

# Building the Legacy for Our Youngest Children with Disabilities:

## Module I

### The Basics of Early Intervention

#### Section I — The 8 Basic Steps of Early Intervention



*This module was developed  
in collaboration by:*

The U.S. Department of Education,  
Office of Special Education and  
Rehabilitative Services (OSERS),  
Office of Special Education  
Programs (OSEP) |  
*Virginia Sheppard*

OSERS' Office of Policy and Planning |  
*Mary Louise Dirrigl and Jessica Spataro*

The U.S. Department of Education,  
Office of the General Counsel |  
*Kala Surprenant*

The National Dissemination Center  
for Children with Disabilities (NICHCY) |  
*Lisa Küpper*

Produced by:  
National Dissemination Center  
for Children with Disabilities

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All of the modules in the Part C training curriculum can be found online at:  
**Center for Parent Information and Resources**  
<http://www.parentcenterhub.org/repository/legacy-partc>

**A training curriculum on Part C of IDEA 2004**

October 2012

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**NICHCY Lead:** Lisa Küpper

**OSEP Lead:** Rhonda Spence

**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/>

## Background and Discussion

This module is part of a training package on the Part C regulations of the Individuals with Disabilities Education Act, as amended in 2004.

This training curriculum provides a detailed discussion of the Part C regulations as published in the *Federal Register* on September 28, 2011.<sup>1</sup>

The curriculum is entitled *Building the Legacy for Our Youngest Children with Disabilities*. This module is entitled *The Basics of Early Intervention* and is the first module in the curriculum. The information in this module is not a substitute for the requirements reflected in the IDEA statute and Part C regulations.

### Welcome to Part C of IDEA and to Early Intervention!

Thanks to a powerful and important federal law called the Individuals with Disabilities Education Act, or IDEA, 336,895 eligible infants and toddlers birth through age 2 received early intervention services in 2011 under Part C of IDEA.<sup>2</sup>

Early intervention services are concerned with all the basic and brand-new developmental skills that babies typically develop during the first three years of life, such as:

- physical (reaching, rolling, crawling, and walking);
- cognitive (thinking, learning, solving problems);
- communication (talking, listening, understanding);

### How the Trainer's Guide is Organized

*This trainer's guide is organized by slide.* A thumbnail picture of each slide is presented, along with brief instructions as to how the slide operates. This is followed by a discussion intended to provide trainers with background information about what's on the slide. Any or all of this information might be appropriate to share with an audience, but that decision is left up to trainers.

- social/emotional (playing, feeling secure and happy); or
- adaptive behavior (eating, dressing).<sup>3</sup>



Early intervention services are designed to meet the needs of eligible infants and toddlers who have a *developmental delay* or *disability*. Services may also address the needs and priorities of each child's family, to help family members understand the special needs of the child and how to enhance his or her development.<sup>4</sup>

### A Wee Bit of History

Congress established the program of early intervention for infants and toddlers with disabilities in 1986 in recognition of "an urgent and substantial need" to:

- to enhance the development of handicapped infants and toddlers and to minimize their potential for developmental delay,

- to reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after handicapped infants and toddlers reach school age,

- to minimize the likelihood of institutionalization of handicapped individuals and maximize the potential for their independent living in society, and

- to enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps.<sup>5</sup>

### Trainer's Note

Throughout this training module, all references in the discussion section for a slide are provided at the *end* of that slide's discussion.



We've come a long way since 1986. We no longer use the term "handi-capped" in IDEA, but it's startling to see how virtually unchanged the findings of Congress are in the most current authorization of IDEA—passed in 2004 as Public Law 108-446. The only differences between the Congressional findings of 1986 and those in 2004 are that the current law expressly acknowledges "the significant brain development that occurs during a child's first 3 years of life" and has added one finding, which reads:

- to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all children, particularly minority, low-income, inner city, and rural children, and infants and toddlers in foster care.<sup>6</sup>

As first authorized in 1986, the early intervention program was known as Part H of IDEA. It became Part C with the reauthorization of IDEA in 1997. It continues today as a federal grant program that helps states set up and operate a comprehensive statewide system of early intervention services for eligible infants and toddlers with disabilities, ages birth to the third birthday, and their families.



### Meeting Basic Requirements

The current statute for IDEA and the regulations for Part C contain many requirements that States have to meet in order to participate in the Part C program. These include but aren't limited to:

- assuring that early intervention will be available to every eligible infant or toddler in the State and those children's families;
- designating a **lead agency** (a duty of the Governor) to receive the grant and administer the program; and
- appointing an **Interagency Coordinating Council (ICC)** that includes, among others, parents of young children with disabilities, to advise and assist the lead agency; and
- specifying the minimum components of the comprehensive Statewide early intervention system to be implemented.

States have flexibility in the criteria they set for child eligibility, but must establish a rigorous definition of the term "developmental delay" and specify how it will be measured. States also have the option of serving at-risk children in Part C programs.

New to States is the Part C **extension option**, which allows them to continue providing Part C services to children past their third birthday (traditionally, Part C has addressed the developmental needs of children up to but not beyond their third birthday). As a result, definitions of eligibility for Part C differ widely from State to State.

States also differ concerning which state agency has been designated "lead agency" for the Part C program. In fact, notes the **National Early Childhood Technical Assistance Center (NECTAC)**, statewide early intervention systems differ in many ways from State to State.<sup>7</sup>

Currently, all States and eligible territories are participating in the Part C program. Annual funding to each State is based upon census figures of the number of children, birth through 2, in the general population.<sup>8</sup>

To say that Part C of IDEA has a huge impact on early childhood policy and practice is to understate the reality. IDEA's Part C regulations provide States with extensive guidelines and requirements in how to design and implement early intervention system for infants and toddlers with disabilities and their families, including federal fiscal support via formula grants to States exceeding \$438.5 million annually.<sup>9</sup>

## This Module in Time and Space

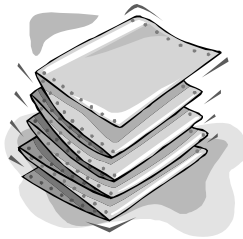
This module on *The Basics of Early Intervention* falls within the umbrella topic of **Theme A, Welcome to IDEA**. There are two modules under that umbrella, as follows:

- *The Basics of Early Intervention* (this module) is divided into three sections: (1) the eight basic steps involved in accessing early intervention services for infants and toddlers with disabilities; (2) seven acronyms commonly used in early intervention; and (3) nine key definitions in Part C of IDEA that everyone should know.
- *Overview of Key Changes in Part C* takes a brief and summarizing look at what's new and different in the law and regulations for Part C of IDEA 2004.

## For Whom Is This Module Designed?

This module opens the *Building the Legacy for Our Youngest Children with Disabilities* training curriculum and serves as the introduction to Part C of IDEA. It is primarily intended for trainers to use with audiences who are newcomers to the law and the early intervention process. This includes:

- parents and family members of an infant or toddler who has, or is suspected to have, a developmental delay or a disability;
- early childhood candidates who are learning about the developmental needs of babies and toddlers (with and without disabilities) and the availability of Part C early intervention programs to address those needs; and
- new staff, advocates, policy makers, administrators, and early childhood specialists who will be working with either the Part C system or with infants and toddlers who have disabilities and their families, but who have little prior knowledge of disability or early intervention.



## Organization of the Module

This module is divided into three sections:

- *Section 1*: The 8 steps involved in the early intervention process as prescribed by the Part C regulations of IDEA;
- *Section 2*: The 7 acronyms frequently heard (and used) in early intervention; and
- *Section 3*: 9 key terms that are defined within the Part C regulations and applied in our statewide systems of early intervention every day, thousands upon thousands of times.

Each slideshow is provided in a separate file, as is the trainer guide for that slideshow. *Handouts for Participants* are also in stand-alone files so that you can download and print only those you need for a particular training session.

## Note to Trainers!



### Section 3 training isn't for everyone!

The last slideshow in this module (section 3)—which defines 9 key terms—is intended for the hardest and most deeply involved of trainee participants.

Not all trainees will need to look in such depth at the key terms the last section addresses (e.g., infant or toddler with a disability, developmental delay, service coordination services).

Trainers can make that judgment on their own, using what they know about their audience in a given training session.

## Files You'll Need in Each Section of This Module

Module 1 includes the following components provided in separate files that align with the three distinct sections of the module. If you plan to provide training on a given section, be sure to download each of the components of that section in either Word® or PDF format.

All files are available on the website of the Center for Parent Information and Resources, at:

<http://www.parentcenterhub.org/repository/partc-module1/>

<b>Section 1: The 8 basic steps of EI</b>	<b>Section 2: 7 acronyms to know in EI</b>	<b>Section 3: 9 key definitions in EI</b>
1a-trainerguide 1a-slideshow activity1 activity2 handout1 handout3 handout7 handout8	1b-trainerguide 1b-slideshow activity3 handout10	1c-trainerguide 1c-slideshow activity1 activity4 handout2 handout3

- **Trainer's Guide Discussion.** The Trainer's Guide for each section (e.g., what you're reading right now for Section 1 of the module) describes how the slides operate and explains the content of each slide, including relevant requirements of the statute passed by Congress in December 2004 and the final regulations for Part C published in September 2011.

Because there are three sections in Module 1, the three trainer guides are provided in files that are consecutively numbered as 1a, 1b, and 1c to make it clear which slideshow they go with. Each of the guides is available in PDF and Word® formats.

- **PowerPoint® Slideshow.** NICHCY is pleased to provide slideshows (produced in PowerPoint®) around which trainers can frame their presentations and training on the basics of early intervention.

*Important note:* You do NOT need the PowerPoint® software to use these slide shows. It's set to display, regardless, because the PowerPoint Viewer® is included. (You may be asked to agree to Viewer's licensing terms when you first open the slideshow.)

- **Handouts for Participants.** The handouts for this module are also provided in individual files in PDF and Word formats. The PDF versions are designed to share with participants. The Word versions are made available for those participants who need or request accessible materials.
- **Activity Sheets.** Most modules in the Part C curriculum come with one or two activity sheets that are designed to engage participants actively in the learning process. Trainers have the option to use these activity sheets if they wish. They may also wish to design activities of their own.





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## Looking for IDEA 2004?

Visit the website of the CPIR (Center for Parent Information and Resources), where you can download copies of:

- **IDEA's statute** (the law passed by Congress in 2004)
- **Part C regulations** (published by the U.S. Department of Education on September 28, 2011)
- **Part B regulations** (published by the U.S. Department of Education on August 14, 2006)

Find all at: <http://www.parentcenterhub.org/repository/idea-copies/>

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## Finding Specific Sections of the Regulations: 34 CFR

As you read the explanations about the Part C regulations, you will find references to specific sections, such as §303.21. (The symbol § means "Section.") These references can be used to locate the precise sections in the Part C regulations that address the issue being discussed. In most instances, we've also provided the verbatim text of the Part C regulations so that you don't have to go looking for them.

The Part C regulations will be codified in Title 34 of the *Code of Federal Regulations*. This is more commonly referred to as 34 CFR or 34 C.F.R. It's not unusual to see references to specific sections of IDEA's regulations include this—such as 34 CFR §303.21, which is where you'd find Part C's definition of "infant or toddler with a disability." We have omitted the 34 CFR in this training curriculum for ease of reading.

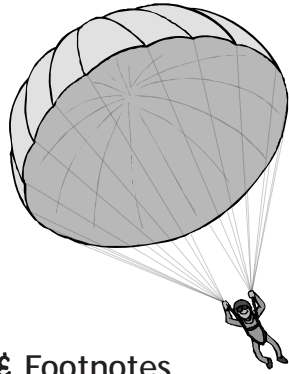
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## Citing the Regulations in This Training Curriculum

You'll be seeing a lot of citations in this module—and all the other modules, too!—that look like this: 76 Fed. Reg. at 60250

This means that whatever is being quoted may be found in the *Federal Register* published on September 28, 2011—Volume 76, Number 188, to be precise. The number at the end of the citation (in our example, 60250) refers to the page number on which the quotation appears in that volume. Where can you find Volume 76 of the *Federal Register*? At this address:

<http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>



## References & Footnotes

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- <sup>1</sup> U.S. Department of Education. (2011, September 28). Early intervention program for infants and toddlers with disabilities: Rules and regulations. *Federal Register*, 76(188), 60140- 60309. Washington, DC: Office of Special Education and Rehabilitative Services, Department of Education. Online at: <http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>
- <sup>2</sup> Data Accountability Center. (2012, September). *Number of infants and toddlers ages birth through 2 and 3 and older, and percentage of population, receiving early intervention services under IDEA, Part C, by age and state: Fall 2011* [Table C1-1]. Retrieved October 5, 2012, from: <https://www.ideadata.org/TABLES35TH/C1-1.xls>
- <sup>3</sup> National Dissemination Center for Children with Disabilities. (2011, September). *Overview of early intervention*. Washington, DC: Author. Online at: <http://www.parentcenterhub.org/repository/ei-overview/>
- <sup>4</sup> §303.13(b)(3) of the Part C regulations.
- <sup>5</sup> Findings of Congress as stated in Public Law 99-457 (1986). P.L 99-457 is the statute of the Education of the Handicapped Act Amendments of 1986, passed by Congress on October 8, 1986. Available online at: <http://www.eric.ed.gov/PDFS/ED314927.pdf>
- <sup>6</sup> Findings of Congress as stated in Public Law 108-446 (2004). P.L. 108-446 is the Individuals with Disabilities Education Improvement Act of 2004, passed by Congress on December 3, 2004. Available online at: [http://www.parentcenterhub.org/wp-content/uploads/repo\\_items/PL108-446.pdf](http://www.parentcenterhub.org/wp-content/uploads/repo_items/PL108-446.pdf)
- <sup>7</sup> National Early Childhood Technical Assistance Center. (n.d.). *Overview to the Part C program under IDEA*. Chapel Hill, NC: Author. Online at: <http://www.nectac.org/partc/partc.asp#overview>
- <sup>8</sup> National Early Childhood Technical Assistance Center. (n.d.). *Overview to the Part C program under IDEA*. Chapel Hill, NC: Author. Online at: <http://www.nectac.org/partc/partc.asp#overview>
- <sup>9</sup> U.S. Department of Education. (2011). *Department of Education fiscal year 2011 Congressional action*. Washington, DC: Author. Online at: <http://www2.ed.gov/about/overview/budget/budget11/11action.pdf>



## The Basics of Early Intervention



*How to Operate the Slide:*

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

CLICK to advance to next slide.

Slide 1 is the title slide for this module. In addition to the title “The Basics of Early Intervention,” the slide sports a small gaggle of babies busy crawling, looking around, puzzling, and working on their “sitting-up” skills.

You don’t really need to say much about the slide—it’s meant to orient the audience to the training session you’re about to present. But you may wish to engage participants in a brief discussion of your own choosing or an opening activity, as best fits the needs and prior knowledge of your particular participants.

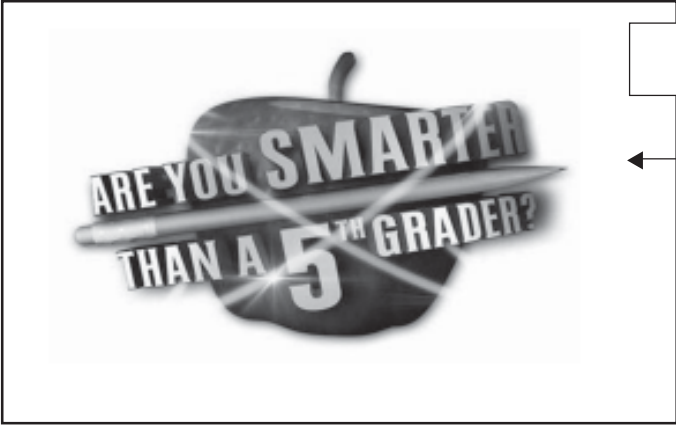
### Suggestion

Focus the discussion on the types of learning tasks that babies typically engage in. Early intervention is all about helping babies and toddlers with developmental delays or disabilities develop necessary, important skills across one or more of five developmental areas (physical, cognitive, communication, social/emotional, and adaptive).<sup>10</sup> Ask prompting questions such as:

- What do you see going on in that group of babies on the screen?
- What are the things you might typically see babies do at 6 months....a year....various early stages? (rolling over, sitting up, crawling, looking at their feet or hands, babbling)
- What do you do if a baby doesn’t seem to be learning a particular skill by the time you’d expect most babies to have learned it?

### Reference

<sup>10</sup> §303.13(a)(4)—Definition of early intervention services.



**Opening View**

Slide loads with this view of the logo of the popular TV show, Are You Smarter Than a 5th Grader?

How many babies are born each year in the United States?



How many babies are born each year in the United States?

- 2.5 million
- 4.2 million
- 5.6 million
- 7.3 million

**CLICK 1**

*Click 1:* Logo of the game show disappears. This baby's inquiring face appears, along with the question to be answered, "How many babies are born each year in the United States?"

No click is needed to make the possible answers appear. After a brief pause, they appear automatically.

**CLICK 2**

*Click 2:* When you click, the correct answer will shimmer several times. It's B—approximately 4.2 million babies are born each year.

See discussion on next page 

**CLICK AGAIN** to advance to next slide.

## Slide 2: Background and Discussion

2 Clicks



Slides 2, 3, 4, and 5 are quick warm-up slides that help create both a relaxed training atmosphere and the context for why early intervention services exist. All four slides are built around familiar game show formats. This one uses “Are You Smarter Than a 5th Grader?”—the logo of which appears as the slide loads.

The question that is posed on Slide 2 is, “**How many babies are born each year in the United States?**” Four possible answers are given. The correct answer is “B—approximately 4.2 million.”

This answer isn’t identified on the screen until you **CLICK** to make the number pulse (as close as we could come to how the correct answer is shown on the actual show!).

So let the audience call out their guesses for a brief time, then click to reveal the correct answer.

You’ll notice that each possible answer begins with the symbol ~. That means “approximately.” The

precise number of live births, in fact, as reported by the Centers for Disease Control and Prevention (the CDC) for the year 2008 was 4,247,694.<sup>11</sup>

### Other Statistics of Note

You don’t have to mention any of the statistics below unless you’d like to elaborate on how this slide relates to early intervention. The stats below all relate to the conditions of babies at their birth, some of which include known risk factors for later developmental delay or disability (e.g., low birthweight).

- **Low birthweight** | Percent of births with low birthweight (less than 5.5 pounds)<sup>12</sup> | 8.2%
- **Fetal alcohol spectrum disorders** | For every 1,000 births, one or two babies are born with fetal alcohol syndrome.<sup>13</sup> Combining this number with the number of live births per year indicates that somewhere between 4,200 and 8,400 babies are born each year with marked exposure to alcohol during pregnancy.

According to the CDC, “Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behavior and learning.”<sup>14</sup>

- **Birth defects** | The CDC states that 1 of every 33 babies is born with a birth defect. The term “birth defect” includes conditions such as congenital heart defects, cleft palate, Down syndrome, and spina bifida.<sup>15</sup> Combining these statistics with the number of live births per year indicates that approximately 128,000 babies are born each year with a birth defect.

## References & Footnotes

- <sup>11</sup> Centers for Disease Control and Prevention. (2011, October). *Infant health*. Atlanta, GA: Author. Online at: [http://www.cdc.gov/nchs/fastats/infant\\_health.htm](http://www.cdc.gov/nchs/fastats/infant_health.htm)
- <sup>12</sup> Centers for Disease Control and Prevention. (2011, October). *Infant health*. Atlanta, GA: Author. Online at: [http://www.cdc.gov/nchs/fastats/infant\\_health.htm](http://www.cdc.gov/nchs/fastats/infant_health.htm)
- <sup>13</sup> Centers for Disease Control and Prevention. (2011, August). *Fetal alcohol spectrum disorders: Data and statistics in the United States*. Atlanta, GA: Author. Online at: <http://www.cdc.gov/ncbddd/fasd/data.html>
- <sup>14</sup> Centers for Disease Control and Prevention. (2010, October). *Facts about FASDs*. Atlanta, GA: Author. Online at: <http://www.cdc.gov/ncbddd/fasd/facts.html>
- <sup>15</sup> Centers for Disease Control and Prevention. (2011, September). *Birth defects: Data and statistics in the United States*. Atlanta, GA: Author. Online at: <http://www.cdc.gov/ncbddd/birthdefects/data.html>



**Opening View**

← Now it's time to play Who Wants to Be a Millionaire? The slide loads the logo of the game show.

In 2011, how many infants & toddlers received early intervention services?\*

- A. ~187,000
- B. ~337,000
- C. ~479,000
- D. ~514,000

\* According to Child Count (2011)

**CLICK 1**

*Click 1:*  
Logo of the game show disappears, and the question to be answered appears. So do the possible answers.

**CLICK 2**

*Click 2:*  
When you click, the correct answer will shimmer several times. It's B—approximately 337,000 infants and toddlers received early intervention services in 2011.

See discussion on next page 

**CLICK AGAIN** to advance to next slide.

### Slide 3: Background and Discussion

2 Clicks



Slide 3 picks up where Slide 2 left off in the warm-up and context-setting. This time the question-and-answer slide is modeled upon “Who Wants to be a Millionaire?”

The logo of the show appears first. Click to make it disappear, which automatically causes the question (and possible answers) to appear.

What do your participants think is the correct answer? Let them guess!

Click again to reveal the answer: **B. ~ 337,000**

That’s *approximately* how many children, ages birth to the third birthday, received early intervention under Part C in 2011 (the most recent year of data available as of this writing).

#### Extra Info You Can Offer

The *precise* number of infants and toddlers receiving early intervention services under Part C of IDEA in 2011 was | **336,895**. This number is for all 50 states and the outlying areas of American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands.<sup>16</sup>



If you need to make a summary statement about “early intervention” just to be clear (helpful to participants with little prior knowledge or experience with early intervention), you might say something along the lines of:

*Part C of IDEA provides early intervention (EI) services to infants and toddlers ages birth to the third birthday with developmental delays or a medical condition likely to lead to a developmental delay.*<sup>17</sup>

### References & Footnotes

- <sup>16</sup> Data Accountability Center. (2012, September). *Number of infants and toddlers ages birth through 2 and 3 and older, and percentage of population, receiving early intervention services under IDEA, Part C, by age and state: Fall 2011* [Table C1-1]. Retrieved October 5, 2012, from: <https://www.ideadata.org/TABLES35TH/C1-1.xls>
- <sup>17</sup> National Early Childhood Technical Assistance Center (NECTAC). (2011, July). *The importance of early intervention for infants and toddlers with disabilities and their families*. Chapel Hill, NC: Author. Online at: <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>



FEDERAL  
LEGISLATION

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

CLICK to advance to next slide.

Slides 4 and 5 are designed in the manner of *Jeopardy!* and, together, close out the context-setting warm-up. In keeping with Jeopardy's format of having different categories, this slide presents OUR category: **Federal Legislation**.

### Where's This Going?

Just where you suspect. Slides 4 and 5—especially 5—are vehicles for introducing IDEA. Slide 5 will quote from the findings of Congress that have compelled the creation of the Part C program for infants and toddlers with disabilities.

### Back to Jeopardy

For those who aren't familiar with Jeopardy's format as a quiz show, explain briefly that the slide identifies the category to which the question-answer will relate.

Have the audience think of federal legislation they know and guess what federal legislation might be the focus of this Jeopardy challenge. They probably won't have much trouble guessing, given the topic of this training!

Also explain that, on Jeopardy, the answer is given first. That's what they'll see next (when you click). They have to come up with the question that would have prompted that answer.

Before clicking to advance the slide, remind participants that the category is...**federal legislation** and that, in true Jeopardy form, they will have to write a question—and to make sure it's in the form of a question—that would prompt the answer they'll now see.



## FEDERAL LEGISLATION

This law begins:

“Congress finds that there is an urgent and substantial need...to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child’s first 3 years of life...”

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

CLICK to advance to next slide.

Now everyone can see the answer that begs the question (again, the Jeopardy approach to quiz shows). And that’s:

This law begins:

“Congress finds that there is an urgent and substantial need...to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child’s first three years of life...”<sup>18</sup>

To stay in the Jeopardy format, say, “**Contestants, you have 30 seconds.**”

Give the audience much less than 30 seconds to write their answer—which must be in the form of a question.

Possible questions:

- What is IDEA?
- What is the Individuals with Disabilities Education Act?
- What is Part C of IDEA?

With that segue, you’re ready to move into the training proper.

<sup>18</sup> *Individuals with Disabilities Education Improvement Act of 2004*, Pub. L. No. 108–446, 117 Stat 118 (2004). [Quotation is from Sec. 631(a)(1), Findings and policy.] Online at: [http://www.parentcenterhub.org/wp-content/uploads/repo\\_items/PL108-446.pdf](http://www.parentcenterhub.org/wp-content/uploads/repo_items/PL108-446.pdf)

### This module looks at:



... Steps in the  
early intervention  
process



... Acronyms  
to know



... Key terms  
defined

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

CLICK to advance to next slide.

Slide 6 is an advance organizer for participants, to alert them to the areas covered in the full training module.

### **Are You Going to Go Through All Three Slideshows?**

As the slide indicates, Module 1 is divided into three separate sections. Each has its own slideshow (see discussion in the introduction to this Trainer's Guide). If you're *not* intending to go through all three presentations, indicate to participants which part(s) you *are* going to be looking at with them.

You can talk with the audience about what they think each of these elements will involve or what they hope they'll learn about each, adjusting your questions to reflect the actual slideshows you intend to use with the audience. Ask questions such as:

- What **steps** might you guess would be involved in accessing early intervention services for a baby or toddler with a disability?
- What **acronyms** have you heard that made you wonder, *huh?* What does *that* mean?

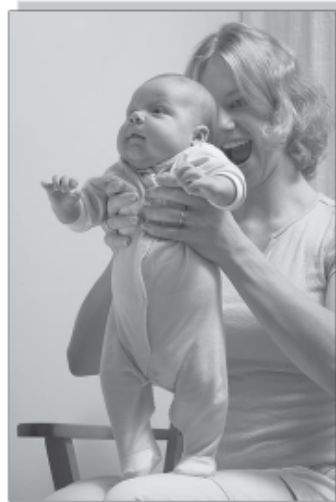
- Have you ever had an experience with an acronym—in early intervention or otherwise—where knowing what the acronym meant made all the difference in the world?
- What **key terms** might you expect to hear defined here? Any wild guesses?

## The Basics of Early Intervention

### Step 1

An infant or toddler may have a developmental delay or disability

Concerned, someone refers child to Part C



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CLICK to advance to next slide.

### Pertinent Handouts:

- Handout 1, Basics of the Early Intervention Process under Part C of IDEA
- Examples of public awareness materials disseminated by your State's lead agency

The first section of this training session is meant for greenhorns to early intervention and Part C. It focuses on the eight basic steps involved in the early intervention process. Participants will find the eight steps depicted on **Handout 1**.

### Bare Bones of Step 1

Step 1 in the early intervention process corresponds to *someone noticing* that a baby or toddler seems to have a developmental delay of some sort, a disability, or a diagnosed physical or mental condition.<sup>19</sup> That person needs to *refer* the child to the State's early intervention system, which can evaluate the child and determine if he or she does, in fact, have a developmental delay or disability.

"Someone noticing" and "referring" the child and family to the early intervention system may happen at birth. Often this is so for children who are diagnosed at birth with a specific condition or who experience significant prematurity, very low birth weight, illness, or surgery soon after being born. Even before heading home from the hospital, this child's parents may be given a referral to their local early intervention office.

Other children have a relatively routine entry into the world, but may develop more slowly than others, experience set backs, or develop in ways that seem very different from their peers. For these children, a visit with a developmental pediatrician may lead to an early intervention referral. Or perhaps the referral comes from a childcare provider, nurse, family member, or friend who notices that the child isn't meeting the normal "baby" milestones such as rolling over by a certain age, or sitting up, crawling, speaking, and so forth.

However the referral to early intervention happens, for children found eligible for services under Part C, early intervention can provide the vital support they need to learn critical developmental skills.

### Where Do You Call?

IDEA requires that each State have a state-wide early intervention system that includes well-advertised processes for finding, referring, and (as appropriate) evaluating babies and toddlers suspected of having (or known to have) a developmental delay or disability. The system includes:

- operating a **public awareness program** so that residents of the State know that early intervention services are available to help eligible infants and toddlers with developmental delays or disabilities; and
- providing **referral procedures** by which children may be referred to the Part C system for evaluation.

### About the Public Awareness Program

The purpose of the public awareness program is to let residents in the State know:

- that early intervention services are available to eligible infants and toddlers with disabilities;
- how to connect with the EI system to have an infant or toddler evaluated; and

- how to make a referral to the EI system regarding a child potentially in need of EI services.



**End result of the public awareness program** | The early identification of infants and toddlers with disabilities.

**Show and tell** | Do you have some public awareness materials used in your State or locale—a few brochures, say? Show them to participants.

Ask them what type of information would be important for the brochure (or whatever) to include, given its purpose to raise awareness and stimulate people to action when a baby or toddler is suspected of having a delay or disability. Find that information on the brochure (or whatever).

### About Referral

Each State has an affirmative obligation to ensure that all infants and toddlers with disabilities in the State who are eligible for early intervention services under Part C are identified, located, and evaluated.<sup>20</sup> As part of fulfilling that obligation, the State operates a child find system, which must include procedures for referring a child to early intervention.

The referral system must enable referrals in particular from what IDEA calls **primary referral sources** (e.g., parents, physicians, hospital staff). These are the individuals who are most likely to be interacting with very young children; they are in a position to notice that a child may have a developmental delay or disability and to make a referral to the Part C system. The list of primary referral sources in the box to the next page comes directly from the Part C regulations.

IDEA's list of primary referral sources isn't meant to be exhaustive, despite its length. Other sources of referral may be included in a State's child find system. The bottom line is that "primary referral sources" are possible observers of a delay or disability in a baby or toddler. All must be well informed as to the availability of the Part C system and the procedures to use when



### Note to Trainers!

IDEA requires that public awareness materials include certain information, which you can highlight in this show-and-tell:

- a description of the availability of early intervention services;
- a description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services; and
- a central directory that identifies resources, experts, and EI service providers.<sup>21</sup>

referring an infant or toddler to the system.

### Need More Detail?

This module focuses on providing an overview of the early intervention process. As such, it's limited in giving or discussing IDEA's precise details and requirements. Other modules in this training curriculum are devoted to examining and explaining the basic steps summarized in this module. In-depth discussion of public awareness, child find, and referral processes can be found in:

- Module 3 (Pre-Referral Activities), and
- Module 4 (Referral to Part C).

Feel free to borrow liberally from either module's substance to add more depth to this overview or to tailor the content you present to address the needs of your audience.

## References & Footnotes

<sup>19</sup> "Diagnosed physical or mental conditions" include "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." [§303.21(a)(2)(ii)]

<sup>20</sup> §303.302(b)(1)—Comprehensive child find system: Scope of child find.

<sup>21</sup> §303.301(b)—Public awareness program—information for parents: Information to be provided.

<sup>22</sup> See the Part C regulations at §303.301(a)(1)(ii).



### Primary Referral Sources listed at §303.303(c)

Primary referral sources include:

- hospitals (including prenatal and postnatal care facilities)
- physicians
- parents (especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications<sup>22</sup>)
- child care & early learning programs
- local educational agencies (LEAs)
- public health facilities
- social service agencies
- clinics or health care providers
- child welfare agencies
- homeless & domestic violence shelters



### Note to Parents!

**You do not have to wait for an external source to identify & refer your infant or toddler to Part C**

**If you have concerns, contact the Part C program and request an evaluation**

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Slide 8 answers a question that many parents may have—*may I contact the Part C system directly and ask that my child be evaluated?* Or do I have to wait until someone refers my child?

**Simple answer:** If parents have concerns about their child's development, they don't have to wait for someone else to notice and refer the child. Parents themselves are considered a primary referral source.<sup>23</sup> They may contact the Part C system directly, explain their concerns, and ask that their little one be evaluated. The Part C system will respond according to its particular State policies and guide parents, given those policies.

*Which raises another question...*

### How Do Parents Find Their Part C Program?

There are multiple ways, of course, including asking the neonatal unit at the local hospital or their child's pediatrician.

Parents can also visit the website of the **National Early Childhood Technical Assistance Center**—known as NECTAC—which maintains a list of current Part C coordinators by State. Contacting the State lead agency office is an excellent way to be put in touch with your local EI program.

### Additional Resources for Parents

If there are many parents in your audience, you may wish to mention several resources of particular helpfulness to families in understanding the early intervention process.

**National Early Childhood Technical Assistance Center** | Just mentioned! NECTAC offers a wealth of information about early intervention on its website, at: <http://www.nectac.org>



<http://www.nectac.org>



**The State's PTI or CPRC** | One terrific resource for parents is their State's Parent Training and Information Center—referred to as the PTI. Every State has at least one PTI that helps parents understand IDEA's provisions, access systems of help for infants and toddlers under Part C or school-aged children under Part B (including preschoolers), and much more. PTIs regularly provide trainings to parents on key IDEA-related subjects.

Your State's PTI will have the contact information for the State's early intervention system. So will the CPRC, which stands for Community Parent Resource Center. Not all States have CPRCs, but many do. CPRCs typically focus on providing services in a specific area of the State (perhaps a particular county or city) or to a specific population (such as Spanish-speaking or low-income families).

Parents can locate their PTI or CPRC by visiting:  
<http://www.parentcenterhub.org/find-your-center/>



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<sup>23</sup> §303.303(c)(3)—Referral procedures:  
Primary referral sources.

## Step 2

The infant or toddler is evaluated to determine eligibility



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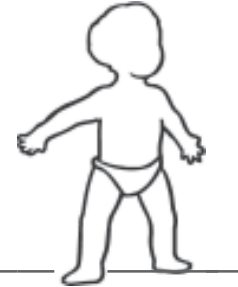
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Okay, time for Step 2. It's a big step, with details spread across six slides.

Slide 9 (this one) acts as an advance organizer for the audience, with two key words to note:

*evaluated*

*eligibility*



### Trainer FYI

The upcoming slides will focus upon:

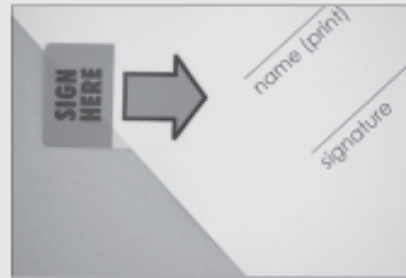
- what's involved in a child's evaluation,
- the need for prior written notice and parental consent,
- the definition of "developmental delay,"
- the role that definition plays in how eligibility for Part C is determined, and
- what happens next, depending on whether a child is felt eligible for Part C or not.

### Before any screening or evaluation

#### Prior written notice



#### Parent consent



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CLICK to advance to next slide.

#### **Pertinent Handouts:**

- Handout 1, Basics of the Early Intervention Process under Part C of IDEA
- Handout 7, Parent Notification and Parent Consent



#### **Note to Trainers!**

Slide 10 introduces two very important aspects in early intervention:

- the need to fully inform parents via **prior written notice**, and
- the need for **parental consent** before any evaluation procedures may be conducted.

These two elements will also be pertinent at other points in the early intervention process, as participants will see in upcoming steps.

Refer participants to **Handout 7**, as appropriate to your pace, where they'll find the verbatim Part C regulations regarding parent notification and parent consent.

#### **Prior Written Notice**

*Prior written notice* refers to the notification 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

Prior written notice is covered in detail in Module 14, *Introduction to Procedural Safeguards*.

Here, in this training, you'll want to indicate its importance within the early intervention system and give your participants a quick summary of what prior written notice is, when it must be provided to parents, and what type of information the lead agency or EIS provider is required to include in the notice.

provision of early intervention services to the infant or toddler with a disability” and his or her family.<sup>24</sup> The notice must be in sufficient detail to inform parents about—

- the action that is being proposed or refused;
- the reasons for taking the action; and
- all procedural safeguards that are available to parents (e.g., mediation, filing a State complaint or a due process complaint, relevant timelines).<sup>25</sup>

**Native language** | To ensure that a parent can understand the notice, it must be written in a language understandable to the general public and provided in the parent’s native language (or other mode of communication), unless it is clearly not feasible to do so.<sup>26</sup>

If the parent’s language is not a written one, the lead agency or EIS provider must ensure that the prior written notice is translated orally to the parent, that the parent understands the notice, and that there is written evidence that these requirements have been met.<sup>27</sup>

In the context of Step 2, parents would be provided with prior written notice describing in detail what will be involved in the evaluation process. This information is intended to help parents understand what’s going to happen and decide whether or not to proceed.

## Parental Consent

*Consent* within IDEA has a very specific meaning that is closely tied to prior written notice. Consent, in IDEA, means *informed written consent*.

Prior written notice comprehensively describes a proposed or refused action and is intended to inform parents fully about a specific issue. Only by building that foundation of understanding can *informed* consent be given.

Consider the definition of consent in the Part C regulations (provided on **Handout 7** and in the box below). The right to give or refuse consent for pivotal activities is an important procedural safeguard for parents and

recognizes their authority and responsibility in making decisions about their child’s involvement in early intervention, and the family’s.

## When Prior Written Notice & Parental Consent Are Required in Evaluation

It will come as no surprise that both prior written notice and parental consent are required repeatedly throughout the evaluation process. The chart on the next page depicts those times.

### How the Part C Regulations Define Consent

#### §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;

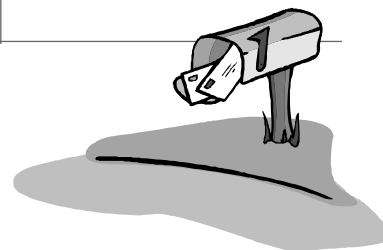
(b) The parent understands and agrees in writing to the carrying out of the activity for which the parent’s consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released; and

(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).

There are notable other times when prior written notice and/or parental consent are required by the Part C regulations, but at this moment the spotlight is on what's required during Step 2, evaluating the child to determine his or her eligibility for Part C.

Activity	Is Prior Written Notice Required?	Is Parental Consent Required?
Before administering screening procedures to see if an infant or toddler is suspected of having a disability	Yes	Yes
Before conducting evaluation of the infant or toddler to determine eligibility for Part C	Yes	Yes
Before conducting all assessments of the infant or toddler	Yes	Yes



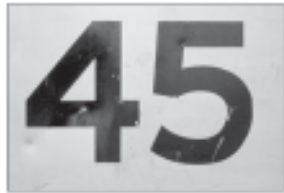
### References & Footnotes

<sup>24</sup> §303.421(a)—Prior written notice and procedural safeguards notice: General.

<sup>25</sup> §303.421(b)—Prior written notice and procedural safeguards notice: Content of notice.

<sup>26</sup> §303.421(c)(1)—Prior written notice and procedural safeguards notice: Native language.

<sup>27</sup> §303.421(c)(2)—Prior written notice and procedural safeguards notice: Native language.



**Day Timeline**

Within **45 days** after the lead agency or EIS provider receives the referral

- screening (if applicable)
- initial evaluation
- initial assessments (of child & family)
- initial IFSP meeting

**must be completed**

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**Pertinent Handout:**

- Handout 1, Basics of the Early Intervention Process under Part C of IDEA

Now that we have prior written notice and parent consent out of the way, it's time to look at the timeframe in which all evaluation of the child must be completed.

As the slide clearly shows via the large picture of the number "45", that's the timeline. Section 303.310 requires that, within 45 days after the lead agency or EIS provider receives a referral of a child, the screening (if applicable), initial evaluation, initial assessments (of the child and family), and the initial IFSP meeting for that child must be completed.

### Screening

States now have the option of adopting procedures to *screen* children under the age of three who have been referred to the Part C program to determine whether they are suspected of having a disability.

Screening activities are carried out by, or under the supervision of, the lead agency or EIS provider to identify infants and toddlers suspected of having a disability and in need of early intervention services. Screening activities also include the admin-

istration of appropriate instruments by personnel trained to administer those instruments.

*Prior written notice and parental consent* are required if a State chooses to screen a child to determine whether the child is suspected of having a disability. Both are important elements in protecting the rights of parents to be informed decision makers with respect to the Part C system's involvement with their child.

Results of the screening are used to determine next steps in the early intervention process.



**Yes**, the screening indicates that the child is suspected of having a developmental delay | In this case, the next step is to conduct an evaluation and assessment of the child. Before the State may do so, however, it must again give parents prior written notice and obtain their consent.



**No**, the screening indicates that the child is not suspected of having a developmental delay | The agency must inform parents of that determination (via prior written notice) and let parents know that they still may request an evaluation of their child.

**Important!** If, at any time during the screening process, the parent requests and consents to an evaluation, then an evaluation must be conducted, even if the lead agency or EIS provider has determined that the child is not suspected of having a disability.<sup>28</sup>

Additionally, if the parent does not consent to the screening but, rather, requests and consents to an evaluation, then an evaluation must be conducted.

## Initial Evaluation

After providing parents with prior written notice and obtaining parental consent to proceed, the

State will conduct a timely, comprehensive, multidisciplinary evaluation of an infant or toddler to determine his or her eligibility for Part C services. Note that an evaluation is not necessary if the infant or toddler is deemed eligible due to a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.<sup>29</sup>

In conducting an evaluation, no single procedure may be used as the sole criterion for determining an infant or toddler's eligibility for early intervention services under Part C. Procedures must include:

- administering an evaluation instrument;
- taking the infant or toddler's history (including interviewing the parent);
- identifying the infant or toddler's level of functioning in the five developmental areas<sup>30</sup> (discussed on the next slide);
- gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the infant or toddler's unique strengths and needs; and

- reviewing medical, educational, or other records.<sup>31</sup>

Evaluation of the child and family (and assessments, too, discussed further below) must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.

The regulations also specify that, during evaluations and assessments, *native language* is the language normally used by the *child* (not the parent, 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.<sup>32</sup>

## Initial Assessment of the Child and Family

If the child is determined eligible as an infant or toddler with a disability, qualified personnel must conduct:

- a multidisciplinary assessment of the child; and
- a family-directed assessment.

The multidisciplinary *assessment of the child* focuses on identifying the infant or toddler's unique strengths and needs and the early intervention services appropriate to meet those needs. Parents must be provided with prior written notice *and* must give their written consent before any

assessment of the child may be conducted. The assessment must include:

- a review of the results of the evaluation conducted,
- personal observations of the child, and
- identification of the child's needs in each of the developmental areas.

The *family-directed assessment* focuses on the resources, priorities, and concerns of the family

and on identifying the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. Also conducted by qualified personnel, the family-directed assessment must be voluntary on the part of each family member participating in the assessment and be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate.<sup>33</sup>

## Initial IFSP Meeting

The initial IFSP meeting and the writing of the initial IFSP for a child will only occur if the child is found eligible for Part C services. If so, then the IFSP must be completed within the 45-day timeline shown on the slide.

**Note:** Meeting to write the IFSP is the primary focus of Step 3, which begins on Slide 15.



## References & Footnotes

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<sup>28</sup> §303.320(a)(3)—Screening procedures (optional).

<sup>29</sup> §303.21(a)(2)(i)—Infant or toddler with a disability.

<sup>30</sup> The five developmental areas are: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

<sup>31</sup> §303.321(b)—Evaluation of the child and assessment of the child and family: Procedures for evaluation of the child.

<sup>32</sup> §303.25(a)(2)—Native language. Also, §303.321(a)(4) and (5)—Evaluation of the child and assessment of the child and family: General.

<sup>33</sup> §303.321(c)(2)—Evaluation of the child and assessment of the child and family: Procedures for assessment of the child and family.

## Evaluation process looks at 5 areas of the child's development

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



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### **Pertinent Handout:**

- Handout 1, Basics of the Early Intervention Process under Part C of IDEA

Now that we've covered the 45-day timeline in which the evaluation process must be completed, it's time to look at the scope of the evaluation. As the slide indicates, there are five areas of childhood development examined in each evaluation of an infant or toddler suspected of having a developmental delay or disability.

You don't need to say much, the slide is pretty self-explanatory, but you may wish to add some examples of skills involved in each of the developmental areas. Depending on the amount of time you have and the needs of your audience, consider having

participants brainstorm (either individually, in pairs, or as a large group) a list of the kinds of skills each area might involve.

For your training convenience, we've provided additional information further below about each development area.

### **How Are These Areas Evaluated?**

Good question, and one that participants may very well ask, considering we're talking about evaluating babies and toddlers! The answer is that practices and evaluation tools vary from State to State. Under the Part C regulations, each State defines the term

"developmental delay" (as discussed on the next slide) and describes the evaluation and assessment procedures that will be used to measure a child's development in *each* of the five developmental areas. The State must also specify the level of developmental delay in functioning (or other comparable criteria) that constitutes a developmental delay in one or more of the developmental areas.<sup>34</sup>

But, as we said, the State-specific nature of the evaluation process will be treated on the next slide. So if participants ask how programs measure a child's development in each of the five areas...simply indicate you'll be talking about that in a moment.

Now, as promised, more details about the five developmental areas of interest when Part C programs evaluate infants and toddlers.

## Cognitive Development

Cognitive development refers to children's ability to learn and solve problems, which typically grows dramatically between birth and three years old as children begin to make sense of the world around them. Developmental milestones of cognitive development include:

- paying attention to faces and recognizing familiar people (2 months);
- showing curiosity and trying to get to objects that are out of reach (6 months);
- knowing what ordinary things are for (e.g., spoon, toothbrush, comb) and being able to follow one-step commands (such as "sit down") (18 months).<sup>35</sup>

## Physical Development

Physical development includes a child's gross motor skills, fine motor skills, and sensory and perceptual abilities.

- *Fine motor skills* include the child's ability to use small muscles, specifically in the hands and fingers, to pick up small objects, hold a spoon, turn pages in a book, or use a crayon to draw.
- *Gross motor skills* refer to the child's ability to use large



muscles. Large muscle development will help a baby learn to sit up without support, crawl or roll from one place to another, and pull up to a stand by holding onto furniture.

- *Sensory and perceptual abilities* include vision and hearing, as mentioned on the slide.

Interestingly, motor skills development in children generally progresses from head to toe, with babies usually gaining control of their body parts in the following order:

- head and neck at about 2 months of age;
- arms and hands, with grasping at about 3 months;
- trunk, with sitting well by about 8 months;
- legs and feet, with most children walking by 14 or 15 months.<sup>36</sup>



## Communication Development

At issue in this developmental area is the child's ability to both understand and use language to communicate with people and express his or her own emotions. Typical milestone behaviors at different ages include:

- babbling (4 months);
- responding to sounds by making sounds and responding to own name (6 months);
- copying actions that others make, such as shaking the head to indicate "no" or waving "bye-bye" (9 months), and
- using a few simple words (18 months).<sup>37</sup>

By age 3, a child may know as many as 900 words.<sup>38</sup>

## Social or Emotional Development

Zero to Three gives an excellent summary of the social-emotional domain, as follows:

Making friends. Showing anger in a healthy way. Figuring out conflicts peacefully. Taking care of someone who has been hurt. Waiting patiently. Following rules. Enjoying the company of others. All of these qualities, and more, describe the arc of healthy social-emotional development. Like any skill, young children develop these abilities in small steps over time.<sup>39</sup>

Examples of typical milestones of social-emotional development include:

- smiling spontaneously, especially at people (4 months);
- clinging to familiar adults and perhaps being afraid of strangers (9 months);
- having temper tantrums (18 months); and
- playing mainly beside other children, but beginning to include other children, such as in chase games (2 years).<sup>40</sup>

## Adaptive Development

The ability to adapt to changing circumstances and take care of oneself is a vital skill in life, to be sure. For babies and toddlers, adaptive development includes learning the self-help skills involved in daily living—to eat independently (with fingers at first, then with a spoon), to get dressed, use the toilet, and see to basic hygiene and grooming. Not surprisingly, as children acquire more adaptive skills, they become more independent.<sup>41</sup>



## References & Footnotes

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<sup>34</sup> §303.111—State definition of developmental delay.

<sup>35</sup> See the Centers for Disease Control and Prevention (CDC) website pages called *Developmental Milestones*, which begin at: <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

<sup>36</sup> Encyclopedia of Children’s Health. (n.d.). *Development tests*. Retrieved March 8, 2012 from: <http://www.healthofchildren.com/D/Development-Tests.html>

<sup>37</sup> See the Centers for Disease Control and Prevention (CDC) website pages called *Developmental Milestones*, which begin at: <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

<sup>38</sup> Parlakian, R., & Lerner, C. (2008). *Your child’s development: 30 to 36 months*. Washington, DC: Zero to Three. Available online at: <http://main.zerotothree.org/site/DocServer/30-36Handout.pdf?docID=6085>

<sup>39</sup> Zero to Three. (n.d.). *Development of social-emotional skills*. Retrieved March 8, 2012 from: <http://www.zerotothree.org/child-development/social-emotional-development/social-emotional-development.html>

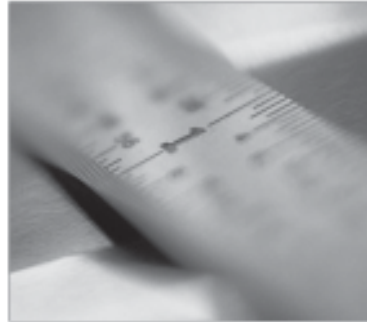
<sup>40</sup> See the Centers for Disease Control and Prevention (CDC) website pages called *Developmental Milestones*, which begin at: <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

<sup>41</sup> Para-eLink. (n.d.). *Development of adaptive behavior*. Retrieved March 8, 2012 from the Para-eLink website: [http://paraelink.org/eck1/eck1\\_6.html](http://paraelink.org/eck1/eck1_6.html)



## Your State defines the term *developmental delay* & spells out—

- what **procedures** will be used to measure children's development in *each* of the 5 areas



- what **level of delay** in each area constitutes a *developmental delay*

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CLICK to advance to next slide.

Early intervention is intended to help infants and toddlers with developmental delays or disabilities. So it's time to get down to the *meaning* of those terms. What's a developmental delay? What's a disability?

### Discussing the Slide in Brief

You can quickly summarize the point of this slide, which is that the term *developmental delay* is defined by each State. The State also specifies how each child's development will be measured in each developmental area (e.g., cognitive, physical). And the State spells out how big the delay in any one area of functioning has to be to meet the

State's definition of *developmental delay*.<sup>42</sup>

Children's evaluations for Part C—and the determination of their eligibility for Part C services—will be very much based upon these State definitions and procedures.



### Note to Trainers!

**Share your State's policies and definition with the audience.** Include both as a handout that participants can refer to now and later, if that information would be valuable to them.

If you have time available and would like to give participants an opportunity to move around and interact, consider using the handout as part of an activity or guided discussion.

### How Does Your State Define Developmental Delay?

Obviously, it's very important to know your State's policies, especially its definition of developmental delay. Don't know? Get in touch with your State's lead agency for Part C. The information should be readily available.

## What about Disability?

Yes, we did say this slide would also look at the meaning of the term *disability*. IDEA defines the term *infant and toddler with a disability* at §303.21. There are two parts of the definition quite pertinent to this “basics” module. They are that the term means infants or toddlers who have either:

- a developmental delay; or
- a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

We’ve just covered developmental delay. What about the diagnosed physical or mental

condition? What might that be? The best way to see is to look at the exact words of the Part C regulations. They appear in the box below, with the relevant part bolded for emphasis.

All this is to say, an infant or toddler with a diagnosed condition such as what’s bolded below for emphasis would be considered an *infant or toddler with a disability* under the Part C regulations. These conditions are considered “conditions of established risk.” Children in this category are eligible for services under Part C of IDEA by virtue of their diagnosis, regardless of whether a measurable delay is present.<sup>43</sup>

**Other conditions possible** | The regulations use the word “includes” before the list of conditions—which means that the conditions listed aren’t necessarily the only ones. States may include additional conditions in their definition of “diagnosed physical or mental condition” and provide EI services to eligible children with those conditions. As NECTAC observes:

Although many states have mirrored the Part C regulatory language in listing diagnosed conditions in their eligibility definitions, several states have included many other conditions in

### How the Part C Regulations Define “Infant or Toddler with a Disability”

#### §303.21 Infant or toddler with a disability.

(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

(2) Has a diagnosed physical or mental condition that—

(i) Has a high probability of resulting in developmental delay; and

(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.





their eligibility definitions... Accompanying their list of diagnosed conditions, many states use the phrase “but is not limited to the following” to allow flexibility for other conditions to be accepted for eligibility.<sup>44</sup>

State policy may also break down the broad categories given in the regulations (e.g., chromosomal abnormalities, genetic or congenital disorders) and specify what types of conditions will automatically qualify a baby or toddler for Part C. We’ve included an example from the State of Missouri in the box to the right, to give you a flavor of just how specific States can get.



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*References are provided on the next page.*

### **The Genetic Conditions Specified by the State of Missouri <sup>45</sup>**

*Genetic Conditions known to be associated with mental retardation or developmental disabilities including but not limited to:*

- Down Syndrome
- Cri-du-Chat Syndrome
- Klinefelter's Syndrome
- Trisomy 18 (Edward's Syndrome)
- Trisomy 13 (Patau's Syndrome)
- Turner's Syndrome
- Triple-X Syndrome
- Fragile X Syndrome
- Prader-Willi Syndrome
- Pierre Robin

*Additional conditions known to be associated with mental retardation or developmental disabilities including but not limited to:*

- Hypoxic-Ischemic Encephalopathy (HIE) and at term (36 weeks gestation or more)
- Cranio-facial anomalies (i.e., cleft palate, etc.)
- Epilepsy/Seizure Disorder
- Spina Bifida
- Blindness, including visual impairments
- Macro/Microcephalus, including Hydrocephalus
- Deafness, including hearing impairments
- Fetal Alcohol Syndrome
- Cyanotic Congenital Heart Disease
- PKU (phenylketonuria)
- Cerebral Palsy
- Viruses/bacteria (Herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
- Acquired Immune Deficiency Syndrome (AIDS)
- Autism Spectrum Disorders

## References & Footnotes

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- <sup>42</sup> §303.111—State definition of developmental delay.
- <sup>43</sup> Shackelford, J. (2006, July). State and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA. *NECTAC Notes, 21*, 1-16. Available online at: <http://www.nectac.org/~pdfs/pubs/nnotes21.pdf>
- <sup>44</sup> Shackelford, J. (2006, July). State and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA. *NECTAC Notes, 21*, 1-16. Quote from page 3.
- <sup>45</sup> Missouri Department of Elementary and Secondary Education. (2011, January). *Missouri state plan for special education: Regulations implementing Part C of the Individuals with Disabilities Education Act First Steps program*. Jefferson County, MO: Author. See page 16. Retrieved March 8, 2012 from: <http://dese.mo.gov/schoollaw/rulesregs/documents/PartCStatePlan-Jan2011.pdf>

**Opening View**

Eligibility is determined by lead agency

usually through the qualified personnel who conducted the evaluation



Slide loads with this view.

**CLICK 1**

Eligibility is determined by lead agency

usually through the qualified personnel who conducted the evaluation

**Yes**

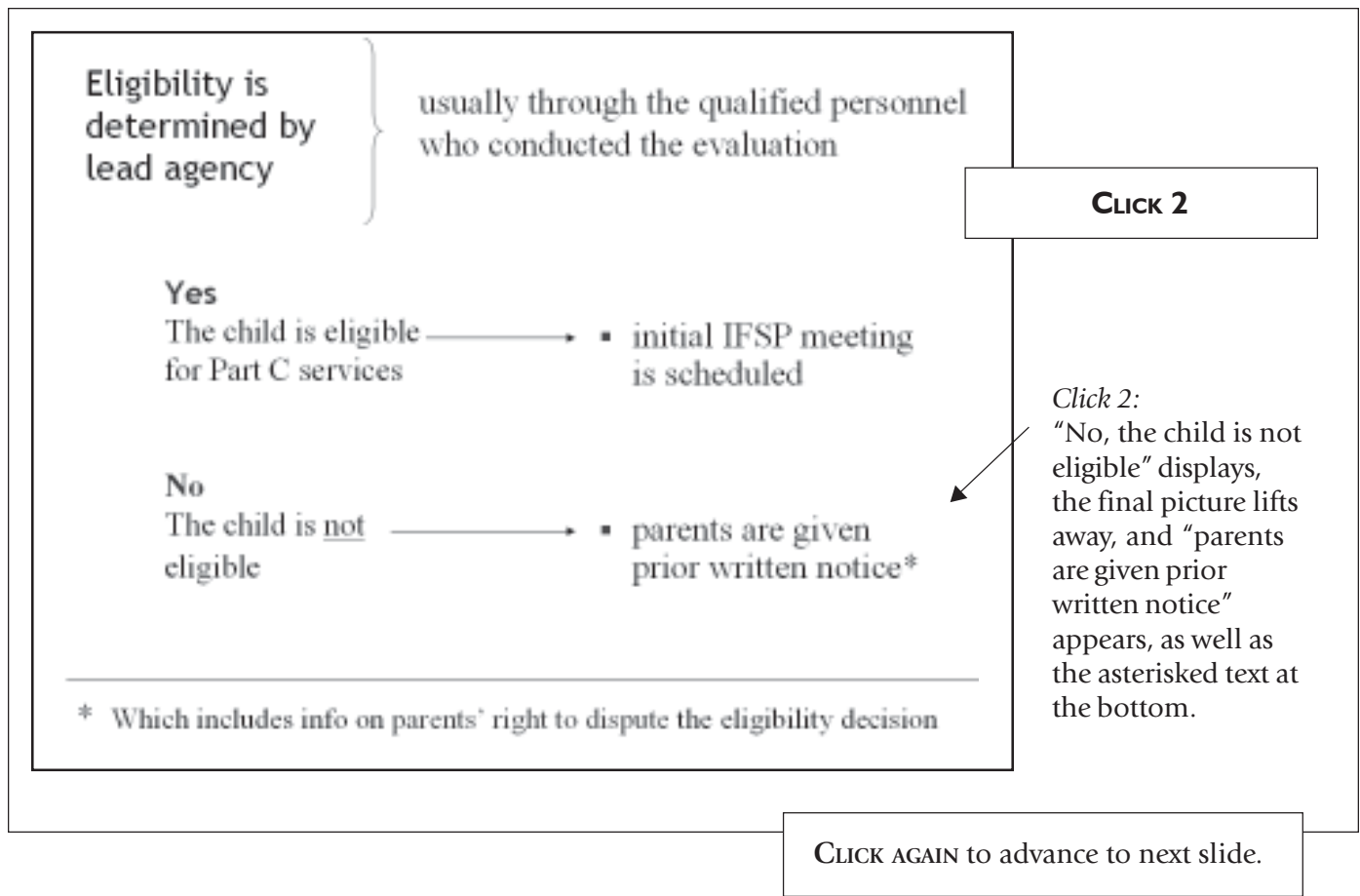
The child is eligible for Part C services

- initial IFSP meeting is scheduled

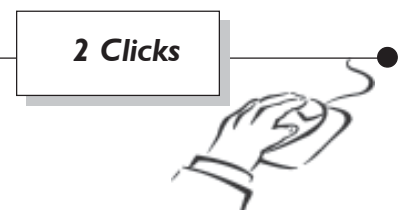


Click 1: "Yes, the child is eligible for Part C services" displays, and one picture lifts away, revealing the next step to be taken: "initial IFSP meeting is scheduled."

continued on the next page 



## Slide 14: Background and Discussion



Slide 14 summarizes the yes/no nature of eligibility determinations and what happens next. It is designed so you can move ahead quickly, if you're pressed for time. Key points to make:

### The lead agency determines a child's eligibility for early intervention services.

- If the determination is "yes, the child is eligible," then an initial IFSP meeting is immediately scheduled.
- If the determination is "no, the child is not eligible," then the lead agency must inform parents of that determination using prior written notice, and it must include information on parents' right to disagree with the "no" determination.

Remember that the 45-day timeline is still running. This means that eligibility determinations must occur within the 45-day limit. Enough time must also be left in the 45-day timeline to go to next steps for children found eligible—namely, to schedule the IFSP meeting for those children and write their IFSPs (Step 3).

This is the last slide treating Step 2. The next three slides will deal with Step 3 in the early intervention process.

One final observation of potential interest to your audience, depending on their roles in the Part C system: **What part does “informed clinical opinion” play in making eligibility determinations?**

## **The Role of Informed Clinical Opinion**

When conducting an evaluation of the child, qualified personnel must use informed clinical opinion. The lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child’s eligibility under Part C, even when other instruments do

not establish eligibility. However, in no event may informed clinical opinion be used to *negate* the results of evaluation instruments used to establish eligibility.<sup>46</sup>

The Part C regulations do not include a definition of “informed clinical opinion.” However, the Department’s comments on the subject are illuminating. We’ve provided them below.

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### **The Department’s Comments<sup>47</sup> on the Use of “Informed Clinical Opinion”**

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**T**he use of informed clinical opinion by qualified personnel is neither an objective criterion nor a separate assessment strategy. Rather, informed clinical opinion is the way in which qualified personnel utilize their cumulative knowledge and experience in evaluating and assessing a child and in interpreting the results of evaluation and assessment instruments....

**A**ll States must allow qualified personnel, when conducting evaluations, to use their informed clinical opinion to determine whether the child meets the State’s definition of developmental delay. Given the Department’s monitoring experience in States where qualified personnel are not permitted to use their informed clinical opinion as a separate basis to establish eligibility, we have set forth in new §303.321(a)(3)(ii) that such personnel must be able to use informed clinical opinion as an alternate basis for establishing eligibility. Permitting informed clinical opinion to serve as a separate basis to establish a child’s eligibility under part C of the Act is important given that standardized instruments may not capture the extent of a child’s delay. The purpose of new [requirement] is to alleviate the confusion and to expressly permit qualified personnel to use their informed clinical opinion to establish a child’s eligibility for early intervention services under part C of the Act, even when other instruments fail to identify or confirm the level of developmental delay to establish part C eligibility.

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### **References & Footnotes**

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<sup>46</sup> §303.321(a)(3)(ii)—Evaluation of the child and assessment of the child and family: General.

<sup>47</sup> 76 Fed. Reg. at 60199.

The Basics of Early Intervention

**Step**  
**3**

Initial IFSP meeting is held, and the initial IFSP is written



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

CLICK to advance to next slide.

Ahhhh, it's time for three slides on the IFSP and **Step 3** in our sequence of 8 basic steps in early intervention.

As you undoubtedly could say in your sleep, the *IFSP* stands for the *Individualized Family Service Plan*. The slide gives you the opportunity to introduce that acronym, the full name that's long been used to refer to this important document.

### Get Participants Talking

Spend a few moments, as you wish, on seeing how much your audience already knows about the IFSP and the meeting where it's developed. Suggestions for prompting questions:

- What does IFSP stand for?
- Who develops the IFSP?

- What kind of topics would you expect IFSP teams to talk about?
- Ever participated in developing an IFSP? What was your role there? What was the experience like?
- What happens after the IFSP is developed?

### 45-Day Timeline Applies

Remind participants that development of the IFSP is included in the 45-day timeline already discussed (see Slide 11). The Part C regulations state this at §303.342, as follows:

(a) *Meeting to develop initial IFSP—timelines.* For a child referred to the Part C program and determined to be eligible under this part as an infant or

toddler with a disability, a meeting to develop the initial IFSP must be conducted within the 45-day time period described in §303.310.

### Moving On...

Okay, let's see what the Part C regulations have to say about the IFSP and the meeting that's held to write the IFSP of an infant or toddler with a disability found eligible for Part C services.



Opening View

About the Individualized Family Service Plan

Every child who receives EIS under Part C must have an IFSP



Slide loads with the text on the left and the picture of an intense baby on the right.

About the Individualized Family Service Plan

CLICK I

Every child who receives EIS under Part C must have an IFSP

The IFSP is a written plan with 2 general purposes

- To set reasonable **outcomes** for the infant or toddler with a disability
- To state the **services** that the EI program will provide for the infant or toddler & family

- 
- Developed by the IFSP Team, *including parents*
  - Must include specific content

Click 1: Picture of baby lifts away. Bit by bit the text on the right appears.

CLICK AGAIN to advance to next slide.

Discussion on the next page ►



**Pertinent Handout:**

- Handout 8, The Individualized Family Service Plan (optional)

The slide is designed to touch on key points about the IFSP and give you, as the trainer, the leeway to provide whatever level of additional detail fits your particular session, audience, and allotted time. The extensive discussion below is provided to give you details to choose from.

Even if you keep the discussion here brief, consider providing participants with **Handout 8** for their future reference. The handout provides the Part C regulations describing:

- the contents of the IFSP,
- the membership of the IFSP Team, and
- the process by which the IFSP is developed and reviewed.

**Who Must Have an IFSP?**

As the slide states: *Every* infant or toddler with a disability who receives early intervention services under Part C of IDEA must have an IFSP.

The pertinent regulation can be found at §303.340. Here's how the provision begins...

**Definition of the IFSP**

In brief, an IFSP is a written plan for providing early intervention services to an infant or toddler with a disability and that child's family. As the slide indicates, the two general purposes of the IFSP are:

- to set reasonable outcomes for the child, and
- to state the services that will be provided for the child and family.

You'll find the IFSP provisions from §§303.340—303.346 (refer participants to **Handout 8**), and the actual definition of the IFSP at §303.20. For your convenience, the definition of the IFSP is also given in the right column.

*(Discussion continues on the next page.)*

**§303.20 Individualized family service plan.**

*Individualized family service plan or IFSP* means a written plan for providing early intervention services to an infant or toddler with a disability under this part and the infant's or toddler's family that—

- (a) Is based on the evaluation and assessment described in §303.321;
- (b) Includes the content specified in §303.344;
- (c) Is implemented as soon as possible once parental consent for the early intervention services in the IFSP is obtained (consistent with §303.420); and
- (d) Is developed in accordance with the IFSP procedures in §§303.342, 303.343, and 303.345.

**§303.340 Individualized family service plan—general.**

For each infant or toddler with a disability, the lead agency must ensure the development, review, and implementation of an individualized family service plan or IFSP developed by a multidisciplinary team, which includes the parent...

Clearly, the main definition of IFSP refers to several other significant provisions in the Part C regulations. We've already talked about the "evaluation and assessment described in §303.321" (see Slides 9-13, Step 2). As used in the regulation above, this means that the IFSP must be based on the data gathered about the child and family during the evaluation process, which includes the child and family assessments.

### Who Develops the IFSP?

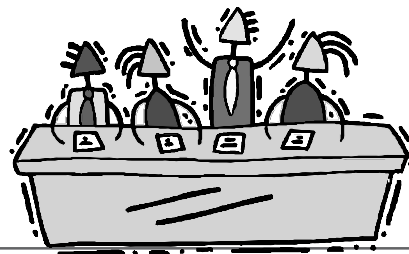
This vital document is developed by a team of individuals, including the parents. The slide gives you this brief summary, upon which you can elaborate as you wish. The regulations cited in the box below provide the list of who's a member of the IFSP Team.



### What Information Does an IFSP Contain?

The last point on the slide states that the "IFSP must include specific content." Brief, yes, as befits a slide, but notably nonspecific. This may be one area where the audience might appreciate a bit more detail.

What "specific content" must a child's IFSP include? The exacting wording of the Part C regulations with respect to the content of the IFSP can be found at §303.344 (see page 2 of **Handout 8**).



#### **§303.343 IFSP Team meeting and periodic review.**

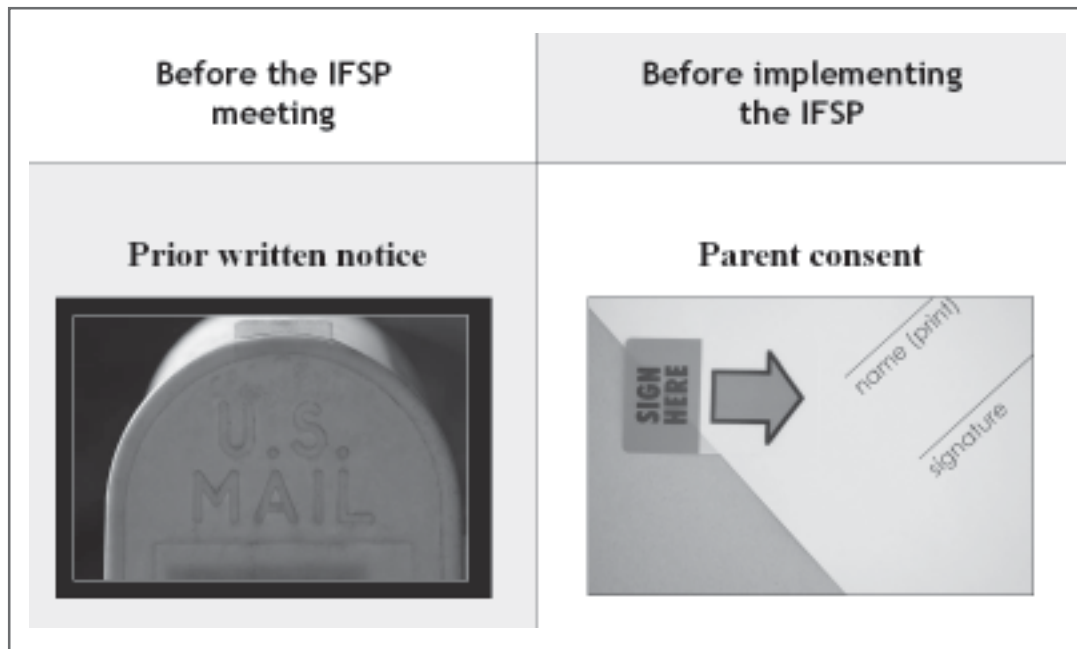
(a) *Initial and annual IFSP Team meeting.* (1) Each initial meeting and each annual IFSP Team meeting to evaluate the IFSP must include the following participants:

- (i) The parent or parents of the child.
- (ii) Other family members, as requested by the parent, if feasible to do so.
- (iii) An advocate or person outside of the family, if the parent requests that the person participate.
- (iv) The service coordinator designated by the public agency to be responsible for implementing the IFSP.
- (v) A person or persons directly involved in conducting the evaluations and assessments in §303.321.
- (vi) As appropriate, persons who will be providing early intervention services under this part to the child or family.

Summarized, the IFSP must include:

- information about the child's developmental status;
- the resources, priorities, and concerns of the family, provided voluntarily;
- results or outcomes to be gained;
- the early intervention services to be provided (including the length, duration, frequency, intensity, and method of delivering each of those services);
- medical and other services the infant or toddler and the family may need or are receiving but which are not required under Part C of IDEA;
- the name of the service coordinator who will be responsible for implementation of the IFSP; and
- steps and services to be taken to support the toddler's transition from Part C services.

There may be other required content, depending on the State's or lead agency's policies.



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

CLICK to advance to next slide.

### **Pertinent Handouts:**

- Handout 7, Parent Notification and Parent Consent (optional)
- Handout 8, The Individualized Family Service Plan (optional)

Does this slide look familiar? It should!

Under Slide 10, the subjects of **prior written notice** and **parental consent** were discussed. There, the focus was on evaluation. Here, on Slide 17, prior written notice and parental consent come up again, this time with respect to the IFSP. As the slide indicates:

- prior written notice must be given to parents before the IFSP meeting, and

- parental consent is needed before the IFSP may be implemented.

### **Parental Consent**

The information about parental consent presented under Slide 10 needs a bit of expansion in the context of the IFSP. Parental consent at this time is for the provision of the early intervention services listed in the child's IFSP. The regulations at §303.420 (presented on **Handout 7**, page 2) make it clear that parents have the right

to give or refuse consent for *each* service (one by one) and to revoke consent at any time for any service.

Make sure that you draw participants' attention to §303.420(d), where this is made clear:

(d) The parents of an infant or toddler with a disability—

(1) Determine whether they, their infant or toddler with a disability, or other family members will accept or decline any

early intervention service under this part at any time, in accordance with State law; and

(2) May decline a service after first accepting it, without jeopardizing other early intervention services under this part.

If you've shared **Handout 8** with participants, you might also refer the audience to the parental consent provisions at §303.340(e) that appear on page 2 of the handout. These read:

(e) *Parental consent.* The contents of the IFSP must be fully explained to the parents and informed written consent, as described in §303.7, must be obtained, as required in §303.420(a)(3), prior to the provision of early intervention services described in the IFSP. Each early intervention service must be provided as soon as possible after the parent provides consent for that service, as required in §303.344(f)(1).

Note that, to ensure parents can provide informed written consent, the contents of the IFSP must be fully explained to them. IFSP meetings must be conducted in the family's native language, unless it's clearly not feasible to do so.



## Discussing the Slide

Because you've already talked about prior written notice and parent consent with the audience, this is a good time for a quick review. Ask participants questions such as the ones suggested below and have them answer in the large group.

Questions you might ask with respect to **prior written notice** before the IFSP meeting:

- Why is prior written notice important in early intervention? (*it ensures that parents are informed as to what the lead agency proposes or refuses to do*)

- Why does prior written notice have to be provided to parents before an IFSP meeting? (*To ensure that parents know about the IFSP meeting in advance, so they can make arrangements to attend*)
- What kind of information would the notice include? (*meeting time and location, that the purpose of the meeting is to develop the child's IFSP, parents' procedural safeguards*)
- Must the notice be in the native language or mode of communication of the parents? (*yes, unless it is clearly not feasible to do so*)
- Can parents ask that an interpreter be present at the IFSP meeting? (*yes*)

Questions you might ask with respect to **parent consent** before the IFSP may be implemented:

- What is the parent being asked to consent to, in this case? (*the provision of each EI service listed in the child's IFSP*)
- Does the parent's consent have to be in writing? (*yes*)
- Can the parent give consent for one EI service but not for another? (*yes*)
- Does refusing consent for an EI service jeopardize the child's right to the other EI services listed in the IFSP? (*no*)
- May the parent revoke his or her consent, once given? (*yes, at any time*)


## Moving On

That's it for Step 3. Let's move on...

The Basics of Early Intervention

**Step**  
**4**

Early intervention services are provided



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

CLICK to advance to next slide.

***Pertinent Handouts:***

- Handout 3, Definition of Early Intervention Services
- Activity Sheet 1 (optional)

definition of early intervention services.

**Summary Statements about Step 4**

1. Each early intervention service must be provided as soon as possible after the parent provides consent for that service. All States have included in their procedures timelines for the provision of EI services. Most have determined that early intervention services must begin no later than 30 days from when the parent consents to the services.

Once the IFSP is written, it is time to carry it out—in other words, to provide the infant or toddler (and family, as appropriate) with the early intervention services as listed in the IFSP. That's what Step 4 is all about. There are two slides on this step.

This slide is quite short. It's been purposefully abbreviated to allow you, as the trainer, to match the level of detail you offer about the provision of early intervention services to the roles,

interests, and prior knowledge of your participants—and, of course, to juggle the constraints of limited training time.

The discussion below starts with a brief summary of Step 4 you can offer (for shorter trainings), and then delves into details (for more indepth training). Match the details you offer to your audience's needs and the time available. Provide participants with **Handout 3** as appropriate, where they'll find the



2. Early intervention services are:

- developmental services that are selected in collaboration with the parents (as part of writing the IFSP, see Step 3);
- provided at no cost to the parents (except where the IDEA provides for a system of payments by families, including a schedule of sliding fees);
- designed to meet the developmental needs of the eligible infant or toddler with a disability and the needs of the family to assist in the child's development; and
- provided by qualified personnel.

3. Early intervention services are provided in the **natural environment** unless the IFSP team can justify that the EI services cannot be achieved satisfactorily in the natural environment. This decision is based on the unique needs of the child and not on what is convenient for the EI provider.

**Note:** Natural environments are “settings that are natural or typical for a same-aged infant or toddler without a disability” and may include the home or community settings.<sup>48</sup> They are discussed on the next slide.

4. Early intervention services are listed and defined in the Part C regulations at §303.13(b). These regulations appear on **Handout 3**.

As participants should already know by now, the IFSP Team for a child determines what early intervention services are to be provided to the child and family, based on their unique needs and strengths. The team also determines (and documents in the IFSP) the length, duration, frequency, intensity, location, and method of delivering each early intervention service listed in the IFSP.

There are many types of early intervention services possible—the services that the Part C regulations list are given in the box on this page.

5. Part C is a coordinated interagency system. Thus, EI services are to be coordinated across agencies. The federal Part C of IDEA funds are to be used

as payor of last resort, so as not to replace existing funding that an infant or toddler with a disability and the family are entitled to. Therefore, when listing the EI services on the IFSP, the Part C regulations require that payment arrangements for each service be included on the IFSP.<sup>49</sup>



### **Types of Early Intervention Services §303.13(b)**

*Types of early intervention services include, but aren't limited to, the following:*

Assistive technology devices and services

Audiology

Family training, counseling, and home visits

Health services

Medical services (for diagnostic or evaluative purposes to help in determining the eligibility of the infant or toddler)

Nursing services

Nutrition services

Occupational therapy

Physical therapy

Psychological services

Service coordination services

Sign language and cued languages

Social work services

Special Instruction

Speech language pathology services

Transportation to access the other EI services and the related costs

Vision services

<sup>48</sup> §303.26 Natural environments.

<sup>49</sup> §303.344(d)(1)(iv)—Content of an IFSP: Early intervention services.

## Suggestions for Longer Training on EI Services

Perhaps you'd like to offer more detailed training on Step 4 to particular audiences. Here are a few suggestions for how to expand upon the summary statements just given.

**A—Engage the audience in an activity** | Here's a good spot to engage participants in an activity—either of your own devising or using **Activity Sheet 1** that's included in this module. Activities help participants blow off pent-up, sitting-too-long steam, and they promote greater learning through active engagement. **Activity Sheet 1** asks participants to match quotes from the Part C regulations with the early inter-

vention services they describe. Participants then check their work, using **Handout 3** as their guide.

*Note:* Activity Sheet 1 is also used in the third slideshow in this module, which looks at key definitions in the Part C regulations. If you're going to provide this audience with training using that slideshow, you probably won't want to do this activity now. But in the event that you do wish to use the activity now, a synopsis of the activity—and the answers—are given below.

**B—Go through the definition of “Early Intervention Services”** | The Part C regulations provide a definition of early intervention services at §303.13(b), and it's substantial, with lots of areas to

explore. Just consider the list of EI services given above. Look with participants at **Handout 3** and go over how the individual services are, themselves, defined. Shape this scrutiny to any concerns or interests the audience might have that these Part C regulations address (e.g., addressing health care needs of an eligible infant or toddler).

**C—Review how “service coordination services” are defined and what they include** | The definition of service coordination services can be found on page 3 of **Handout 3**, at §303.34. For many audiences, especially parent audiences, this may be a topic of great relevance.

### Activity Sheet 1

#### 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 discus-

sion, 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