

Module 4

Screening, Evaluation, and Assessment Procedures



*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) |
Rhonda Spence

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

September 2014

National Dissemination Center for Children with Disabilities

Copyright free. You're welcome to share this module far and wide. Please do give credit to its producer, the National Dissemination Center for Children with Disabilities.

Suggested citation:

Küpper, L. (Ed.). (2014). Screening, evaluation, and assessment procedures (Module 4). *Building the legacy for our youngest children with disabilities: A training curriculum on Part C of IDEA 2004*. Washington, DC: National Dissemination Center for Children with Disabilities.

Available online at: <http://www.parentcenterhub.org/repository/partc-module4/>



This training curriculum is designed and produced by NICHCY, the National Dissemination Center for Children with Disabilities, at the request of our funder, the Office of Special Education Programs (OSEP) at the U.S. Department of Education.

NICHCY Lead: Lisa Küpper

OSEP Lead: Rhonda Spence

OGC Lead: Kala Surprenant

Funding for NICHCY officially ended on September 30, 2014. All training materials in this Part C training curriculum are now 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 curriculum on the Part C regulations of the Individuals with Disabilities Education Act, as amended in 2004. The curriculum provides a detailed discussion of the Part C regulations as published in the *Federal Register* on September 28, 2011.¹

The curriculum is entitled *Building the Legacy for Our Youngest Children with Disabilities*. This module is entitled *Screening, Evaluation, and Assessment Procedures* and is the 4th module in the curriculum.

Please be aware that the information in this module is *not* a substitute for the requirements reflected in the IDEA statute and Part C regulations.

Alert! This is a Two-Part Module

Module 4 is divided into two parts for the trainer's convenience:

4A | Screening procedures: Screening procedures are a way for States to determine if an infant or toddler referred to Part C is *suspected* of having a disability or developmental delay and, therefore, needs the thorough evaluation required by IDEA. Because screening is an *option* for States (not a requirement), not all States include screening as a preliminary step in determining whether or not a baby or toddler *might* have a disability or developmental delay—a result that would mean the child should be evaluated.

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.

For this reason, we've split the slideshow for screening procedures into a separate mini-presentation. If your State *has* adopted screening procedures to see if a child might be suspected of having a disability, then you'll want to use this stand-alone presentation before you delve into what Part C requires in terms of evaluation and assessment. The discussion of the screening slideshow is included in this trainer's guide, along with the discussion for the separate slideshow for evaluation and assessment procedures.

4B | Evaluation and assessment procedures: As we've said, not all States use screening procedures with the babies and toddlers referred to early intervention. Many launch straight in and ask for parental consent to conduct an evaluation of the child. If



parents provide their consent, the lead agency proceeds to conduct the **evaluation**, the results of which are used to determine the child's eligibility for early intervention services. If the child is found eligible, then the lead agency or EIS provider will then ask parents to provide consent for an **assessment** of the child and family. If parents provide consent, then an assessment of the child and family is conducted.

If your State doesn't use screening as a preliminary step in the evaluation and assessment process, then you'll want to use the 4B presentation, which focuses exclusively on evaluation and assessment.



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.

Early Intervention and IDEA

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.²

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

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.⁴

Screening, Evaluation, and Assessment in Early Intervention

Subpart D of the Part C regulations provides the framework for effectively identifying, locating, and providing early intervention services to all eligible infants and toddlers with disabilities. The framework consists of:

- **pre-referral activities**, which include (a) setting up a comprehensive child find system to identify, locate, and evaluate all infants and toddlers with disabilities in the State who are eligible for early intervention services; and (b) operating a public awareness program to make residents of the State aware of the availability of early intervention services;



- **referral activities**, which include establishing a system by which primary referral sources (e.g., hospitals, physicians, parents, and others) can refer a child under the age of three to Part C; and

- **post-referral activities**, which include screening (optional), evaluation and assessment, determining a child's eligibility for EI services, and activities associated with developing an individualized family service plan (IFSP) for each eligible child and family.⁵

Clearly, this module falls into the post-referral part of the framework because of its focus on screening, evaluation, and assessment. All post-referral activities must be completed within 45 days unless the child is not available due to family circumstances or the parent has not provided consent. The 45-day timeline, which begins on the date of referral, ensures accountability, consistency, and predictability for States and parents.

Screening, evaluation, and assessment are distinct processes with different purposes under the provisions of Part C. This module explores and describes each of these processes.

Screening in Context

Screening is a term we hear a lot about these days: screening, neonatal screening, developmental screening, pediatric screening, autism screening, hearing screening, lead screening, ... and so on. This reflects our increased awareness that identifying children with delays or disabilities as early as possible in their lives also means beginning intervention as early as possible, which in turn can lead to more positive outcomes for these children.

[T]here is one widely-accepted fact: early and intensive intervention can have a profound impact on the quality of life for children at risk and their families. The key is early detection.⁶

That said, "screening" has a host of meanings and associations. There are screening guidelines for hospitals, pediatricians, physicians, day care providers, and more. There are screening tools, too,

including those designed specifically for very young children.

In fact, one of the most recent screening initiatives was launched in March, 2014 by U.S. Department of Education and U.S. Department of Health and Human Services (HHS)—the *Birth to 5: Watch Me Thrive!* initiative. *Watch Me Thrive!* is meant to encourage developmental and behavioral screening for young children. The initiative includes tools and resources for families and service providers across disciplines, service sectors, and programs, including a compendium of screening measures. You can find out more about this initiative at the Early Childhood Technical Assistance Center (ECTA Center), at: <http://ectacenter.org/topics/earlyid/screeneval.asp>

However, let's be clear: This module looks specifically at what screening is *under Part C of IDEA*. Screening's purpose in Part C is also clear: To determine if a child is *suspected* of having a disability. If so, then the required evaluation and assessment process laid out in the Part C regulations would be in order. If not, the lead agency or EIS provider would not be required to conduct an evaluation of the child unless the parents request it (which they can at any time).

Evaluation and Assessment in Context

Although screening is an option for States, evaluation and assessment have long been a required part of the early intervention experience. Evaluation and assessment are not the same thing, even though the terms often appear together. Consider them in sequence:

1. Referral | A baby or toddler is referred to early intervention when someone suspects he or she may have a delay or disability. With parental consent....

2. Screening (optional) | The lead agency or EIS provider may screen the child, if an option in the State, to see if, indeed, there's cause to suspect a delay or disability. If there is, and with parental consent....



3. Evaluation | An evaluation is conducted to see if, indeed, the child has a delay or disability and whether the child is eligible for early intervention services. If the child is eligible, and with parental consent...

4. Assessment | An assessment of the child is conducted to identify his or her present levels of development and needs and what type of early intervention services are necessary to address those needs. An assessment of the family is also conducted (with the family members' consent) to identify the family's priorities, resources, and concerns related to enhancing the child's development.

This Module in the Part C Training Curriculum

The training curriculum on Part C of IDEA is organized into separate themes, with multiple training modules under most themes. The themes are:

Theme A | Welcome to IDEA

Theme B | Public Awareness Program and Child Find

Theme C | Evaluating Infants and Toddlers for Disabilities

Theme D | Individualized Family Service Plan (IFSP)

Theme E | Transition from Part C to Part B of IDEA

Theme F | Procedural Safeguards

Theme G | Use of Funds

This module falls within the umbrella topic of **Theme C, Evaluating Infants and Toddlers with Disabilities** and is the only module in the theme.

For Whom Is This Module Designed?

This module is primarily intended for trainers to use with audiences who are newcomers to the law, the early intervention process, and especially the protections known as Part C's procedural safeguards. 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 Part C early intervention programs for our youngest children with disabilities, including the role that procedural safeguards play in protecting the rights and privacy of families and children receiving EI services;
- stakeholders in the early childhood community, including Head Start and Early Head Start personnel, preschool professionals, and early childhood educators;

- 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 limited knowledge of what the law requires in terms of protecting the rights and privacy of children and families; and
- staff of Parent Training and Information (PTI) centers and of Community Parent Resource Centers (CPRCs), as well as other organizations serving families of children who have disabilities.



Files You'll Need for This Module

Module 4 includes the components listed below, provided in separate files. All of these files can be downloaded free of charge from the website of the Center for Parent Information and Resources (CPIR), at: <http://www.parentcenterhub.org/repository/partc-module4/>

Trainer's Guide Discussion. The Trainer's Guide 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. The guide provides discussion for *both* slideshow 4A (on screening) and slideshow 4B (on evaluation and assessment) and is available in PDF and Word® formats.

PowerPoint® Slideshow. We are pleased to provide two slideshows (produced in PowerPoint®) around which trainers can frame their presentations and training on: (a) screening procedures, if an option in the State; and/or (b) evaluation and assessment procedures.

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. There are two handouts for this training module. They are:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments
- Handout 7 | Parent Notification and Parent Consent

The handouts are available 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.

References & Footnotes

- ¹ 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>
- ² Technical Assistance Coordination Center. (2012). *Historical state-level IDEA data files: Part C child count 2011*. Retrieved November 11, 2013, from: <http://uploads.tadnet.org/centers/97/assets/2414/download>
- ³ Center for Parent Information and Resources. (2014, March). *Overview of early intervention*. Washington, DC: NICHCY. Online at: <http://www.parentcenterhub.org/repository/ei-overview/>
- ⁴ §303.13(b)(3) of the Part C regulations.
- ⁵ Subpart D—Child Find, Evaluations and Assessments, and Individualized Family Service Plans. §303.300—General.
- ⁶ First Signs. (n.d.). *Our mission*. Retrieved July 7, 2014 from the First Signs website: <http://firstsigns.org/>



Looking for IDEA 2004?

Visit the Center for Parent Information and Resources' website, 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/>

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.

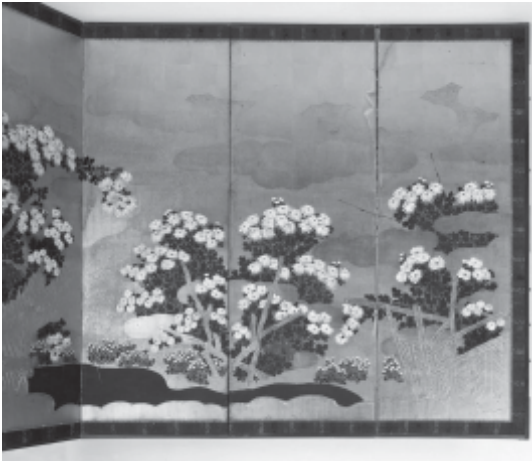
The Part C regulations are codified in Title 34 of the *Code of Federal Regulations*. This is more commonly referred to as 34 CFR or 34 C.F.R. It's not unusual to see references to specific sections of IDEA's regulations include this—such as 34 CFR §303.21, which is where you'd find Part C's definition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

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>



Screening Procedures

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.

Use this slide to introduce your audience to what this training will be about: the screening procedures that a State may choose to adopt as a step in identifying infants and toddlers who are suspected of having a disability.

Warming up to Screening: Slides 1-4

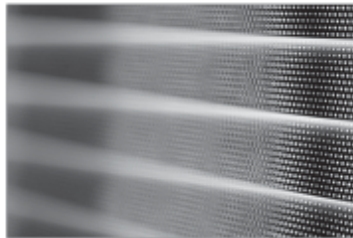
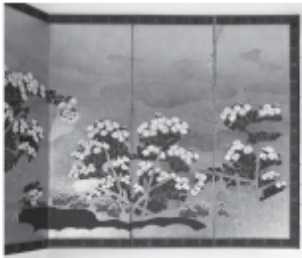
There are 4 warm-up slides used to sneak up on screening. This first slide shows the title of the slideshow and a gorgeous Chinese screen, such as you'd hang on the wall. You don't need to say anything, just click and move on to the next slide... and then the next...



Trainer's Note!

If your State doesn't use screening as part of its child find system, you probably won't be delving into Slideshow 4A. Skip forward to page 30 in this trainer guide to where the slides and discussion begin for Slideshow 4B, Evaluation and Assessment Procedures.

Of course, even if your State doesn't use screening, you can still provide training on the process so that your participants are up to speed with what's required! That's up to you—and what they need to be well informed.



There are screens....

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

CLICK to advance to next slide.

Slide 4A-2 continues the warm-up by showing four different graphics of screens:

- the Chinese screen just seen
- a computer monitor rimmed by post-it notes
- a screen in a door or window
- many screens in a line-up of cell phones

The tagline also appears: *"There are screens..."*

Again, you don't need to say anything. CLICK once, and move on to the next slide.



...and there are **dreaded** screens....

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

CLICK to advance to next slide.

Hopefully, your audience will instantly recognize the **H**most dreaded screen that's shown on the slide: The **blue screen** that lets us know that our computer has crashed, hit the wall, failed, choked... and will now reboot itself, thank you very much.

No one likes the blue screen—it is dreaded and dreadful.

But **CLICK** again, and finally get to the point.

<http://www.firstsigns.org/>



Concerns About
A Child

Screening

...and there are **very**
important screens...

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

CLICK to advance to next slide.

Last warm-up slide, and very much to the point of this presentation.

The photos on the slide come from the front page of the First Signs website. They show two children and two sets of text (“Concerns about a Child” on the left, and “Screening” on the right). Juxtaposed beneath these photos and text is the tagline “and there are very important screens.”

This is meant to zero the audience in on the subject of the slideshow—screening of babies and toddlers.

What’s First Signs?

The audience is not likely to recognize the home page of First Signs, but they may have heard of this organization, seen its developmental milestone charts on the walls of a pediatrician’s office, or caught its public service announcements on TV.

First Signs is a national non-profit organization dedicated to educating pediatric professionals and parents about the early warning signs of developmental disorders (especially autism) and the importance of early intervention at this crucial stage of life. It’s funded through a combination of:

- government agencies (including the Centers for Disease Control and Prevention);
- State agencies (e.g., Alabama, Minnesota, Pennsylvania);
- foundations (e.g., Doug Flutie Jr. Foundation for Autism); and
- individual donors.⁷

Suggestions for Quick Opening Activities

Any of the following suggestions would take about 1-2 minutes. You can expand each to 5 minutes by having participants then call out what their “partners” told them and jotting these down on a flipchart.



Suggestion 1 | In large group, ask participants to share what they know about developmental milestones and developmental screening. What are some of the “first signs” they might look for, that would make them suspect a baby or toddler has a delay or disability? Use a flipchart to jot down their answers.

Suggestion 2 | Ask participants to introduce themselves to the person seated next to (or behind) them and exchange two pieces of information: (a)

one thing they already know about the topic (screening of babies and toddlers for disabilities or delays), and (b) one thing they hope to learn about the topic.

Suggestion 3 | Ask participants to stand up and politely bow to two or three people nearby, asking them why they are here today, taking this training on screening procedures, and what they hope to take away from it.

Suggestion 4 | Ask participants to shake hands with one neighbor and tell that person how this topic relates to their personal or professional life.

References

- ⁷ First Signs. (2014). *Funding*. Retrieved July 7, 2014 from the First Signs website: <http://firstsigns.org/about/funding.htm>

In this module you'll learn:



- States have the *option* of adopting screening as part of Child Find
- What States must do, if they adopt screening procedures
- The importance of parent notification and consent
- What the Part C regulations say about screening, *verbatim*

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

CLICK to advance to next slide.

With this agenda, you can dive into this training on Screening Procedures.

States may *choose* to include in their child find systems:

What?

Procedures for the screening of children who have been referred to Part C...

Why?

...to determine whether they are *suspected* of having a disability



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

CLICK to advance to next slide.

Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments

As the slide makes clear, adopting screening procedures is an option for States. They may choose to include screening as part of their child find systems. And many do.

Screening in Context

Many States participate in interagency screening activities as part of their pre-referral procedures and comprehensive child find system (discussed below). This type of screening is often the responsibility of other State agencies in order to meet their requirements to locate and identify children who may be at risk for developmental delays, or because of health and medical concerns. Using screening procedures as part of post-referral activities is now an option that a lead agency may choose, but is not required, to include.

What's Child Find?

Child find was discussed in Module 3, *Pre-referral Activities*. Here, you may wish to present a brief summary of child find for participants, mentioning aspects such as:

- Each State early intervention system must include a comprehensive child find system that ensures that all infants and toddlers with disabilities eligible for EI services are identified, located, and evaluated.
- Part C's child find system must be consistent with Part B's child find system, which focuses on identifying school-aged children who may have disabilities and evaluating them to determine their eligibility for special education and related services.

- The Part C and Part B child find systems are strongly intertwined. This means that *all* children with disabilities in the State eligible under IDEA are to be identified, located, and evaluated.

Thus, child find is quite a sweeping obligation.



Child Find and the Post-Referral Process

After a child is referred to the Part C system, the “post-referral” time clock starts ticking. From the time that the lead agency or EIS provider receives the child’s referral, it has 45 days in which to:

- conduct a screening of a child (if a State option);
- conduct the initial evaluation of the child;
- conduct the initial assessments of the child and family; and
- hold the initial IFSP meeting to develop the child’s individualized family service plan (IFSP).⁸

Prior written notice and parental consent | At multiple points in this chain of events, the lead agency or EIS provider must provide parents with prior written notice (explaining in detail what it is proposing to do) and ask for and obtain their informed written consent. Prior written notice and consent are discussed on Slide 4A-8 (see page 4-20).

What’s the Purpose of Screening?

The “Why?” on the slide speaks to the purpose of screening. In States that adopt screening as part of their child find process, a lead agency or EIS

provider would screen infants and toddlers referred to Part C to identify, at the earliest possible age, if they are *suspected* to have a disability.

Note this word, “suspected.” Screening is not sufficiently in depth to determine that a child does have a disability or delay or to establish a child’s eligibility for early intervention. Screening will merely indicate that there is *cause* for concern—and, thus, cause to proceed (with parental consent) to the more detailed and comprehensive evaluation of the child. As the Department notes in its *Analysis of Comments and Changes*:

[Section] 303.320 makes clear that the purpose of screening is to determine if a child is suspected of having a disability. If eligibility is to be determined, new §303.321 requires that an evaluation (not screening) be used to determine eligibility.⁹

Is Screening New to IDEA and the Part C Regulations?

Yes, and no.

To clarify, no | According to the Department, section 639(a)(4) of the Act has always referenced “screening” as a possibility that States could incorporate into their child find systems. To date, many States have done just that as a way to help them “efficiently identify, from the increased number of potential referrals, those children experiencing developmental delays or potentially eligible for early intervention services.”¹⁰

To clarify, yes | What’s new in the 2011 Part C regulations is the set of requirements listed at §303.320 (provided in the box on the next page and

References

-
- ⁸ §303.310(a)—Post-referral timeline (45 days). Note that the 45-day timeline does not apply for any period when the child or parent is unavailable due to exceptional family circumstances that are documented in the child’s early intervention records; or when the parent has not provided consent for the screening, initial evaluation, or initial assessment despite repeated attempts to obtain consent.
- ⁹ 76 Fed. Reg. at 60194.
- ¹⁰ 72 Fed. Reg. 89 at 26471. This is the 2007 Notice of Proposed Rulemaking (NPRM) for the Part C regulations. It’s available online at: <https://www.federalregister.gov/articles/2007/05/18/E7-9566/early-intervention-program-for-infants-and-toddlers-with-disabilities>

on **Handout 6**). If a State does adopt screening procedures, it must comply with those requirements, which we will discuss across the next several slides.



§303.320 Screening procedures (optional).

(a) *General.* (1) The lead agency may adopt procedures, consistent with the requirements of this section, 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 under this part. If the lead agency or EIS provider proposes to screen a child, it must—

(i) Provide the parent notice under §303.421 of its intent to screen the child to identify whether the child is suspected of having a disability and include in that notice a description of the parent’s right to request an evaluation under §303.321 at any time during the screening process; and

(ii) Obtain parental consent as required in §303.420(a)(1) before conducting the screening procedures.

(2) If the parent consents to the screening and the screening or other available information indicates that the child is—

(i) Suspected of having a disability, after notice is provided under §303.421 and once parental consent is obtained as required in §303.420, an evaluation and assessment of the child must be conducted under §303.321; or

(ii) Not suspected of having a disability, the lead agency or EIS provider must ensure that notice of that determination is provided to the parent under §303.421, and that the notice describes the parent’s right to request an evaluation.

(3) If the parent of the child requests and consents to an evaluation at any time during the screening process, evaluation of the child must be conducted under §303.321, even if the lead agency or EIS provider has determined under paragraph (a)(2)(ii) of this section that the child is not suspected of having a disability.

(b) *Definition of screening procedures.* Screening procedures—

(1) Means activities under paragraphs (a)(1) and (a)(2) of this section that are carried out by, or under the supervision of, the lead agency or EIS provider to identify, at the earliest possible age, infants and toddlers suspected of having a disability and in need of early intervention services; and

(2) Includes the administration of appropriate instruments by personnel trained to administer those instruments.

(c) *Condition for evaluation or early intervention services.* For every child under the age of three who is referred to the Part C program or screened in accordance with paragraph (a) of this section, the lead agency is not required to—

(1) Provide an evaluation of the child under §303.321 unless the child is suspected of having a disability or the parent requests an evaluation under paragraph (a)(3) of this section; or

(2) Make early intervention services available under this part to the child unless a determination is made that the child meets the definition of infant or toddler with a disability under §303.21.

Defining Screening Procedures

Who may carry out screening of children?

- The lead agency
- Early intervention service providers
- Those under the supervision of the lead agency or an EIS provider



Opening View

Slide loads with this view.

Defining Screening Procedures

Who may carry out screening of children?

- The lead agency
- Early intervention service providers
- Those under the supervision of the lead agency or an EIS provider

Screening procedures include—

The administration of appropriate instruments by **qualified personnel** that can assist in determining whether a child is suspected of having a disability

CLICK I

Click 1: The picture lifts away, and the text beneath (“Screening procedures include...”) is revealed.

CLICK AGAIN to advance to next slide.

See discussion on next page ▶



Pertinent Handout:

- Handout 6, Post-Referral Procedures— Screenings, Evaluations, and Assessments

Now that we know the purpose of screening and that many States are already using it to help them fulfill their child find obligations, let's see what IDEA now requires States to adopt in terms of their screening procedures.

The slide's text distills Part C's new requirements quite tidily. Refer participants to **Handout 6** (page 2) and compare the slide with the regulations at §303.320(b), which read:

(b) *Definition of screening procedures.*
Screening procedures—

(1) Means activities under paragraphs (a)(1) and (a)(2) of this section that are carried out by, or under the supervision of, the lead agency or EIS provider to identify, at the earliest possible age, infants and toddlers suspected of having a disability and in need of early intervention services; and

(2) Includes the administration of appropriate instruments by personnel trained to administer those instruments.

As you can see, lead agencies, EIS providers, and those under their supervision are those who are permitted to carry out screening of children. There's more to the story, naturally. Keep reading!

Who may carry out screenings, clarified | The regulations indicate that screening includes administering appropriate instruments and that the personnel who administer those instruments must be trained to do so. The Department clarifies that this will "ensure that personnel, such as paraprofessionals or other individuals who are trained to administer a specific screening instrument, may conduct screenings."¹¹

Is screening necessary for infants and toddlers with established physical or mental conditions? | This question arises because of other provisions in the regulations that permit some eligibility decisions to be made based on a child's medical or other records. Those provisions, at §303.321(a)(3)(i), read:

(3)(i) A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child's level of functioning in one or more of the developmental areas identified in §303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under §303.21. If the child's Part C eligibility is established under this paragraph, the lead agency or EIS provider must conduct assessments of the child and family in accordance with paragraph (c) of this section.

As you can see by these regulations, determining some children's eligibility based on their medical or other records removes the need to conduct evaluations of those children. Similarly, there is no need to conduct screenings of the children. As the Department states:

For children with established diagnosed conditions, screening is not needed because records establish that the child is not only suspected of having a disability, but in fact has a disability.¹²

References

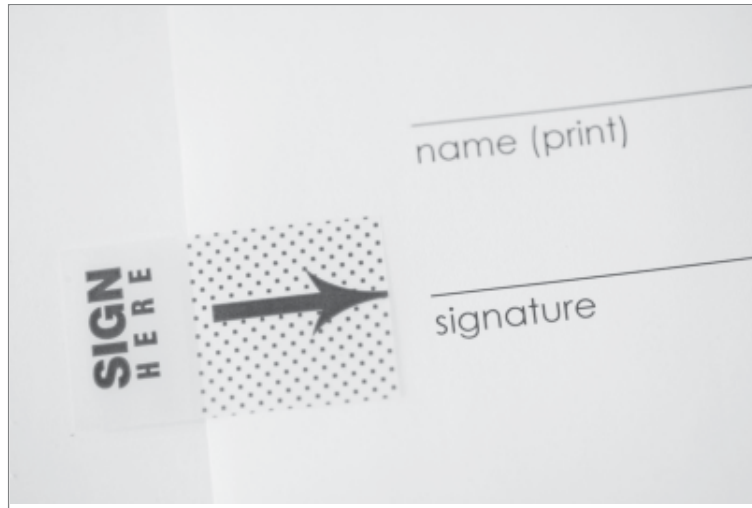
¹¹ 76 Fed. Reg. at 60194.

¹² 76 Fed. Reg. at 60194-60195.

Parental Notification and Consent!

...are required before any screening procedures may be administered

Opening View



Slide loads with this view.

CLICK I

Parental Notification and Consent!

...are required before any screening procedures may be administered

Click 1:
The question "What if the parent does not give consent?" appears, the picture lifts away, and the text beneath is revealed.

What if parent does not give consent?

The lead agency must make reasonable efforts to ensure that the parent:

- is fully aware of the nature of the evaluation and assessment of the child, or the services that would be available
- understands that the child will not be able to receive these unless consent is given

The lead agency may **not override the parents' refusal of consent**

CLICK AGAIN to advance to next slide.

See discussion on next page

Slide 4A-8: Background and Discussion

I Click



Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments
- Handout 7 | Parent Notification and Parent Consent

Parent notification and parental consent are discussed in many of the modules in this training curriculum, because both are very, very important.

Discussing the Slide

- **Don't click when the slide first loads** | When the slide first loads, only the top part is visible, highlighting that parent notification and consent are required before any screening procedures may be administered. This provides the opportunity to discuss notification and consent in any level of detail you feel is appropriate for your audience. So *don't click* until you're done presenting information about notification and consent, drawing from the details discussed below.
- **Once you click** | The slide will change so that you can discuss what happens if the parents do not give their consent for their infant or toddler to be screened. Draw from the information provided much further below (under the section "What if parents don't give their consent?").

First, the Regulations

Before we start throwing tons of information at you about notice, consent, native language, and the context of this entire discussion, let's see the regulatory basis for this slide, which is also how the Part C regulations for screening begin. We've bolded key phrases to draw the eye to "notice" and "consent."

§303.320 Screening procedures (optional).

(a) *General.* (1) The lead agency may adopt procedures, consistent with the requirements of this section, to screen



Trainer's Note!

If your audience is already well acquainted with notification and consent, you won't need to delve deeply into the topic. If you're not sure how much participants already know about this important requirement in Part C, ask them directly (show of hands) or take a moment and discuss with them their experiences in asking for or providing consent. For example, in what sort of situations have they been asked to provide their consent, as a parent, as a patient, or for some other reason?

Adjust the amount of detail you offer about notification and consent, based on the sense you get of how familiar participants are with these two parts of Part C. The information provided below gives you the details. **Handout 7** gives participants the verbatim regulations.

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 under this part. If the lead agency or EIS provider proposes to screen a child, it must—

(i) **Provide the parent notice** under §303.421 of its intent to screen the child to identify whether the child is suspected of having a disability and include in that notice a description of the parent's right to request an evaluation under §303.321 at any time during the screening process; and

(ii) **Obtain parental consent** as required in §303.420(a)(1) before conducting the screening procedures. *[emphasis added]*

Now, the Ton of Information

To give you a heads-up idea of what information we're going to provide in the upcoming pages, all associated with this slide, here's a quick table of contents:



- Context | Parents as a child's most vital resource
- What's prior written notice?
- Prior written notice specific to screening
- Can parents understand the prior written notice they receive?
- About native language
- Parental consent
- What if parents don't give their consent?
- May the lead agency override a parent's lack of consent?

While the slide is designed to be quick and to the point, you may want to offer some or all of the details provided in the discussion below, as fits the needs of your audience and the time you have available for training.

Context | Parents as a Child's Most Vital Resource

Regardless of how parents and child come to the EI system, it's a whole new experience to them. They are likely to be unfamiliar with the processes and procedures used in early intervention, the jargon or specialized vocabulary they may hear, and what awaits their child and family in this program. There's a lot to learn and a lot to decide immediately—including, in the case of screening, what the purpose of screening is and what's involved in the process.

All this takes place in the context of parents' vital role in caring for their baby or toddler. From its earliest roots, the early intervention system has recognized that parents are the most important and influential resource in the lives of their babies and toddlers with disabilities. They are also the primary decision makers for their child.¹³

To be able to make sound decisions about their child's involvement in early intervention—and their own involvement—parents need to be fully informed about what will take place and where, what's being proposed or rejected, and much more. To that end, early intervention systems are required to provide **full notice** to parents at specific points in time—certainly before screening the child and before any evaluation or assessment of the child—and to obtain their **consent** before certain activities may take place.

What's 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 provision of early intervention services to the infant or toddler with a disability" and his or her family.¹⁴ Participants can see these exact words on **Handout 7**.

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).¹⁵

Examples | Several examples will serve to illustrate when prior written notice must be provided to parents in the context of screening, evaluation, and assessment.

- The lead agency wants to screen the child to see if there's reason to suspect the child has a disability or developmental delay. (Proposed action: Screening)
- The lead agency determines, after screening the child, that the little one is not suspected of having a disability or delay and that a more thorough evaluation does not need to be conducted. (Refused action: Evaluation)
- The lead agency wants to evaluate the child to see if he or she is eligible for Part C services because of a disability or developmental delay. (Proposed action: Evaluation)

- The lead agency or EIS provider evaluates the child, but finds that the child is not eligible for early intervention services. It must inform parents of this result. (Refused action: Eligibility and the provision of early intervention services)
- The EIS provider would like parents to participate in a family assessment, where their priorities, resources, and concerns for their child will be discussed and identified. (Proposed action: Family assessment)

In each of these instances, the parents would need to be provided with prior written notice by the lead agency or EIS provider. These are not the only times that prior written notice is required, but they are among the first instances that parents new to early intervention would encounter.

Prior Written Notice Specific to Screening

The lead agency or EIS provider must provide parents with prior written notice of its intention to screen their infant or toddler, and it must explain the reasons why—namely, that the screening’s purpose is “to identify whether the child is suspected of having a disability.”¹⁶ Parents may request information about the screening process such as what screening involves (e.g., types of activities, instruments or processes used).

Finally, and importantly, the prior written notice for screening must include “a description of the parent’s right to request an evaluation...at any time during the screening process”¹⁷—a requirement that participants can see on **Handout 6** (bottom of page 1 and top of page 2).

Can Parents Understand the Prior Written Notice They Receive?

It’s critical that the prior written notice is understandable to the parent. Otherwise, it wouldn’t be very informative! The Part C regulations are exceedingly clear that prior written notice must be:

- written in language that the general public would understand; and
- provided to parents in their native language (or other mode of communication), unless it is clearly not feasible to do so.¹⁸

You’ll find the applicable regulations in the box below and on **Handout 7**.

About Native Language

“Native language” is defined at §303.25. The definition pertains to parents with limited English proficiency; the infant or toddler in question; and to parents with blindness, deafness, or no written language. For these latter parents, native language is considered to be the **mode of communication** that is normally used by the individual (such as sign language, Braille, or oral communication).



Providing Prior Written Notice in Parents’ Native Language or Other Mode of Communication | §303.421(c)

(c) *Native language.* (1) The notice must be—

(i) Written in language understandable to the general public; and

(ii) Provided in the native language, as defined in §303.25, of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

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

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

(ii) The parent understands the notice; and

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

When there's no written language | As can be seen in the regulations cited in the box on the previous page, the public agency has specific responsibilities when providing prior written notice to a parent whose native language is not a written one. Specifically, the lead agency or EIS provider must take steps to ensure:

- that the prior written notice is “translated orally or by other means” to the parents in their native language or other mode of communication;
- that the parent understands the notice; and
- that there is written evidence that these requirements have been met.¹⁹

The Department noted that these rights “are essential to ensure that public agencies provide all parents the requisite prior written notice in a meaningful and understandable manner.”²⁰

Native language and the child in question | We won't go into how native language is defined for the babies and toddlers who enter the early intervention program for screening or evaluation and assessment, or those who are found eligible and begin receiving EI services. It's not relevant here, where we are talking about the prior written notice that must be provided to parents. But it will *soon* be relevant, when we talk about the actual screening or evaluation and assessment of the child.

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 at the bottom of page 2 on **Handout 7** and in the box on this page):

While participants will most likely have an intuitive and experience-based grasp of what “consent” means, this definition includes several points worth bringing to their attention:

§303.7 Consent.

Consent means that—



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

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

(c)(1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

(2) If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

- Consent is **voluntary** on the part of the parent. It's not a one-shot-and-done action. Parents may withdraw (revoke) their consent at any time.
- Requesting parents' consent for a given action—in this case, screening of the child—must occur in the parents' native language or other mode of communication, unless it is clearly not feasible to do so.
- Parental consent must be given in writing. It's insufficient for parents to provide only verbal agreement.

Make it clear to your participants that the right to give or refuse consent for pivotal activities is an important procedural safeguard for parents. It recognizes their authority and responsibility in making decisions about their child's involvement in early intervention, and the family's.

What if Parents Don't Give Their Consent?

Okay, back to the slide. If you **CLICK**, the question will descend ("What if parent does not give consent?"), and the picture will lift away, revealing the text beneath—which, essentially, answers the question and comes nearly verbatim from the Part C regulations, as shown in the box to the right and on page 2 of **Handout 7**.

In a nutshell, when parents do not consent to the requested activity (in this case, screening of their child), the lead agency or EIS provider must make reasonable efforts to explain to the parents:

- the nature of what it wants to do (e.g., what activities screening will involve, and why it's asking parents for permission to screen the child); and
- what will not occur without their consent (e.g., their child will not be screened).

May the Lead Agency Override a Parent's Lack of Consent?

No. It is the parent's right to give or refuse consent.²¹ The lead agency may not use IDEA's due process procedures to challenge the parent's decision.

What Happens if Parents Do Not Provide Their Consent? | §303.420(b) and (c)

(b) If a parent does not give consent under paragraph (a)(1), (a)(2), or (a)(3) of this section, the lead agency must make reasonable efforts to ensure that the parent—

(1) Is fully aware of the nature of the evaluation and assessment of the child or early intervention services that would be available; and

(2) Understands that the child will not be able to receive the evaluation, assessment, or early intervention service unless consent is given.

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

References

-
- ¹³ Hurth, J., & Goff, P. (2002, June). *Assuring the family's role on the early intervention team: Explaining rights and safeguards*. Chapel Hill, NC: National Early Childhood Technical Assistance Center. Online at: <http://www.nectac.org/~pdfs/pubs/assuring.pdf>
- ¹⁴ §303.421(a)—Prior written notice and procedural safeguards notice: General.
- ¹⁵ §303.421(b)—Prior written notice and procedural safeguards notice: Content of notice.
- ¹⁶ §303.320(a)(1)(i)—Screening procedures (optional): General.
- ¹⁷ §303.320(a)(1)(i)—Screening procedures (optional): General.
- ¹⁸ §303.421(c)(1)—Prior written notice and procedural safeguards notice: Native language.
- ¹⁹ 303.421(c)(2)—Prior written notice and procedural safeguards notice: Native language.
- ²⁰ 71 Fed. Reg. at 46692 (August 14, 2006).
- ²¹ §303.420—Parental consent and ability to decline services.

Results of the Screening and Other Available Info

Yes

The child is suspected of having a disability



No

The child is not suspected of having a disability



Opening View

Slide loads with this view.

Results of the Screening and Other Available Info

Yes

The child is suspected of having a disability

The lead agency for Part C must...

- Evaluate the child

No

The child is not suspected of having a disability

- Provide parents with prior written notice *

* If the parents request an evaluation of their child, the child must be evaluated

CLICKS 1-2

Click 1: The "yes" answer is given and what the lead agency must do.

Click 2: The "no" answer is given and what the lead agency must do. The asterisk text appears below.

CLICK AGAIN to advance to next slide.

See discussion on next page



Pertinent Handout:

- Handout 6, Post-Referral Procedures— Screenings, Evaluations, and Assessments

All right, let's say that the parents have provided their informed written consent to have their infant or toddler screened. The results of that screening are now "in." Is the child suspected of having a disability? Or not? What happens in each of these scenarios?

Results: Yes, a disability is suspected | If the child is suspected of having a disability, a series of steps takes place:

1. The parent must be given prior written notice of that determination.
2. The lead agency or EIS provider must ask for the parent's permission to conduct an evaluation of the child.
3. Parental consent for the evaluation must be obtained.
4. Only then may the lead agency or EIS provider evaluate the child.

Results: No, a disability is not suspected | If the child is not suspected of having a disability, the lead agency must provide notice of that determination to the parent, including the reasons for the determination. The notice must also describe the parent's right to request an evaluation of the child. However, the lead agency is *not* required to provide an evaluation of the child unless the parent requests it and provides consent.

And if the parent so requests and consents? | The regulations are clear: Even if the lead agency or EIS provider has determined that the child is *not suspected* of having a disability, it must evaluate the child fully if the parent requests an evaluation and provides consent. The parent is thus spared having

to use IDEA's due process procedures to appeal the "no" determination. Moreover:

The Department's experience indicates that parents often can identify or suspect developmental delays in their children that may not be identified through a screening. For this reason, parents should be able to request and receive an evaluation without the potential delay and expense of a due process hearing. We believe this approach facilitates a comprehensive child find system tasked with identifying all infants and toddlers with disabilities.

Additionally, because a child is only eligible for Part C services for a short period of time and providing services earlier rather than later can enhance the development of infants and toddlers with disabilities, time is of the essence with regard to identifying a child as an infant or toddler with a disability. Thus, it is important that parents retain the right to request an evaluation at any time during the screening process.

What do the regulations say? | We've provided the Part C regulations relevant to this slide in the box on the next page. They appear at §303.320(a)(2). Participants will find the regulations on **Handout 6** (top of page 2).



Regulations at §303.320(a)(2) and the Results of the Screening

(2) If the parent consents to the screening and the screening or other available information indicates that the child is—

(i) Suspected of having a disability, after notice is provided under §303.421 and once parental consent is obtained as required in §303.420, an evaluation and assessment of the child must be conducted under §303.321; or

(ii) Not suspected of having a disability, the lead agency or EIS provider must ensure that notice of that determination is provided to the parent under §303.421, and that the notice describes the parent’s right to request an evaluation.

(3) If the parent of the child requests and consents to an evaluation at any time during the screening process, evaluation of the child must be conducted under §303.321, even if the lead agency or EIS provider has determined under paragraph (a)(2)(ii) of this section that the child is not suspected of having a disability.

References

²² 76 Fed. Reg. at 60193.



**Name 5 facts
about screening**

Round-up Time!

Slide loads completely. No clicks are necessary except to end the slideshow.

CLICK to END the slideshow.

Congratulations! You've come to the end of this stand-alone mini-presentation on screening procedures, an option that States can adopt as part of operating a comprehensive child find system. Use this slide as suits your purpose and agenda.

- **You're done** | If you're finished completely with this training and are *not* going to segue into the training presentation on evaluation and assessment, use the slide as an opportunity to "wrap up" and review the information you've presented. Ask participants to name 5 facts about screening they learned or could share with another. Have each person jot down their own 5 facts, then share in the large group, jotting down items on a flipchart.
- **You're continuing on with evaluation and assessment** | Moving on to look at what the Part C regulations require in terms of evaluation and assessment? If so, use this slide as a transition slide.

Now's also a good time to take a break, and let participants get up and stretch stiffening muscles. While they are having that break, you can: **close the 4A slideshow and open the 4B slideshow**, in preparation for the next part of your training session.

What You'll Need for Training Session B on Evaluation and Assessment

- Slideshow 4B
- **Handout 6**
Post-Referral Procedures—
Screenings, Evaluations, and
Assessments
- **Handout 7**
Parent Notification
and Parent Consent

Evaluation of the Child



Module 4

Produced by NICHCY, 2014

→ and

Assessment
of the Child and Family*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.

Use this slide to introduce your audience to what this training will be about.

Trainer's Note!

If your training session *did not* start with the optional presentation on Screening Procedures (Slideshow 4A), consider the suggestions given to the right for opening activities.

If you *did* provide training on screening to this audience, then just move on to the next slide.

Suggestions for Quick Opening Activities

Any of the following suggestions would take about 1-2 minutes. You can expand each to 5 minutes by having participants then call out what their "partners" told them and jotting these down on a flipchart.

Suggestion 1 | Ask participants to introduce themselves to the person seated next to (or behind) them and exchange two pieces of information: (a) one thing they already know about the topic (evaluation and assessment in early intervention), and (b) one thing they hope to learn about the topic.

Suggestion 2 | Ask participants to stand up and politely bow to two or three people nearby, asking them why they are here today, taking this training on evaluation and assessment, and what they hope to take away from it.

Suggestion 3 | Ask participants to shake hands with one neighbor and tell that person how this topic relates to their personal or professional life.

In this module you'll learn:

- The importance of parental notification and consent

Evaluation

- Purpose
- Required procedures
- What kind of information is collected

Assessment

- Purpose
- What's required for assessment of the child and of the family
- What kind of information is collected

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

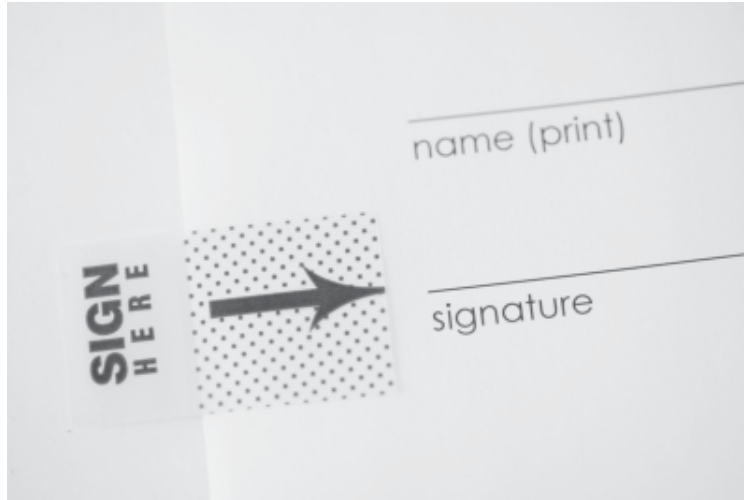
CLICK to advance to next slide.

With this agenda, you can dive into this training on evaluation of the child and assessment of the child and family.

Parental Notification and Consent!

...are required before any screening, evaluation, or assessment may be conducted

Opening View



Slide loads with this view.

CLICK I

Parental Notification and Consent!

...are required before any screening, evaluation, or assessment may be conducted

Click 1:
The question "What if the parent does not give consent?" appears, the picture lifts away, and the text beneath is revealed.

What if parent does not give consent?

The lead agency must make reasonable efforts to ensure that the parent:

- is fully aware of the nature of the evaluation and assessment of the child, or the services that would be available
- understands that the child will not be able to receive these unless consent is given

The lead agency may **not override the parents' refusal of consent**

CLICK AGAIN to advance to next slide.

See discussion on next page



Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments
- Handout 7 | Parent Notification and Parent Consent

Parent notification and parental consent were discussed in the separate mini-presentation focused on screening procedures (slideshow 4A, Slide 8). The current slide is almost a duplicate of the other, except that this slide also refers to evaluation and assessment (not just screening).

As with screening, the lead agency's or EIS provider's intention to conduct an evaluation of the child triggers the need for:

- prior written notice to parents; and
- parental consent.

Both are also required when the lead agency or EIS provider intends to conduct an assessment of the child and family.

Discussion of Parent Notification and Consent

Rather than repeat the information about parental notification and consent previously presented in this trainer's guide, we are pleased to refer you to that earlier examination of these two important requirements in Part C—see the extensive discussion presented under Slide 8 in slideshow 4A (page 20 in this guide).

Screening | Evaluation | Assessment

Distinct processes with different purposes

Opening View



Slide loads with this view.

Screening | Evaluation | Assessment

CLICKS 1-3

Distinct processes with different purposes

Screening includes:

- activities to identify children who may be suspected of having a disability and thus need further evaluation

Evaluation is used:

- to determine that a delay or disability exists
- to determine a child's initial or continuing eligibility for Part C
- to identify the child's strengths and needs in all areas of development

Assessment is used to determine:

- the child's unique strengths and needs
- the child's present level of performance
- early intervention or educational needs
- the family's concerns, resources, & priorities

Click 1: Left door slides away. (Screening)

CLICK AGAIN to advance to next slide.

Click 2: Middle door slides down. (Evaluation)

Click 3: Right door slides away. (Assessment)



Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments

This slide highlights the differences between the post-referral procedures of screening, evaluations, and assessments.²³

Screening

As the slide summarizes, screening includes “activities to identify children who may be suspected of having a disability and thus need further evaluation.” Immediately, participants can see that screening is not the same as evaluation.

For participants who didn’t receive training on screening procedures (using slideshow 4A), you’ll want to give a brief summary of screening procedures as an option that States can use prior to the actual evaluation and assessment process. Draw from the information presented earlier in this trainer’s guide, including such points as:

- Screening is an *option* for States, not a requirement. [Does your State include screening as part of operating its comprehensive child find system? Definitely share this information with participants.]
- Parent notification and parental consent are required before a child may be screened.
- The purpose of screening is to determine if a child referred to Part C is *suspected* of having a disability or developmental delay. It includes activities such as the administration of appropriate instruments by personnel trained to administer those instruments.



- **Yes** | If the screening results indicate that the child is suspected of having a disability, the State must conduct an evaluation after obtaining parental consent.
- **No** | If screening results indicate that the infant or toddler is not suspected of having a disability, parents must be provided notice of that determination. That notice must also describe the parent’s right to request an evaluation.
- Parents have the right to request an evaluation of their child at any time during the screening process.

The Part C regulations at §303.320 set forth what’s required of States that adopt screening procedures Those regulations appear on **Handout 6**.

Evaluation and Assessment

The summary language on the slide indicates that *evaluation* is used to:

- to determine that a child has a delay or disability (stated as “a delay or disability exists”), which in turn is used to determine a child’s initial or continuing eligibility for Part C and
- to identify the child’s strengths and needs in all areas of development.

Assessment, as summarized on the slide, clearly goes into more depth than evaluation and includes identifying what early intervention services are needed, given the child’s present levels of development and performance. Assessment also focuses on the family, if parents or other family member choose to participate. One of the purposes of the family-directed assessment is to identify the family’s resources, priorities, and concerns with respect to enhancing their child’s development.

Notice and consent for evaluation | If the lead agency or EIS provider would like to evaluate the child, prior written notice must be provided to that child's parents before the evaluation. Among other things, the notice explains to parents why it seeks to evaluate the child and what that evaluation will involve. Parents must give their informed written consent before the evaluation of the child may be conducted.

Notice and consent for assessment, too! | The same cycle of prior written notice and parental consent is required when the lead agency or EIS provider proposes to conduct an assessment of the child and the assessment of the family.

Summary of evaluation and assessment processes | In case you'd like to lay a bare-bones foundation as to what evaluation and assessment in early intervention typically involve, here are several salient points:

- Evaluation and assessment are *not* the same thing, even though the terms are often used together. The Part C regulations define each term, as provided next.
- *Evaluation* means "the procedures used by qualified personnel to determine a child's initial and continuing eligibility."²⁴
- *Assessment* means "the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early

intervention services appropriate to meet those needs throughout the period of the child's eligibility."²⁵

- Obviously, evaluation comes first, because it is used to determine a child's eligibility for Part C services. The only time that an evaluation isn't needed to establish eligibility is when a child's eligibility can be established by using the child's medical or other records.²⁶
- If the child is found eligible for early intervention, then the lead agency or EIS provider must conduct assessments of the child and family in keeping with the requirements in the Part C regulations. As noted above, prior written notice and parental consent are required before any assessment procedures may occur.
- If the child is not found eligible for early intervention, the lead agency or EIS provider must give parents written notice as to that determination. The notice must let parents know that they have the right to challenge the non-eligibility determination through IDEA's dispute resolution mechanisms. No assessment of the child or family needs to be conducted, because he or she was not found eligible for Part C.



References

²³ The summaries of screening, evaluation, and assessment have been adapted from the work of the Early Childhood Technical Assistance Center (ECTA Center), one of the many national technical assistance projects funded by the Office of Special Education Programs (OSEP). The ECTA Center is a rich resource for States, lead agencies, EIS providers, families, and others about the current state of early intervention and early childhood education in the United States. Lots of info for all at the ECTA website: <http://ectacenter.org>

²⁴ §303.321(a)(2)(i)— Evaluation of the child and assessment of the child and family: General.

²⁵ §303.321(a)(2)(ii)—Evaluation of the child and assessment of the child and family: General.

²⁶ §303.321(a)(3)(i)— Evaluation of the child and assessment of the child and family: General.

Screening | **Evaluation** | Assessment

Each child under the age of 3 who is referred for evaluation or EI services and who is suspected of having a disability must receive—

- an **evaluation** that is timely, comprehensive, and multidisciplinary

Unless...

- eligibility is established through medical or other records
- parents do not give their consent for the evaluation

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

CLICK to advance to next slide.

Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments

Let's dive into the specifics of evaluation under the Part C regulations. Those regulations can be found at §303.321 (refer participants to **Handout 6**), and begin:

§303.321 Evaluation of the child and assessment of the child and family.

(a) *General.* (1) The lead agency must ensure that, subject to obtaining parental consent in accordance with §303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives—

(i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section...

As you can see, the slide text tracks the regulations closely and also includes the language from 303.321(a)(3)(i) and 303.420(a). Two points rise to the surface as "exceptions" to the lead agency's mandate to evaluate each child under the age of three who is referred to Part C and who is suspected of having a disability. No evaluation of the child would need to be conducted:

- if parents have not given their informed written consent to the evaluation; or
- if the child's eligibility for Part C has been established through medical or other records.

Discussing the Slide

Purpose of evaluation | The regulations clearly state that the initial evaluation of the child is conducted to determine the child's initial eligibility for early intervention services. Evaluations are also conducted to establish a child's *continuing* eligibility.²⁷



automatically make an infant or toddler eligible for early intervention services and, thus, eliminate the need to conduct a comprehensive and multidisciplinary evaluation of the child.

However, as the provision in the box makes clear, if eligibility is established through medical or other records, the assessments of the child and family must still be conducted (with parental consent).

Parental consent | The importance of parental consent was discussed under Slide 4B-3, so the need for consent before evaluation of a child shouldn't surprise anyone. Nor should the fact that, before evaluating the child, the lead agency or EIS provider must provide parents with prior written notice of its intention to evaluate and ask parents for their written consent. As the slide indicates, without parental consent, the lead agency or EIS provider may *not* evaluate the child.

What does "comprehensive" mean? | As the slide indicates, evaluations must be "comprehensive."²⁸ What does this mean? While not defined in the regulations, comprehensive has the generally understood meaning of "complete." The dictionary defines the word as meaning "of large scope; covering or involving much; inclusive."²⁹

What's this about medical and other records? | The slide mentions "medical and other records" as a way by which a child's eligibility may be established. But the regulations just cited don't explicitly say that, do they? No, they don't. Instead, the regulations refer it in the phrase "in paragraph (a)(3)(i) of this section...". This cross-referenced provision appears on **Handout 6** (see page 3) and in the box below.

As you'll see in upcoming slides, the Part C regulations include multiple references to evaluating the child in each of the five development areas. The five developmental areas are as follows:

- cognitive development
- physical development (including vision and hearing)
- communication development
- social or emotional development
- adaptive development.³⁰

Establishing eligibility through medical and other records is new in the Part C regulations. On the next slide we'll take a more detailed look at what types of diagnosed conditions

Establishing a Child's Eligibility Through Medical and Other Records: §303.321(a)(3)(i)

(3)(i) A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child's level of functioning in one or more of the developmental areas identified in §303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under §303.21. If the child's Part C eligibility is established under this paragraph, the lead agency or EIS provider must conduct assessments of the child and family in accordance with paragraph (c) of this section...

Evaluating a child in each of these areas is required, thus making the evaluation “comprehensive” and “of large scope.”

What does “multidisciplinary” mean? |

Evaluations of children must also be “multidisciplinary.” The Part C regulations expressly define the meaning of the word, as shown in the box below.

In this definition, we see that, when conducting evaluation of a child and the assessments of the child and family, the term *multidisciplinary* means that people from two or more separate disciplines or professions are involved. In this context, the definition also permits one person to be qualified in more than one discipline or profession. Thus, evaluations of children are conducted by one or more professionals with expertise in different areas, bringing together complementary skills, knowledge, and experience in child development.

What’s considered “timely”? | Children change quickly and infants and toddlers don’t stay in early intervention very long, so it’s critical that evaluations be conducted in a timely manner and that services needed by eligible children can begin as soon as possible.

“Timely” is not a term that the regulations define. However, the regs do stipulate a timeline for completing post-referral activities. The very first provisions on **Handout 6** spell out that post-referral timeline:

- The timeline begins when the lead agency receives a child’s referral and includes screening

§ 303.24 Multidisciplinary.

Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to—

(a) Evaluation of the child in §§303.113 and 303.321(a)(1)(i) and assessments of the child and family in §303.321(a)(1)(ii), may include one individual who is qualified in more than one discipline or profession...

(if an option in the State) and the initial evaluation of the child. If the child is found eligible for Part C, the timeline also includes the initial assessments of the child and family, and the initial meeting to write the child’s IFSP.

- The duration of the timeline is **45 days** from when the lead agency or EIS provider receives the child’s referral to Part C.³¹



Thus, the evaluation and assessment processes must be completed within that 45-day timeframe, which also includes holding the meeting to write the child’s initial IFSP. Exceptions apply to the 45-day timeframe, including if the parent or child is not available for the evaluation, assessment, and initial IFSP meeting due to exceptional family circumstances that are documented in the child’s early intervention records, or if the parent does not provide consent for any of the activities.

References

²⁷ §303.321(a)(2)— Evaluation of the child and assessment of the child and family: General.

²⁸ §303.321(a)(1)(i)— Evaluation of the child and assessment of the child and family: General.

²⁹ Dictionary.com. (n.d.). *Definition of comprehensive*. Retrieved July 21, 2014 from: <http://dictionary.reference.com/browse/comprehensive>

³⁰ §303.21(a)(1)—Infant or toddler with a disability.

³¹ §303.310—Post-referral timeline (45 days).

 Screening | **Evaluation** | Assessment

Evaluation procedures must include—

No single procedure may be used as the sole criterion for determining a child's eligibility under Part C

- administering an evaluation instrument
- taking the child's **history** (including interviewing the parent)
- identifying the child's **level of functioning** in each of the 5 developmental areas
- gathering information from **other sources**, if necessary
- reviewing medical, educational, or other **records**

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

CLICK to advance to next slide.

Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments

As has been said, the term “evaluation” in the regulations means “the procedures used by qualified personnel to determine a child’s initial and continuing eligibility.”³² This slide looks at what those procedures must include.

Discussing the Slide

The slide is designed to let you move swiftly through the required elements of evaluation procedures. More information is also provided below, should you care to elaborate.

Refer participants to **Handout 6** (page 3, bottom of right column), where the regulations spell out the evaluation procedures to be used. For your convenience, we’ve also included the regulations in the box on the next page.

The Developmental Areas

One of the required evaluation procedures is to identify the child’s level of functioning in each of the developmental areas listed in the cross-reference. In the previous slide’s discussion, we identified what those areas are—there are five.

Take a moment and talk with participants about the skills involved in each of the developmental areas, so that they will have a solid understanding of the types of information gathered in the evaluation of a child.

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).³³

Physical development | This 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 in the Part C regulations.

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.³⁴

Procedures for Evaluation of the Child §303.321(b)

(b) Procedures for evaluation of the child. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child’s eligibility under this part. Procedures must include—

(1) Administering an evaluation instrument;

(2) Taking the child’s history (including interviewing the parent);

(3) Identifying the child’s level of functioning in each of the developmental areas in §303.21(a)(1);

(4) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child’s unique strengths and needs; and

(5) Reviewing medical, educational, or other records.

Communication development | This refers to 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).³⁵

By age 3, a child may know as many as 900 words.³⁶

Social or emotional development | This is another of the developmental areas investigated during the child’s evaluation. 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.³⁷



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).³⁸

Adaptive development | Adaptive development concerns the ability to adapt to changing circumstances and take care of oneself. It’s 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.³⁹



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 under 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.⁴⁰

Gathering Information from Other Sources

The bullet on the slide mentions “gathering info from other sources, if necessary” but this has been shortened from what the regulations say, due to space constraints on the slide. So it’s important to offer the full information about this item as an evaluation procedure. The Part C regulations state the item as follows:

(4) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child’s unique strengths and needs...⁴¹

What’s not mentioned on the slide is:

- *who* this additional information might be gathered from (e.g., individuals such as family members, other care-givers, medical providers, social workers, and educators)
- *why* and *when* the additional information about the child would be necessary (i.e., to understand the full scope of the child’s unique strengths and needs).

Reviewing Medical, Educational, and Other Records

We've already seen how eligibility for Part C may be determined through medical or other records. In the current context as a procedure within the evaluation process, however, examining the medical and other records can contribute a lot of information about the child, especially in tandem with taking a child's history. In many cases, the child's records can help flesh out the understanding of the child's unique strengths and needs.

No Single Procedure

The last item to discuss is also the last item to appear on the slide. After all the bullets are displayed, then comes the final point: No single procedure may be used as the sole criterion for determining a child's eligibility under Part C.

When you look at the regulations themselves (cited earlier, on page 41), this statement is actually the *lead-in* to the list of required evaluation procedures, not final at all. Its meaning is clear. A child's eligibility may not be determined based on the results of only one evaluation procedure. Multiple evaluation procedures are required, so that a comprehensive picture of the child's functioning in the five developmental levels can be built and that child's eligibility decided.



References

- ³² §303.321(a)(2)— Evaluation of the child and assessment of the child and family: General.
- ³³ 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>
- ³⁴ Encyclopedia of Children's Health. (n.d.). *Development tests*. Retrieved March 8, 2012 from: <http://www.healthofchildren.com/D/Development-Tests.html>
- ³⁵ 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>
- ³⁶ Parlakian, R., & Lerner, C. (2008). *Your child's development: 30 to 36 months*. Washington, DC: Zero to Three. <http://main.zerotothree.org/site/DocServer/30-36Handout.pdf?docID=6085>
- ³⁷ 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>
- ³⁸ 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>
- ³⁹ Para-eLink. (n.d.). *Development of adaptive behavior*. Retrieved March 8, 2012 from the Para-eLink website: http://paraelink.org/eck1/eck1_6.html
- ⁴⁰ §303.111—State definition of developmental delay.
- ⁴¹ §303.321(b)(4)—Evaluation of the child and assessment of the child and family: Procedures for the evaluation of the child.

Determining a Child's Eligibility



Many factors play a part in how a child's eligibility is determined in Part C

- IDEA's **definition** of "infant or toddler with a disability"
- **Diagnosed** physical or mental conditions
- **State** definitions and procedures
- Results of the **evaluation**
- Informed **clinical opinion**

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

CLICK to advance to next slide.

Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments

A stated purpose of evaluation is to provide the information necessary to determine the child's eligibility for early intervention services. All right, then. The evaluation of the child has been completed. Time to determine the eligibility of the infant or toddler in question.

This slide looks at several key factors involved in making an eligibility determination.

IDEA's Definition of "Infant or Toddler with a Disability"

The definition of "infant or toddler with a disability" is certainly a pivotal factor in determining a child's eligibility. The first part (and *main* part) of the definition in the Part C regulations is given in the box on the next page and appears on the last page of Handout 6.

(Note: There are two other parts to the definition of "infant or toddler with a disability." We haven't included them in the box because they concern two State *options*, not requirements. For your information, however, the other two parts are:

- at the State's discretion, to include "at-risk infant or toddler" in its definition⁴²
- at the State's discretion, to continue to provide early intervention services to a child past his or her third birthday (called the Part C extension option).⁴³

In the main part of how Part C defines “infant or toddler with a disability,” you can see that the term refers to 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.



About developmental delay | As you know, developmental delays can occur in one or more of the five developmental areas. Each State decides for itself how much of a delay in any one area is needed for a child to qualify as an “infant or toddler with a disability” and be found eligible for Part C services. Developmental delays are identified in the evaluation process.

About diagnosed physical or mental conditions | The definition of “infant or toddler with a disability” also includes children under the age of three with a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Participants heard about this on an earlier slide (Slide 4B-5)—do they recall that a child’s eligibility can sometimes be determined through medical or other records, thereby eliminating the need for an evaluation of the child? Time to hear more about it—in particular, the examples of such diagnosed conditions given in the Part C regulations.

Diagnosed Physical or Mental Conditions

Refer participants to the last page of **Handout 6**, where the main part of the definition of “infant or toddler with a disability” appears. Do they see the list of conditions the regulations specifically mention? It’s a pretty hefty list...

...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.⁴⁴

These conditions are considered “conditions of established risk.” Children with these conditions are eligible for services under Part C of IDEA by virtue

§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.

of their diagnosis, regardless of whether a measurable delay is present.⁴⁵

State policy may also break down the broad categories given in the regulations (e.g., chromosomal abnormalities, genetic or congenital disorders) and identify what *specific* conditions will automatically qualify a baby or toddler for Part C.

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.

State Definitions and Procedures

Children’s evaluations for Part C—and the determination of their eligibility for Part C services—are very much based upon the State’s definitions and procedures. To illustrate:

- The term *developmental delay* is defined by each State.
- Each State also specifies how each child’s development will be measured in each developmental area (e.g., cognitive, physical).
- Each 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*.⁴⁶

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.



The ECTA Center also makes available a summary table of States’ and territories’ definitions of, or criteria for, eligibility under Part C of IDEA. Find that summary at: http://ectacenter.org/~pdfs/topics/earlyid/partc_elig_table.pdf

Results of the Evaluation

Naturally, the results of the child’s evaluation play a part in determining that child’s eligibility for early intervention. Information about the child’s functioning in the five developmental areas has been gathered through multiple methods—what do the results indicate? Does the child meet the State’s definition of developmental delay?

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.⁴⁷

The Part C regulations do not include a definition of “informed clinical opinion.” However, the Department’s comments on the subject are illuminating. They are as follows:

The 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

Trainer’s Note!



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.

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 §303.321(a)(3)(ii) 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.⁴⁸

Additionally, the ECTA Center offers a 7-page brief on the use of informed clinical opinion. The brief uses a question-and-answer format to address three key issues:

- What does informed clinical opinion mean in the context of Part C?
- How does informed clinical opinion affect the determination of eligibility?
- Why is it necessary to document informed clinical opinion?

Find the brief at:

<http://ectacenter.org/~pdfs/pubs/nnotes28.pdf>

Eligible or Not Eligible?

All of the factors discussed on this slide can play a part in determining a child's eligibility for Part C. What happens after the eligibility determination is made?



No, not eligible | If the determination is "no, the child is not eligible," then the lead agency must inform parents of that determination using prior written notice. That notice must include information on parents' right to disagree with the "no" determination using one of IDEA's dispute resolution mechanisms (e.g., mediation, due process). The Part C regulations specifying this are provided in the box below and on the last page of Handout 6.

Yes, eligible | If a child is found to be eligible...well, move on the next slide and continue the story of evaluation and assessment in Part C!

§303.322 Determination that a child is not eligible.

If, based on the evaluation conducted under §303.321, the lead agency determines that a child is not eligible under this part, the lead agency must provide the parent with prior written notice required in §303.421, and include in the notice information about the parent's right to dispute the eligibility determination through dispute resolution mechanisms under §303.430, such as requesting a due process hearing or mediation or filing a State complaint.

References

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

⁴³ §303.21(c)—Infant or toddler with a disability.

⁴⁴ §303.21(a)(2)—Infant or toddler with a disability.

⁴⁵ 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>

⁴⁶ §303.111—State definition of developmental delay.

⁴⁷ §303.321(a)(3)(ii)—Evaluation of the child and assessment of the child and family: General.

⁴⁸ 76 Fed. Reg. at 60199.

Slide 4B-8

Assessment (*Slide 1 of 2*)

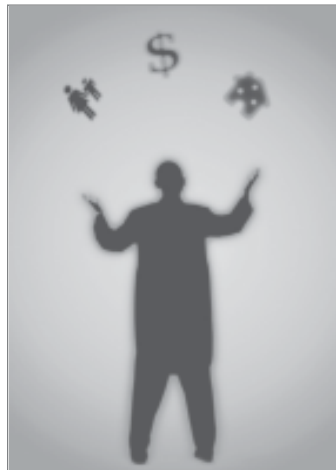
Screening | Evaluation | **Assessment**

If the child is found eligible as an
“infant or toddler with a disability”—

A multidisciplinary
assessment of the child
must be conducted

to identify...

- the child’s unique **strengths & needs**
- the **services** appropriate to meet those needs



Opening
View

Slide loads
with this
view.

Slide operation continues on next page ►

Screening | Evaluation | **Assessment**

**If the child is found eligible as an
“infant or toddler with a disability”—**

**A multidisciplinary
assessment of the child
must be conducted**

to identify...

- the child’s unique **strengths & needs**
- the **services** appropriate to meet those needs

**A family-directed assessment
must be conducted**

to identify...

- the **resources, priorities, & concerns** of the family
- the **services** necessary to enhance the family’s capacity to meet their child’s developmental needs

Click 1

Click 1:
The right picture lifts away, revealing all text related to the family-directed assessment.

CLICK to advance to next slide.

Slide 4B-8: Background and Discussion



Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments

The slide gives a tidy summary of what happens next if a child is found eligible for Part C services.

First, Parental Consent for Assessment

- Parents will be asked to provide their consent for a multidisciplinary assessment of their child’s unique strengths and needs, which will also identify the services appropriate to meet their needs.
- Parents will also be asked to participate in a family-directed assessment of the family’s resources, priorities, and concerns, an assessment which includes identifying the services and supports needed to enhance the family’s capacity to meet their child’s developmental needs.

Given parental consent, the assessments of child and family may be conducted.

These requirements can be seen in the Part C regulations provided in the box (refer participants to page 2 of **Handout 6**).

What does each of these assessments involve? What do the Part C regulations require? The next slide will answer these questions.

References

- ⁴⁹ §303.321(a)(1)(ii)—Evaluation of the child and assessment of the child and family: General.

If the Child is Found Eligible for Part C

(ii) If the child is determined eligible as an infant or toddler with a disability as defined in §303.21—

(A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;

(B) A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.⁴⁹

Slide 4B-9

Assessment (Slide 2 of 2)

Screening | Evaluation | **Assessment**

The assessment of the **child** must include—

- review of the evaluation results
- personal observations of the child
- identification of the child's needs in each of the 5 developmental areas



Opening View

Slide loads with this view.

Slide operation continues on next page ▶

Click I

The assessment of the child must include—

- review of the evaluation results
- personal observations of the child
- identification of the child's needs in each of the 5 developmental areas

The family-directed assessment must—

- be voluntary for each member who participates
- be based on info gained through an assessment tool and also through an interview with each family member who participates
- include the family's description of its resources, priorities, & concerns for enhancing the child's development

Click 1:
The right picture lifts away, revealing all text related to the family-directed assessment.

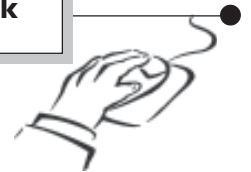
CLICK to advance to next slide.

Slide 4B-9: Background and Discussion

I Click

Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments



This slide's design mirrors the design of the previous slide, with information about the child's assessment on the left and the family's assessment on the right. Its brevity allows you to summarize quickly what's required with respect to each assessment, what type of information is collected, and how it's put to use in identifying needed services.

Assessment of the Child

The information on the slide closely tracks the verbatim regulations regarding the assessment of the child. Participants can compare the two by looking at the very top of page 4 (left column) of **Handout 6**, where the regulations state:

The assessment of the child must include the following—

(i) A review of the results of the evaluation conducted under paragraph (b) of this section;

(ii) Personal observations of the child; and

(iii) The identification of the child's needs in each of the developmental areas in §303.21(a)(1).⁵⁰



What's used in your State? | Participants can benefit from seeing and discussing the instruments and assessment tools used in your State. Visit your State's early intervention website and see what's posted there in support of the assessment process. In many cases, there are links to the actual forms that early intervention providers use to collect information about children and from families, procedures manuals, and materials in other languages. While the State may not mandate the use of any one instrument (such as an observation guide or a developmental measurement tool), having an example can do much to illuminate what assessment of children in early intervention may involve.

Family-Directed Assessment

The purpose of the family-directed assessment was discussed on the previous slide. Remind participants that this assessment is conducted to identify:

- the resources, priorities, and concerns of the family; and
- the services necessary to enhance the family's capacity to meet their child's developmental needs.

Here, on this slide, we're looking at what the regulations *require* in terms of the family-directed assessment. The text on the slide closely tracks the

Each of these elements contributes valuable information about the child's needs, which in turn can be used to identify the types of early intervention services appropriate to address those needs.

Assessment tools and instruments | There's a wealth of information online about assessment instruments used with very young children, much of it made available by the early intervention systems of individual States. There are also useful analyses of the features of commonly used assessment instruments, which can help early intervention systems and EI providers select effective tools to use with the infants and toddlers (and families) referred to the Part C system. For examples, see the resources listed in the box below.

The Part C regulations do not mandate or even suggest specific instruments to be used during the assessment of children in early intervention. These are decisions left to State lead agencies and early intervention systems. Even within a State there may be different instruments or approaches used to conduct child assessments.

Example Resources: Assessment Tools and Instruments

Developmental screening tools for children 0-5 years of age recommended by the American Academy of Pediatrics.

<http://www.earlychildhoodmichigan.org/articles/7-03/DevScrTools7-03.htm#recommendations>

Best Practices in Play Assessment and Intervention.

From the National Association of School Psychologists.

http://www.nasponline.org/publications/booksproducts/bp5samples/549_bpv71_33.pdf

An Assessment Primer: Effective Assessment in the Early Childhood Classroom.

<http://nieer.org/sites/nieer/files/Assessment%20Primer%207-8-12.pdf>

regulations themselves, which appear on **Handout 6** and read as follows:

The family-directed assessment must—

(i) Be voluntary on the part of each family member participating in the assessment;

(ii) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and

(iii) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.⁵¹

Voluntary | Not surprisingly, the first requirement is that each member of the family participating in the assessment does so voluntarily. What's being discussed and shared is obviously personal, and possibly upsetting, to the family member.

Interviews and assessment tools | The point of conducting the family assessment is to find out what the *family* views as its resources, concerns,



and priorities. Therefore, it's considered best practice to hold the family interviews more as conversations than as formal sessions that include the filling out of a needs assessment tool. Family trust and comfort levels are critical factors in opening a continuing dialogue about

- the family's daily routines;
- perceptions of their child's development;
- what challenges the family faces day to day;
- the resources they have available to address those challenges; and
- what they consider most important for their child to learn or be able to do in the near future.

Instruments and tools for the family-directed assessment | As with assessments of children, the tools and instruments that might be used to conduct the family-directed assessment will vary from State to State and, sometimes, within the State. What's used in your State would be appropriate to share with the audience, perhaps designing an activity that guides them in exploring the type of information gathered from families.



For More Information on the Family-Directed Assessment

For a scholarly article on family-assessment within early intervention programs.

<http://www.bc.edu/content/dam/files/schools/lsoe/pdf/EICS/FamilyAssessmentWithinEarlyInterventionPrograms.pdf>

What Families Want to Know About Assessment.

<http://tactics.fsu.edu/pdf/HandoutPDFs/TaCTICSHandouts/Module1/WhatFamiliesWant.pdf>

ECTA Center's page of resources | Family Assessment: Gathering Information From Families.

<http://ectacenter.org/topics/families/famassess.asp>

Interesting Tidbit!

The 2011 Part C regulations made a small change in its language about family assessments, but a big point that's worth noting. Following the release of proposed regulations, many comments were received from the public about what was proposed, and several related to family assessments. As the Department explains:

A number of commenters stated that the language in proposed §303.320(c) regarding voluntary family assessments appeared to be something that is done "to" families and not "with" families. The commenters encouraged the Department to consider the term "family-directed assessment" in the regulations when referring to a family assessment in order to make it clear that the family is a primary partner in the process.⁵²

The Department agreed with the commenters and made the suggested change "to ensure that the identification of a family's resources, priorities, and concerns are family-directed."



References

⁵⁰ §303.321(c)(1)—Evaluation of the child and assessment of the child and family: Procedures for assessment of the child and family.

⁵¹ §303.321(c)(2)—Evaluation of the child and assessment of the child and family: Procedures for assessment of the child and family.

⁵² 76 Fed. Reg. at 60200.

Opening View

Both evaluation & assessment:



Qualified Personnel



Use of native language

Nondiscriminatory



Slide loads with this view.

CLICK 1

Both evaluation & assessment:

Personnel

- Include procedures used by qualified personnel
- Require qualified personnel to use "informed clinical opinion"



Use of native language

Nondiscriminatory



Click 1: Picture lifts away, leaving the text about "Personnel" in both evaluation and assessment.

Slide operation continues on next page ▶

CLICKS 2-3

Both evaluation & assessment:

Personnel

- Include procedures used by qualified personnel
- Require qualified personnel to use “informed clinical opinion”

Nondiscriminatory

- Must be conducted in a nondiscriminatory manner
- Must be selected & administered so as not to be culturally or racially discriminatory

Use of native language

- *Of the child* | Must be conducted in the *child’s* native language *
- *Of the family* | Must be conducted in the *family’s* native language *

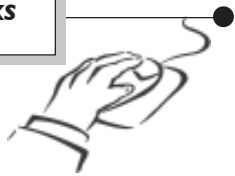
* Unless clearly not feasible to do so

Click 2:
Picture lifts away, leaving the text about “Nondiscriminatory” practices in both evaluation and assessment.

Click 3:
Picture lifts away, leaving the text about “Use of the native language” in both evaluation and assessment.

Slide 4B-10: Background and Discussion

3 Clicks



Pertinent Handout:

- Handout 6, Post-Referral Procedures—Screenings, Evaluations, and Assessments

You’ve been itching to get to this slide, haven’t you? I know we have! That’s because this slide is especially important. It summarizes three critical requirements that apply to the entire evaluation and assessment process in early intervention—meaning, common elements that are required with respect to:

- the evaluation of the child,
- the assessment of the child, and
- the family-directed assessment.

Let's have a look at what's so important that we saved it for last.

Quick Overview of How the Slide Operates

When the slide first loads, there are only three pictures, each marked with a phrase (as follows): **Qualified Personnel. Nondiscriminatory. Use of native language.** With each click you make, one of the pictures will lift away, text beneath will be revealed, and you can discuss the issue at hand. Each time reiterate that these requirements apply to each phase of the evaluation and assessment process.



Qualified Personnel

This item responds to the question that many parents and families would naturally have about screening, evaluation, and assessment of their child, not to mention their own family-directed assessment: Who is going to conduct the procedure? Do they know what they're doing? Are they *trained*?

Activity Suggestion

Before discussing the issue of qualified personnel, you might ask participants to take out a pen, pencil, or yellow highlighter and find every instance in **Handout 6** where the phrases "qualified personnel" or "personnel trained to" are used. After that, you won't need to say a thing! The point will be very clear.

As this slide indicates (and the suggested activity will demonstrate in spades), the Part C regulations require that screening, evaluation, and assessment processes all involve qualified personnel. We've bolded specific words below, to illustrate this.

- **Screening** | Involves activities "carried out by, or under the supervision of, the lead agency or EIS provider" and "includes the administration of appropriate instruments by **personnel trained** to administer those instruments."⁵³

- **Evaluation of the child** | "(i) *Evaluation* means the procedures used by **qualified personnel** to determine a child's..."⁵⁴
- **Assessment of the child** | "(ii) *Assessment* means the ongoing procedures used by **qualified personnel** to identify the child's..."⁵⁵
- **Assessment of the child** | "(1) An assessment of each infant or toddler with a disability must be conducted by **qualified personnel**..."⁵⁶
- **Evaluation and assessment of the child** | "(ii) **Qualified personnel** must use informed clinical opinion when conducting an evaluation and assessment of the child."⁵⁷
- **Evaluations and assessments of the child and family** | "(4) All evaluations and assessments of the child and family must be conducted by **qualified personnel**..."⁵⁸
- **Family-directed assessment** | "(2) A family-directed assessment must be conducted by **qualified personnel**..."⁵⁹

How much clearer can the regulations make it?! Qualified personnel must be involved throughout the steps of screening, evaluation, and assessment. Period.

Who decides who's qualified? | The State does, via its certification, licensing, or other policies for professionals and personnel. In fact, the regulations include an express definition of "qualified personnel" that reads as follows:

§303.31 Qualified personnel.

Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.

Nondiscriminatory

The second picture on the slide shows two babies laying on their backs, talking to one another. With a click, the picture will lift away and reveal the text beneath. Use the lead-in phrase at the top of the slide as you click, so that you say, “Both evaluation and assessment...” (CLICK) and the bullet points finish the sentence.



background, culture, or country. Consider factors that can affect how the parents or the child communicate, behave, or respond during the evaluation or assessment process, including:

- Primary language of the parents and child (English? Another?)
- Level of acculturation to United States (if not born here)
- Familiarity with objects or activities used during evaluation or assessment
- Explanations concerning the causes and solutions of problems
- Social, cultural, or religious mores that govern behavior, eye contact, dress, response to authority, and such like

- Must be conducted in a nondiscriminatory manner
- Must be selected and administered so as not to be culturally or racially discriminatory

Context | IDEA has long required that evaluation and assessment procedures and tools be nondiscriminatory. This is true in both Part C and Part B of the law. The Part C regulations at §303.321(a)(4) state:

(4) All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.

Participants can see this provision on **Handout 6** (top of page 3, right column).

Why | When evaluating children who’ve been referred to the Part C system, it’s obviously important that the results yielded are reliable so that a comprehensive and *accurate* understanding can be built of the child’s strengths and needs. Eligibility determinations are based in large part on the results of the child’s evaluation, as are discussions and decisions about what early intervention services are appropriate to address the child’s needs. If the methods or tools used to collect information about the child are flawed, culturally or racially biased, or inappropriate for the child, then the results will be questionable at best.

Talk about it | What makes an inventory, an observation, an interview, or an instrument discriminatory or biased in terms of race, ethnicity, or culture? Talk with participants about their own experiences or knowledge in this regard. In particular, explore how bias can unintentionally creep into interactions with families and children, especially those who come from a different

Use of the Native Language

The third picture on the slide comes with the header “use of the native language.” When you click, the picture lifts away, and reveals the last item to be discussed--what the Part C regulations require in terms of using the native language during both evaluation and assessment. As the slide indicates:

- *Evaluation and assessment of the child* | Must be conducted in the child’s native language, unless it’s clearly not feasible to do so
- *Assessment of the family* | Must be conducted in the family’s native language, unless it’s clearly not feasible to do so

Considering Part C’s requirement that evaluation and assessment be nondiscriminatory, it’s not surprising that the regulations also require use of the native language during evaluation and assessment. What could be more discriminatory than conducting every evaluation or assessment interview or procedure in English, if that’s not the primary language of the child or the family?

What the regulations say | Let’s start with the regulations at §303.321(a)(5) and (6), which appear on **Handout 6** (page 3, top of the right column) and read as follows:

- (5) Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language

of the child, in accordance with the definition of native language in §303.25.

(6) Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of native language in §303.25.

Definition of native language | Both of the provisions just cited refer to the definition of native language in §303.25. What is that definition? It's clearly relevant in this discussion. We've provided that definition in the box below.

As you can see, there are actual multiple meanings of the term "native language."

- *For parents whose proficiency in English is limited* | "Native language" is the language the parents normally use.
- *For a child being evaluated or assessed* | "Native language" is the language that the child normally uses (if that's considered developmentally appropriate by the personnel conducting the evaluation or assessment).
- *For an individual who is deaf or hard of hearing, blind or visually impaired, or with no written language* | "Native language" is the mode of communication the individual normally uses, such as sign language, braille, or oral communication.

The child's native language? | Perhaps the only surprise in this definition is that, when evaluating or assessing the child, the native language to be used might very well be the language that the *child* normally uses, which may not necessarily be the language of his or her parents.

The variability inherent in this requirement acknowledges the sometimes tricky nature of language development. While many children in early intervention won't have developed much receptive or expressive language yet, others will have, especially toddlers between the ages of one and three. For these latter children, a decision will need to be made by the personnel conducting each child's evaluation and assessment. Should the evaluation and assessment be conducted in the language the child normally uses? Would doing so

be developmentally appropriate for the child? If so, then the evaluation/assessment would need to be conducted in the child's language.

"Unless it's clearly not feasible to do so" | As the slide indicates, the native language of the child and/or the family must be used during evaluation and assessment, unless it's clearly not feasible to do so. This is an important point. As the Department observes:

The "unless clearly not feasible to do so" standard acknowledges that there may be instances when conducting evaluations or assessments in the native language of the child, parent, or family member is



§303.25 Native language.

(a) *Native language*, when used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 602(18) of the Act), means—

(1) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a)(2) of this section; and

(2) For evaluations and assessments conducted pursuant to §303.321(a)(5) and (a)(6), the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.

(b) *Native language*, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication).

not possible because, for example, interpreters for a particular language cannot be located, despite best efforts. If on-site interpreters cannot be located for a particular language despite best efforts, other methods of communication in the native language, such as using telephonic interpreters, should also be explored when an interpreter is needed and appropriate, for the evaluation and assessment.⁶⁰

References

- ⁵³ §303.320(b)—Screening procedures (optional): Definition of screening procedures.
- ⁵⁴ §303.321(a)(2)(i)—Evaluation of the child and assessment of the child and family: General.
- ⁵⁵ §303.321(a)(2)(ii)—Evaluation of the child and assessment of the child and family: General.
- ⁵⁶ §303.321(c)(1)—Evaluation of the child and assessment of the child and family: Procedures for assessment of the child and family.
- ⁵⁷ §303.321(a)(3)(ii)—Evaluation of the child and assessment of the child and family: General.
- ⁵⁸ §303.321(a)(4)—Evaluation of the child and assessment of the child and family: General.
- ⁵⁹ §303.321(c)(2)—Evaluation of the child and assessment of the child and family: Procedures for assessment of the child and family.
- ⁶⁰ 76 Fed. Reg. at 60198.



Slide loads fully. No clicks are necessary except to END the slideshow.

CLICK to END the slideshow.

You've done it, you're through with this module! Well, almost...

Depending on how much time you still have available for your training session, you can use this slide:

- for a quick review and recap of your own devising;
- to open the floor up for a question and answer period; or
- by having participants complete a closing activity of your choice and discuss in the large group afterwards.



This training curriculum is designed and produced by NICHCY, the National Dissemination Center for Children with Disabilities, at the request of our funder, the Office of Special Education Programs (OSEP) at the U.S. Department of Education.

NICHCY Lead: Lisa Küpper

OSEP Lead: Rhonda Spence

OGC Lead: Kala Surprenant

Funding for NICHCY officially ended on September 30, 2014. All training materials in this Part C training curriculum are now available at the website of the Center for Parent Information and Resources, at:

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