedural safeguards are unfamiliar to the audience, explain that there are numerous procedural safeguards embedded in Part C that protect the rights of parents, infants and toddlers, and families involved in early intervention. The safeguards at issue here (as we look at the contents of prior written notice) all relate to **dispute resolution options**, which give EI providers, lead agencies, and parents an array of mechanisms for resolving disagreements.

With the inclusion of this information in the prior written notice, parents are informed not only about the action that's being proposed (or refused) and the reasons for it, but also all the safeguards available to them, should they disagree with the lead agency or EIS provider.

References *(for the next slide's discussion)*

¹³ Grim illiteracy statistics indicate Americans have a reading problem. (2007). Retrieved December 2, 2011, from the Education Portal Web site: http://education-portal.com/articles/Grim_Illiteracy_Statistics_Indicate_Americans_Have_a_Reading_Problem.html

¹⁴ Shin, H.B., & Kominski, R.A. (2010, April). *Language use in the United States: 2007* [American Community Survey Reports, ACS-12]. Washington, DC: U.S. Census Bureau. Online at: <http://www.census.gov/hhes/socdemo/language/data/acs/ACS-12.pdf>



Written notice must be:

- written in language understandable to general public
- provided in native language of parent or other mode of communication used by parent*

** Unless it is clearly not feasible to do so*

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

Last slide on prior written notice. It, too, is designed to be summarized quickly, with emphasis upon the importance of ensuring that parents can understand the information given them in the notice.

Telling Stats

The requirement to write the prior written notice in terms that the general public can understand is not new to the Part C regulations. It exists as well in the Part B regulations. And for the same reasons. Consider that:

- 50 million adults can't read as well as a 4th or 5th grader; 42 million can't read at all.¹³
- More than 10 million Spanish speakers do not speak English well or at all. Neither do 1.3 million speakers of Indo-European languages (e.g., German, Italian, Russian) nor the nearly 2 million speakers of Asian-Pacific Island languages (e.g., Tagalog, Vietnamese, Korean).¹⁴

Speaking of Native Language...

As the slide indicates, prior written notice must be provided to parents in their native language, unless it's clearly not feasible to do so. You don't need to go into more detail than that, because "native language" is our next term, which begins on the very next slide. Reserve discussion of native language until then.

◀ References are given on the previous page, for lack of room here!

Opening View

Native Language



Slide loads with this view.

Click 1

Native Language

Native language is described in 2 ways at §303.25

- For an individual with limited English proficiency
- For an individual who:
 - is deaf|hard of hearing
 - is blind or visually impaired, or
 - has no written language



Click 1: → The picture on the left lifts away, and a summary statement about *native language* appears.

continued on the next page ▶

Native Language

CLICKS 2 & 3

Native language is described in 2 ways at §303.25

- For an individual with limited English proficiency
- For an individual who:
 - is deaf/hard of hearing
 - is blind or visually impaired, or
 - has no written language

Native language is:

- the language normally used by the individual
- in the case of a child, the language normally used by the parents of the child
- during evaluations & assessments, the language normally used by the child*

* if developmentally appropriate

Click 2:
The picture of the mom feeding the baby lifts away, and the first two bullet points appear.

Click 3:
The last bullet point appears.

CLICK AGAIN to advance to next slide.

Slide 13: Background and Discussion

3 Clicks

Let the Pictures on the Slide Speak

The definition of *native language* in the Part C regulations is discussed beginning on this slide and continuing to the next one. When the slide loads, you'll see two pictures, no text. Ask participants what these pictures immediately call to mind in terms of "native language."

- The picture on the left shows two women communicating via sign language.

- The picture on the right shows a mom of evident Asian background giving a bottle to a baby.

Hopefully, what these two pictures call to mind for participants is that native language may refer to (a) other modes of communication such as sign language, and (b) the diversity of languages spoken by different cultures and countries.

Let participants guess at how these pictures will relate to the topic of native language. Then CLICK to lift off the first picture



(the left one) and reveal the beginning of the slide's content.

Slide's Summary of "Native Language"

Section 303.25 describes native language in two respects: for those with limited English proficiency (LEP) and for those who are deaf/hard of hearing, blind or visually impaired, or who have no written language. The slide gives this summary.

CLICK to lift off the picture on the right, and the slide will take up the first aspect, showing how native language is defined with respect to those with limited English proficiency. Refer participants to page 4 of **Handout 2** to find the verbatim wording of the Part C regulations.

Whose Native Language?

How native language is defined in Part C for an individual with limited English proficiency reflects the working mission of early intervention programs to address (a) the developmental needs of individual infants and toddlers with disabilities, and also (b) the needs of the family to assist appropriately in their infant's or toddler's development.¹⁵ Not surprisingly, native language refers to the language normally used by the individual, or, in the case of a child, the language used by the *parents* of the child.

But the definition doesn't stop there. It also addresses the sometimes tricky matter of language development in general, because many of the infants and toddlers in early intervention may not have developed much language yet. So what language to use with the *child*? As the Department observes:

... a child may not require the use of native language when Part C services are directly provided to the child when the child's receptive or expressive language has not yet developed to indicate a clear spoken language preference.¹⁶

Accordingly, the regulations also specify that, during evaluations and assessments, native language is the language normally used by the *child* (not the parents, note the difference!)—if doing so is developmentally appropriate for the child, as determined by the qualified personnel who are conducting the evaluation or assessment.¹⁷

This part of the definition appears on page 4 of **Handout 2**. It's new to the Part C regulations.

Moving On

Now, what about how native language is defined for individuals who are deaf or hard of hearing, those who are blind or visually impaired, and those who have no written language? All will be revealed on the next slide.

References & Footnotes

¹⁵ §303.13(a)(4)—Early intervention services: General.

¹⁶ 76 Fed. Reg. at 60156.

¹⁷ §303.25(a)(2)—Native language.



Native Language

Native language is the mode of communication normally used by the individual

- For an individual who:
 - is deaf|hard of hearing
 - is blind or visually impaired, or
 - has no written language

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

The text of the slide makes it very clear how native language is defined for individuals who are deaf or hard of hearing, those who are blind or visually impaired, and those who have no written language. In each case, native language is the mode of communication normally used by the individual.

Participants can see Part C's verbatim wording on **Handout 2** (page 4). They'll also see that the regulations include examples not mentioned on the slide—"mode

of communication" includes sign language, Braille, or oral communication.

Details for "No Written Language"

Although you may not wish to delve into more detail than the summary presented on the slide, here's a bit more detail for *you* regarding what native language means for individuals who have no written language. Direct from the Part C regulations with respect to providing prior written

notice or the procedural safeguards notice to parents:

(2) If the native language or other mode of communication of the parent is not a written language, the public agency or designated EIS provider must take steps to ensure that—

(i) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;

(ii) The parent understands the notice; and

(iii) There is written evidence that the requirements of this paragraph have been met.¹⁸

What languages aren't written? Surprisingly, there are a large number of languages in the world that do not have an acknowledged written form.¹⁹ Examples include:

- Many native American languages, including Hopi, Zuni, Keresan, and Tanoan²⁰
- Massalit, a tribal language with no systematic written form spoken in Darfur, in western Sudan, and in Chad, to which refugees have fled
- Some Mayan dialects spoken in Central America²¹
- Hmong, the language spoken by more than 200,000 immigrants from Southeast Asia currently living in the United States (although the language has recently been rendered in writing via phonetic systems)²²
- Regional dialects of Chinese and Arabic, many of which have no written form and vary significantly from the standard language²³



Summary: When the Use of Native Language is Required

It's worthwhile to point out that there are two standards for when the use of native language is required: (a) when it's *absolutely* required, and (b) when it's required, unless it's clearly not feasible to do so.

When use of native language is *absolutely* required | There are two occasions when the use of the parent's native language or other mode of communication is required, no exceptions:

- When parental consent is requested for an activity
- When prior written notice is provided

To explain: When the lead agency or an EIS provider requests a parent's consent, that request *must* be provided in the parent's native language or other mode of communication. There's no exemption because "it's clearly not feasible to do so." Part of requesting the parent's consent must

include prior written notice, which is the mechanism through which a lead agency or EIS provider fully informs the parent about the activity for which his or her consent is being sought.

The regulation undergirding these requirements can be found at §303.7(a), and reads:

§303.7 Consent.

Consent means that—

(a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language, as defined in §303.25...

The full definition of consent appears on **Handout 2** (page 1), because it's our next term to be defined in this series of nine. You may wish to wait until the consent slides to discuss the absolute requirement for the use of the parent's native language when requesting consent.

When native language is required unless it's clearly not feasible to do so | There are times when the use of a parent's native language is required unless it's clearly not feasible to do so. Those times include:

- when conducting evaluations and assessments of the child, they must be conducted in the native language, as defined in §303.25, of the *child*²⁴
- when conducting family assessments, they must be conducted in the native language, as defined in §303.25, of the *family*²⁵
- during IFSP meetings, they must be conducted in the native language of the *family* or other mode of communication used by the family.²⁶



References & Footnotes

¹⁸ §303.421(c)(2)—Prior written notice and procedural safeguards notice: Native language.

¹⁹ Besacier, L., Zhou, B., & Gao, Y. (2006, December). *Towards speech translation of non-written languages*. Yorktown Heights, NY: IBM T.J. Watson Research Center. Online at: <http://www-clips.imag.fr/geod/User/laurent.besacier/Publis/slt06.pdf>

²⁰ Native Languages of the Americas. (n.d.). *Pueblo Indian fact sheet*. Online at: http://www.bigorin.org/pueblo_kids.htm

²¹ Rasmussen, A. (2010, April 28). *Non-written languages and refugee research*. Online at: <http://andyasmussen.wordpress.com/2010/04/28/non-written-languages-and-refugee-research/>

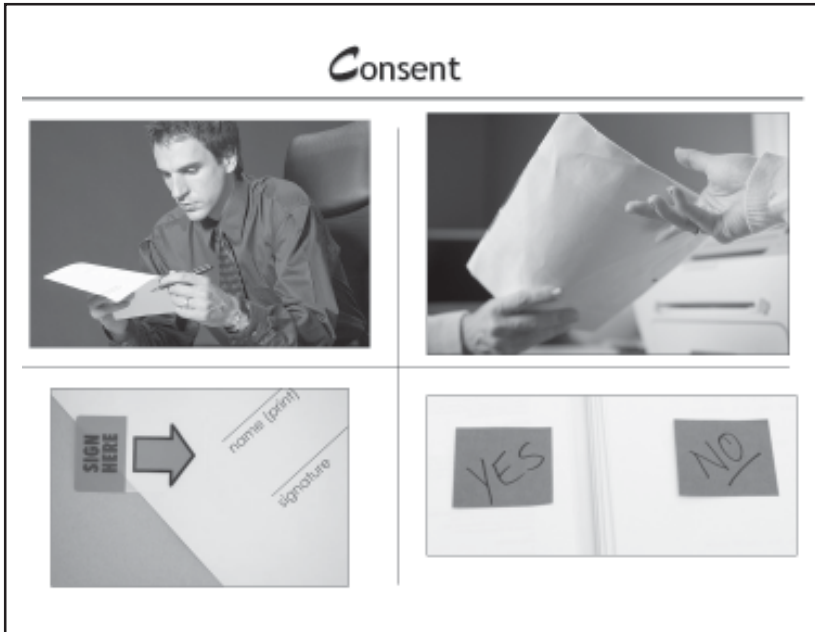
²² Avantpage. (n.d.). *Language spotlight: Hmong*. Online at: <http://www.avantpage.com/General/language-spotlight-hmong.html>

²³ Besacier, L., Zhou, B., & Gao, Y. (2006, December). *Towards speech translation of non-written languages*. Yorktown Heights, NY: IBM T.J. Watson Research Center. Online at: <http://www-clips.imag.fr/geod/User/laurent.besacier/Publis/slt06.pdf>

²⁴ §303.321(a)(5)—Evaluation of the child and assessment of the child and family.

²⁵ §303.321(a)(6)—Evaluation of the child and assessment of the child and family.

²⁶ §303.342(d)(ii)—Procedures for IFSP development, review, and evaluation: Accessibility and convenience of meetings.



The slide loads with this view.

Consent

<p>Parent has been fully informed* of the activity for which consent is being sought</p> <p><i>* in parent's native language</i></p>	<p>Consent form describes that activity & lists the EI records that will be released (if any) and to whom</p>
<p>Parent understands & agrees in writing to the activity</p>	<p>Parent understands that granting consent is voluntary & may be revoked at any time</p>

Clicks 1—4

Clicks 1—4:
Each time you click, one of the pictures lifts away, until you end up with all quadrants bare of pictures and filled with the points to be discussed.

CLICK AGAIN to advance to next slide.

See the discussion on the next page ▶



Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

Term 6 goes under the microscope now— there will be two slides on “consent” (meaning parental consent).

Definition on “Consent”

Consent is defined in the Part C regulations at §303.7. That definition is provided in the box on this page.

Discussing Consent

The definition of *consent* appears on **Handout 2** and is summarized nearly verbatim on the slide. The audience is likely very familiar with the notion of parental consent in general and probably won’t need much elaboration, but consider touching briefly upon these points:

- *Consent* means more than the parent agreeing in writing to some activity in early intervention. Explicit in the definition is that the parent has been *fully informed* about that activity first. Hey, weren’t we just discussing prior written notice?
- Also explicit in the definition of consent is that the consent form the parent receives must describe the activity for which consent is being sought. Specifics must be given about any early intervention records

that will be released (and to whom, if the records are disclosed to third parties other than participating agencies). Again, parents must receive detailed information about the activity.

- Implicit in this definition is that, to give consent, parents must be fully informed and *know* what they’re consenting to.
- Giving consent is strictly voluntary for parents. Parents

may revoke their consent at any time, but that revocation is not retroactive.



**The Definition of “Consent”
in the Part C Regulations**

§303.7 Consent.

Consent means that—

- (a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent’s native language, as defined in §303.25;
- (b) The parent understands and agrees in writing to the carrying out of the activity for which the parent’s consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released; and
 - (c)(1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
 - (2) If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

Consent

Under Part C, the parent **must** give consent for—

- screening
- evaluation
- provision of services identified in IFSP

May the lead agency **challenge** a parent's refusal to give consent?



Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

This slide might have been entitled “When is Parent Consent Required?” because that’s the focus of its content.

The slide loads with a picture of a parent and three notable times when parents must give their consent:

- **screening** (the lead agency or EIS provider wants to screen the infant or toddler to see if there’s reason to suspect a disability or developmental delay)

- **evaluation** (the lead agency or EIS provider wants to evaluate the infant or toddler to determine the child’s eligibility for early intervention services); and
- **provision of services**, as identified in the child’s IFSP (the lead agency or EIS provider wants to provide the infant or toddler with the early intervention services listed in the child’s IFSP).

At these critical steps in the early intervention process, then, parental consent is needed in order to proceed. Participants will find the relevant Part C regulations on **Handout 2**, alongside the definition of consent at §303.7. We’re referring here the regulations at §303.420, which are appropriately entitled “Parental consent and ability to decline services.”

Other Times When Consent is Required

There are other times when parental consent may be required, but these depend on State policy. Two are mentioned in §303.420(a) (see **Handout 2**) and stipulate that parental consent must be obtained before the lead agency:

- may use the family's public benefits or insurance or private insurance, if such consent is required under §303.520 (no, we're not going to talk about this now!); and
- discloses personally identifiable information consistent with §303.414.²⁷

May the Lead Agency Challenge a Parent's Refusal to Give Consent?

This question appears when the slide loads. Once you've covered the content just described, turn your attention to the question. Ask participants what they think, saying something along the lines of:

When a parent refuses consent for screening, for evaluation, or for the provision of EI services to their infant or toddler (or family), may the lead agency challenge that refusal? (This is commonly referred to as *consent override*.)

The answer is: No. The lead agency may *not* challenge a parent's refusal to provide consent, not even through using the due process procedures that Part C and Part B provide for resolving disputes.

Refer participants to *Handout 2* and the regulations at §303.420(c) that unequivocally state this:

The lead agency may not use the due process hearing procedures under this part or Part B of the Act to challenge a parent's refusal to provide any consent that is required under paragraph (a) of this section.

References & Footnotes

²⁷ Section 303.414 requires that parental consent be obtained before any personally identifiable information about the child or family may be released to a third party that is not a participating agency in the State's early intervention system, or unless the release of PII is authorized in the regulations (e.g., the notification to the SEA and the LEA that a toddler will soon be approaching the age of eligibility for Part B of IDEA) or through one of the exceptions enumerated in FERPA.

Opening View



Multidisciplinary

Multidisciplinary means the involvement of 2 or more separate disciplines or professions

Slide loads with this view.

Click 1

During evaluation of the child & assessments of the child & family

- *Multidisciplinary* may include 1 individual who is qualified in more than 1 discipline or profession



Multidisciplinary

Multidisciplinary means the involvement of 2 or more separate disciplines or professions

Click 1:
The picture on the left lifts away, and this text appears.

continued on the next page 

CLICK 2

During evaluation of the child & assessments of the child & family

- *Multidisciplinary* may include 1 individual who is qualified in more than 1 discipline or profession

IFSP Team:

- Must include **parent** and **2 or more** individuals from separate disciplines or professionals (*1 must be the service coordinator*)

Multidisciplinary

Multidisciplinary means the involvement of 2 or more separate disciplines or professions

Click 2: The picture of the puzzle piece lifts away, and this last point appears.

CLICK AGAIN to advance to next slide.

Slide 17: Background and Discussion

3 Clicks



Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

Multidisciplinary is a much-used word in early intervention and in many other professions. If you search online by the term, you'll see it popping up across a spectrum of childhood issues (e.g., child welfare, healthcare, child abuse and neglect), so it's no surprise that it's also a key term to understand in early intervention and has been for a long time. It's also our Term #7. There's only one slide on the term—this one.

General Meaning

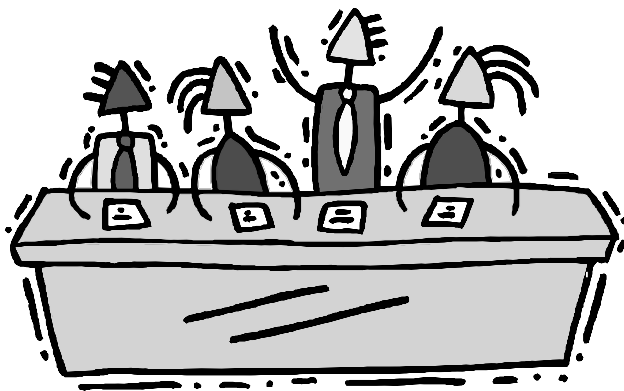
The Part C regulations at §303.24 define *multidisciplinary* in general as “the involvement of two or more separate disciplines or professions.” This is the central message of the slide.

Meaning in Specific Contexts

Refer participants to the bottom of page 3 of **Handout 2**, where the complete definition appears. They'll see that multidisciplinary is further defined for two specific contexts:

- during evaluation of the child and assessments of the child and family; and
- in terms of the IFSP Team.

When you **CLICK** the first time on this slide, the picture will lift away and reveal the first of these contexts (during evaluation and assessment) and the meaning of the term *multidisciplinary* in that context. A second **CLICK** will reveal the meaning of the term in the context of the IFSP Team.



Changes in the Part C Regulations

The basic definition of *multidisciplinary* that's shown when the slide loads has not changed—*multidisciplinary* generally means the involvement of two or more separate disciplines or professions. However, note that the latter part of this slide emphasizes the two context-specific definitions of *multidisciplinary*, because those are new to the Part C regulations. They are summarized below.

Summary Points | Multidisciplinary, during Evaluation and Assessment

It may seem contradictory to state that *multidisciplinary* means the “involvement of two or more separate disciplines or professions” and then state that, during the evaluation and assessment process, *multidisciplinary* can be used with respect to one person. But, actually, it's not contradictory. It recognizes that it's quite possible for a person to have certification in more than one discipline.

The Part C regulations require all evaluations and assessments to be conducted by qualified personnel.²⁸ “Qualified personnel” is defined in its own turn as personnel who have met State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.²⁹ Therefore, if an individual is qualified in the State to conduct more than one aspect of evaluation or assessment, and is involved in the child's or family's evaluation or assessment in those areas, then the requirement for *multidisciplinary* has been met.

Summary Points | Multidisciplinary, for the IFSP Team

Your second **CLICK** on this slide will bring up the standard of *multidisciplinary* in the context of the IFSP Team. Here, the standard is that the IFSP Team must include the parent and two or more persons from separate professions or disciplines. One of these must be the service coordinator.

Regarding this requirement, the Department observes that:

With respect to IFSP Team meetings, we believe it is important for the parent to be able to meet not only with the service coordinator (who may have conducted the evaluation and assessments), but also with another individual (whether that person is the service provider or another evaluator) to obtain input from two or more individuals representing at least two disciplines.³⁰

It's worth noting that the IFSP Team develops the initial IFSP and reviews and possibly revises that IFSP at the annual IFSP meeting. Therefore, these two meetings require that the team be *multidisciplinary* as defined above—a parent and two or more persons from separate professions or disciplines (one of whom must be the service coordinator).

The periodic review of the IFSP (which occurs every six months or upon parent request) does not have to meet this standard of *multidisciplinary*, because the periodic review doesn't require the full IFSP Team unless conditions warrant. The required participants at a periodic review of the IFSP are:

- the parent or parents of the child;
- other family members, as requested by the parent, if feasible to do so;

- an advocate or person from outside the family, if the parent requests that the person participate; and
- the service coordinator.³¹

The periodic review does *not* require (unless warranted) the participation of a person or persons directly involved in conducting the evaluations and assessments of the child and/or family, or the participation of people who will be (or are) providing early intervention services to the child or family.³²

References & Footnotes

²⁸ §303.321(a)—Evaluation of the child and assessment of the child and family: General.

²⁹ §303.31—Qualified personnel.

³⁰ 76 Fed. Reg. at 60156.

³¹ §303.343(b)—IFSP Team meeting and periodic review: Periodic review.

³² §303.343(b)—IFSP Team meeting and periodic review: Periodic review.



Natural Environments

Natural environments mean settings that are natural or typical for a same-aged infant or toddler without a disability



May include the home or community settings

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

On to Term #9—“natural environments.” Two slides are devoted to this definition.

Basic Definition

According to §303.26, *natural environments* means three basic things:

- settings that are natural or typical for a same-aged infant or toddler without a disability,
- may include the home or community settings, and
- must be consistent with the provisions of §303.126.

The first two bullets are addressed in this slide. The last bullet is addressed in the next slide, because it’s a bit more complicated.

Discussing the Slide

The content of the slide is straightforward and easy to understand. What’s lacking is a context for why we’re even *defining* “natural environments.”

Answer? Because the Part C regulations require that early intervention services be provided to infants and toddlers with

disabilities in *natural environments*—to the maximum extent appropriate for the child or the service being provided.

Given that, what does IDEA consider a natural environment to be? The Part C regulations state that these are settings that “are natural or typical for a same-aged infant or toddler without a disability” and may include home or community settings.

This is still very broad—necessarily so, to allow flexibility in how the term is implemented in a specific area and to avoid limiting the types of service

settings that the IFSP Team may consider appropriate.³³ Can participants generate other examples of natural settings in the community that are more precise? While what's a natural setting for an infant or toddler may vary from community to community, some examples might include playgrounds, libraries, parks, swimming pools, grocery stores, child care centers, or a daycare provider's location.



May clinics, hospitals, or a service provider's office be considered the "natural environment" in cases when specialized instrumentation or equipment that cannot be transported to the home is needed?

According to the Department, typically, no.³⁴ A clinic, hospital, or service provider's office would *not* be a natural environment for an infant or toddler without a disability; therefore, these would not be natural environments for an infant or toddler with a disability.

However, the Department does point out that §303.344(d)(1) requires that the "identification of the early intervention service needed, as well as the appropriate setting for providing each service to an infant or toddler with a disability, be individualized decisions made by the IFSP Team based on that child's unique needs, family routines, and developmental outcomes." Given that:

If a determination is made by the IFSP Team that, based on a review of all relevant information regarding the unique needs of the child, the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments,

then services could be provided in another environment (e.g. clinic, hospital, service provider's office). In such cases, a justification must be included in the IFSP.³⁵

For more information on how the IFSP Team determines the setting for providing an EI service, see the discussion under the next slide.

References & Footnotes

³³ 76 Fed. Reg. at 60158.

³⁴ See the Department's discussion at 76 Fed. Reg. at 60158.

³⁵ 76 Fed. Reg. at 60158.

Natural Environments

Opening View

Each system must have policies & procedures to ensure...

...that EI services for infants & toddlers with disabilities are provided

in natural environments*

* to the maximum extent appropriate



The slide loads with this view.

Natural Environments

CLICK I

Each system must have policies & procedures to ensure...

...that EI services for infants & toddlers with disabilities are provided

in natural environments*

* to the maximum extent appropriate

&

in settings other than the natural environment that are most appropriate**

** as determined by the parent & the IFSP Team

** only when EI services cannot be achieved satisfactorily in a natural environment

Click 1: The picture lifts away and the bottom text appears, along with the asterisks.

CLICK AGAIN to advance to next slide.

See the discussion on the next page ▶



Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention

A State’s policies to ensure that EI services are provided in natural environments to the maximum extent appropriate must be consistent with the provisions of §303.126. Those provisions are summarized on the slide and given verbatim on page 4 of **Handout 2**.

The slide loads showing only part of those provisions, which read:

§303.126 Early intervention services in natural environments.

Each system must include policies and procedures to ensure, consistent with §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided—

(a) To the maximum extent appropriate, in natural environments...

Go over this first part of §303.126, as given on the slide, referring participants to **Handout 2** for IDEA’s verbatim wording.

Then **CLICK** to lift away the picture of the toddler amongst a bedful of stuffed animals, and go over the conclusion of §303.126, as summarized on the slide. Verbatim from §303.126, this conclusion reads:

AND...

(b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment.



Discussing the Slide

Putting the two parts of the slide together, the provisions at §303.126 indicate that early intervention: (1) is to be provided to infants and toddlers with disabilities in natural environments, to the maximum extent appropriate; (2) *may* be provided

in settings *other than* the natural environment only when EI services cannot be achieved satisfactorily in a natural environment. In this latter case:

- the environment must be the most appropriate for the child and for the service being provided; and
- the IFSP Team (which includes the parent) determines what that setting will be.

Not mentioned on the slide, but still required, is that a justification must be included in the IFSP as to why an EI service is being provided in a setting other than a natural environment.³⁶

Basis of determination | On what basis does the IFSP Team (which includes the parent) determine the appropriate setting for providing EI services to an infant or toddler with a disability—including when a particular service won’t be provided in a natural environment?

Answer: The determination is based on the child outcomes specified in the IFSP. This is stated at §303.344(d)(1)(ii)(B), which reads:

(B) The determination of the appropriate setting for providing early interven-

³⁶ §303.344(d)(1)(ii)(A)—Content of an IFSP: Early intervention services.

tion services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment for that infant or toddler with a disability and service, must be—

(1) Made by the IFSP Team (which includes the parent and other team members);

(2) Consistent with the provisions in §§303.13(a)(8), 303.26, and 303.126; and

(3) Based on the child's outcomes that are identified by the IFSP Team in paragraph (c) of this section...

Conclusion?

Well, that's clear enough! And enough said. On to the next term! The final one!

Slide 20

Term 9: Service Coordination Services

Service Coordination Services

Service coordination services mean services provided by a service coordinator

to assist and enable an infant or toddler with a disability (and the child's family)

to receive the services and rights required under Part C, including procedural safeguards



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CLICK to advance to next slide.

Pertinent Handout:

- Handout 2, Definitions of 9 Key Terms in Early Intervention
- Activity Sheet 4, What Does a Service Coordinator Do?

Section 303.34 defines *service coordination services* as services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under Part C of IDEA. This basic definition is what appears on the slide.

Summary Points

In addition to the basic definition shown on the slide, it's important to point out to participants that, under the Part C regulations:

- Each infant or toddler with a disability and their family must be provided with one service coordinator who is responsible for coordinating all services under Part C of IDEA across agency lines.

- The service coordinator serves as the single point of contact for the family in carrying out specific activities.

What activities? These are listed on **Handout 2** (beginning on page 5), as part of the definition of "service coordination services." You can either go over the rest of the definition orally with participants, or set them to work on **Activity Sheet 4**, What Does a Service Coordinator Do?

Conclusion

Participants may notice that, in actuality, all of these activities are family-directed, because in the end they all are intended to assist and enable the infant or toddler and his or her family to receive the services and rights under Part C.

Activity Sheet 4

Purpose

To become familiar with how the Part C regulations define "service coordination services."

Total Time Activity Takes

15 minutes.

Group Size

Work in pairs, then discuss in large group.

Materials

Activity Sheet 4
Handout 2

Instructions

1. Refer participants to **Activity Sheet 4**. Indicate that this is the activity sheet they have to complete, working with a partner and **Handout 2**.
2. Their task? They are to read through the list of duties that service coordinators have (given in the Part C regulations, as they can see in

Handout 2), and categorize each as either a "family-directed responsibility" or a "behind-the-scenes responsibility" (the meaning of these two choices is briefly explained on the worksheet).

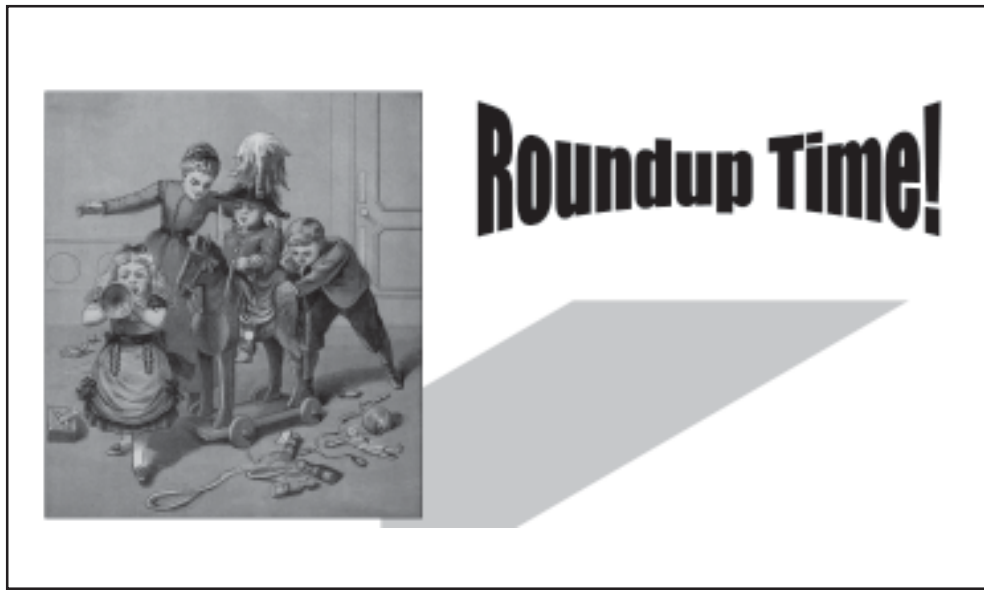
3. Go over the first item listed with the full group (the answer is given on the worksheet), just to make sure that everyone understands what they're supposed to do. Tell participants they have 10 minutes to complete the worksheet, and set them to the job!

4. At the end of the time allotted, call the audience back to large-group focus.

5. Take 5 minutes to go over their answers (suggested answers are provided to the right) and their understanding of the scope of a service coordinator's duties.

Suggested Answers

1. A, family-directed
- 2 | B, behind-the-scenes
- 3 | A, family-directed
- 4 | B, behind-the-scenes
- 5 | A, family-directed
- 6 | B, behind-the-scenes
- 7 | B, behind-the-scenes
- 8 | A, family-directed
- 9 | A, family-directed
- 10 | B, behind-the-scenes
- 11 | B, behind-the-scenes
- 12 | A, family-directed
- 13 | B, behind-the-scenes
- 14 | A, family-directed



Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to END the slideshow.

Use this final slide for a review and recap of your own devising, or to open the floor up for a question and answer period. Emphasize the local or personal application of the information presented here.

You're finished with Module 1—congratulations!

Update, February 2014: This training curriculum is designed and produced by NICHCY, the National Dissemination Center for Children with Disabilities, at the request of our funder, the Office of Special Education Programs (OSEP) at the U.S. Department of Education, and through Cooperative Agreement #H326N110002 between FHI 360 and OSEP.



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OGC Lead: Kala Surprenant

Although funding for NICHCY has officially ended except for completing the Part C training curriculum, its rich website (including these training materials) will remain online until September 30, 2014. Thereafter, all training materials in this Part C training curriculum will be made available at the website of the Center for Parent Information and Resources, at:

<http://www.parentcenterhub.org/repository/legacy-partc/>