

Early Intervention Programs for Infants and Toddlers with Disabilities

Implementing the Final Part C Regulations




Contributing MDE Team

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Intended Learner Outcomes


Participants will be able to:

- Describe the changes imposed by the Part C regulations
- Implement the Part C regulations in their daily work with infants and toddlers with disabilities and their families
- Know how compliance with each component will be monitored




Overview of Content

- Regulation Structure & Implementation Timelines
- Pre-Referral Procedures
- Referral Procedures
- Post-Referral Activities
 - Screening
 - Adopt
 - Evaluate and Assess
- Eligibility Determination
 - Eligibility Criteria & Use of Informed Clinical Opinion
 - Determination that a child is not a child with a disability



Overview of Content

- 45-day Timeline
 - Interim IFSP
 - Determination that a child is not a child with a disability
- IFSP team
- IFSP team meeting and Periodic Review
- Contents of an IFSP
- Transition from Part C to Part B
- Confidentiality Provisions
- Final Questions




Minnesota Department of Education **Final-ly Part C Regulations**

Selected History of IDEA

- 1965: P.L. 89-10, The Elementary and Secondary Education Act (ESEA). Included statutory basis for early special education legislation.
- 1970: P.L. 91-230, ESEA Amendments Included Part B, the Education of the Handicapped Act. EHA would eventually become IDEA.
- 1975: P.L. 94-142, Education for all Handicapped Children Act. The law now stands alone and is no longer part of ESEA.
- 1986: P.L. 99-457, Education of the Handicapped Amendments of 1986, created Part H and new Preschool Grants Program
- 1990: P.L. 101-476, EHA Amendments changed the name of the law to Individuals with Disabilities Education Act (IDEA)
- 1997: P.L. 105-17, IDEA Amendments
- 2004: P.L. 108-446, IDEA 2004, aligned IDEA with *No Child Left Behind*



IDEA 2004 – PL 108-446

December 3, 2004 - IDEA 2004 signed into law
July 1, 2005 - Most provisions went into effect without federal regulations

June 21, 2005 - Part B draft regulations were published

June and July 2005 - OSERS held public hearings throughout the country

Final Part B regulations were published in the August 14, 2006 Federal Register



Part C Regulations Process

A Notice of Proposed Rulemaking (NPRM) was issued in Summer 2007

There was a 75 day public comment period
OSERS held multiple public hearings around the country

Final Part C regulations were expected to be published no later than Winter/Spring 2008



Part C Regulations

Pre-publication final version of regulations released September 6, 2011

Final regulations published in Federal Register September 28, 2011

Became effective October 28, 2011

Full implementation beginning 7/1/2012

- ▣ Receive FFY 2012 IDEA Part C grant and begin obligations
- ▣ Monitor based on new requirements.



<http://idea.ed.gov/>



2011 Part C Regulations

- Subpart A – General [303.1 through 303.37]
- Subpart B – State Eligibility for a Grant and Requirements for a Statewide System [303.100 through 303.126]
- Subpart C- State Application and Assurances [303.200 through 303.236]
- Subpart D – Child Find, Evaluations and Assessments, and IFSPs [303.300 through 303.346]






2011 Part C Regulations

- Subpart E – Procedural Safeguards [303.400 through 303.449]
- Subpart F – Use of Funds and Payor of Last Resort [303.500 through 303.521]
- Subpart G SICC [303 600 through 303 605]
- Subpart H – State Monitoring and Enforcement; Federal Monitoring and Enforcement; Reporting; and Allocation of Funds [303.700 through 303.734]

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Organization of Content

-  Regulation Changes
-  Areas Needing Clarification
-  Forms
-  Application
-  Recommended Practice

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Changes related to Public Awareness and Child Find

Added programs for coordination of child find efforts:

- Home Visiting
- Child Protection and Welfare including CAPTA
- Family Violence Prevention and Services Act
- Early Hearing Detection and Intervention (EHDI)
- Children’s Health Insurance Program (CHIP)
- Child Care

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Primary referral sources now include:

- Hospitals--prenatal and postnatal care
- Physicians
- Parents, including parents of infants and toddlers
- Child care and early learning programs
- LEAs and schools
- Public Health
- Other public health or social service agencies
- Other clinics and health care providers
- Δ Public agencies/staff in child welfare system
- Δ Homeless shelters
- Δ Domestic violence shelters and agencies

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Responsibility for Public Awareness and Outreach

Interagency Early Intervention Committees (IEICs) are charged by Minnesota Statute 125A.30 to develop and implement policies and procedures to:

- Inform potential recipient families, especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, of available programs and services


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Responsibility for Public Awareness and Outreach

Interagency Early Intervention Committees (IEICs) are charged by Minnesota Statute 125A.30 to develop and implement policies and procedures to:

- Actively seek out, identify, and refer infants and young children with, or at risk of, disabilities, including a child under the age of three who: (i) is involved in a substantiated case of abuse or neglect or (ii) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure


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Responsibility for Public Awareness and Outreach

- Minnesota’s twelve IEICs receive 10 percent of the state’s annual Part C federal allocation
- These funds support interagency public awareness and outreach

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Coordinate outreach efforts through IEICs to reach referral sources


Local program staff should actively participate in IEIC public awareness and outreach activities as part of the comprehensive state plan

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When Parents Know, Children Grow

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Referral Procedures


- Added CAPTA language with clarification that the intent does not include siblings of the child, but only the child “substantiated”
- Requires referral from all primary referral sources as soon as possible but in no case more than seven days after the child has been identified

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State and Regional Strategies




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Referral Procedures

- Referrals can be made to MDE through 1-866-693-GROW or online at www.mnparentsknow.info
- The online option includes referral portals for parents, professionals or friends and family members
- Referrals may also be made directly to local early intervention programs


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Referral Procedures

Section 303.404(d) requires the early intervention program to provide parents with an initial notice when a child is referred to Part C that informs parents about their rights under the IDEA Part C confidentiality provisions and a summary of the record maintenance, destruction, retention, and storage policies with which participating agencies must comply

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Establish local procedures to accept and act upon referrals

Know who within your system will:

- Receive referrals (e.g., mail, phone, other)
- Contact parents, gather critical information to assist in moving the referral forward
- Provide notice required by 303.404(d)
- Review referral and determine appropriate course of action
- Identify a parent
- Determine the native language of the parent and the child

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Establish local procedures to accept and act upon referrals

Know who within your system will, if applicable:

- Assign MARSS number
- Arrange for or conduct screening
- Request medical records
- Assign Service Coordinator
- Conduct evaluation
- Close loop with primary referral source
- Provide follow-up, as needed, for children not served through IFSP following the evaluation


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Native Language

- The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child
- For evaluations and assessments conducted... the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment


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Native Language

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)

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Home Language Questionnaire will ID native language of parent and child




Three key questions:

1. Which language did your child learn first?
2. Which language is spoken [used] most often in your home?
3. Which language does your child usually speak [use]

<http://education.state.mn.us/MDE/JustParent/EngLearn/>


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 **Definition of Parent**

Parent means--


- A biological or adoptive parent of a child
- A foster parent, unless state law, regulations, or contractual obligations with a state or local entity prohibit a foster parent from acting as a parent
- A guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the state if the child is a ward of the state)

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 **Definition of Parent**


- An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives or an individual who is legally responsible for the child's welfare
- A surrogate parent who has been appointed in accordance with Part C

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 **Definition of Parent**


The biological or adoptive parent, when attempting to act as the parent under this part, and when more than one party is qualified...to act as a parent, must be presumed to be the parent for purposes of this section unless the biological or adoptive parent does not have legal authority to make educational or early intervention services decisions for the child

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 **Definition of Parent**


If a judicial decree or order identifies a specific person or persons...to act as the "parent" of a child or to make educational or early intervention service decisions on behalf of a child, then the person or persons must be determined to be the "parent" for parent purposes of Part C of the Act, except that if an EIS provider or a public agency provides any services to a child or any family member of that child, that EIS provider or public agency may not act as the parent for that child

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 **Section 303.9. Definition of Day**


Day means calendar day, unless otherwise indicated

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 **MN Rule 3525.3790 Time Computation**

- In computing any period of time prescribed by this chapter, the day of the event from which the designated period of time begins to run shall not be included
- The last day of the time period shall be included, unless it is a Saturday, Sunday, or a legal holiday, in which case the time period ends on the next day which is not a Saturday, Sunday, or a legal holiday


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Impact of HMG online and telephone referral options on timeline

- During February and March, 393 referrals were received by MDE for children birth through two
- 100 percent of referrals were transmitted to the local intake either the same day or next business day
 - 84% (330) transmitted on the same day
 - 12% (47) transmitted the next day (all of these referrals were received by MDE after 1 pm)
 - 2.8% were transmitted two days after the referral was received on Saturday (2) or Sunday (1)
 - 1.3% were transmitted three days after the referral was received after 3 pm on Friday (4) or on Saturday (1)

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Post-referral Activities




Three post-referral pathways

1. Screen (Blue)
2. Adopt (Green)
3. Evaluate (Red)

Information available at referral determines pathway

All pathways include use of prior written notice (PWN)


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When Prior Written Notice is required:

- Prior to screening- intent to screen
- After screening when results indicate no suspicion of disability or need to evaluate
- Initial evaluation and assessment for Part C
- Determination that a child is not eligible for Part C
- Initiating early intervention services
- Ongoing assessment
- Changing placement or provision of early intervention services


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General Components of a Part C Prior Written Notice

- The action that is being proposed or refused
- The reasons for taking the action
- All procedural safeguards that are available under this subpart, including a description of mediation, how to file a complaint and a due process complaint...and any applicable timelines
- Written in language understandable to the general public and provided in the native language...or other mode of communication of the parent, unless clearly not feasible to do so

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Components of a Part C Prior Written Notice: Native Language

If the native language or other mode of communication of the parent is not a written language, the LEA must take steps to ensure that:

- The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication
- The parent understands the notice
- There is written evidence that the requirements of this paragraph have been met

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Parental Consent Required

Clarifies parental consent is required before:

- Administering screening
- Evaluating and assessing
- Providing early intervention services
- Using public benefits or insurance or private insurance are accessed, if required
- Disclosing personally identifiable information

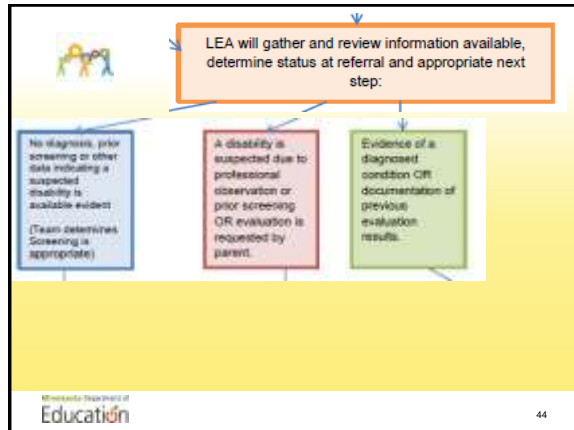
May not use hearing procedures to challenge parent's refusal to provide consent

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Tour of Q&A Documents on MDE Website

- Embed slide 43

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Screening Policy and Procedures

- Screening is now a permissive Part C activity
- Screening procedures are activities...that are carried out by, or under the supervision of, the lead agency or EIS provider to identify infants and toddlers suspected of...having a disability and in need of early intervention services
- Includes the administration of appropriate instruments by personnel trained to administer those instruments

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Screening Option: Blue Activity Pathway

Screening is appropriate when:

- No diagnosis
- No prior screening or other data indicated a suspected disability

LEAs may develop a screening process within their early intervention programs:

- Select appropriate screening tools
- Train personnel

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Requirements of Screening Process


- PWN must be provided to the parent and written consent must be obtained
- The PWN must include all requirements and also describe the right of the parent to request an evaluation at any point during or after the screening process

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Prior Written Notice for Screening: Example 1

1. Description of what the district will do: *Happy Valley schools will conduct a developmental screening of Tyler using the Ages and Stages Questionnaire (ASQ)*
2. Explanation of why the district proposes to take the action: *Tyler's parents are concerned that Tyler is developing more slowly than his cousins*
3. You have the right to request an evaluation at any time during the screening process


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Screening Procedures: Acting On Results

- If the child is suspected of having a disability, provide a PWN to propose an initial evaluation and assessment (PWN Example 2)
- Once parental consent is obtained, an evaluation and assessment of the child must be conducted


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Screening Procedures: Acting On Results

- If the child is not suspected of having a disability, provide notice of that determination to the parent (PWN Example 3)
- The PWN must describe the parent's right to request an evaluation

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Screening Procedures: Acting On Results

Recommended Practices when child is NOT suspected of being a child with a disability:

- Provide information to the parent on other appropriate community resources
- Communicate with your local Early Childhood Screening program to arrange for a follow-up screening following the child's third birthday, if appropriate


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Screening Procedures

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, even if the early intervention program has determined the child is not suspected of having a disability

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Adopt: Green Activity Pathway

A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child)...if those records:

- Indicate that the child's level of functioning in one or more of the developmental areas...constitutes a developmental delay
- Provide evidence of a diagnosed condition or that the child otherwise meets the criteria for an infant or toddler with a disability

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Adopt: Green Activity Pathway

- Appoint a Service Coordinator
- The EIS provider must provide PWN (PWN Example 4) and obtain parental consent to conduct multidisciplinary* assessments of the child and family in accordance with Section 303.321

*Multidisciplinary for purposes of evaluation and assessment may be one individual qualified in two disciplines or professions (Section 303.24)

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Evaluate: Red Activity Pathway

- Appoint a Service Coordinator
- Propose a comprehensive, multidisciplinary* evaluation and assessment (PWN Example 2)

*Multidisciplinary for purposes of evaluation and assessment may be one individual qualified in two disciplines or professions (Section 303.24)


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Evaluate: Red Activity Pathway

- 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
- All evaluations and assessments of the child must be administered in the child's native language

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Service Coordination

Clarifies responsibilities to include:

- The coordination of early intervention services and other services that the child needs or is being provided
- Conducting referral and other activities to help families obtain EI services
- Ensuring the timely provision of services
- Conducting follow-up activities to determine that appropriate Part C services are being provided


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Service Coordination Online Training Modules

- Being developed through the Centers of Excellence
- Available Fall 2012


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Definition of Evaluation

- Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under this part consistent with the definition of infant or toddler with a disability
- Initial evaluation refers to the child's evaluation to determine his or her initial eligibility under this part

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Evaluation Procedures

Must include:

- Administering an evaluation instrument
- Reviewing child's history, including interviewing parent
- Identifying the child's level of functioning in each of the developmental areas
- Gathering information from other sources
- Reviewing medical, educational or other records
- Documented, systematic observation by qualified professional in the child's daily routine setting or justifiable alternate setting (MN Rule)

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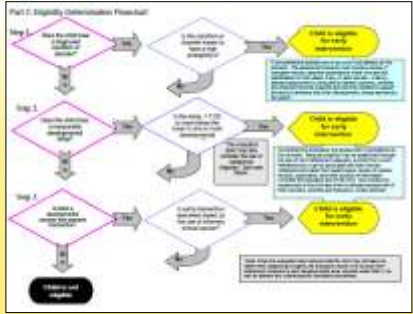
Evaluate: Red Activity Pathway

The evaluation process must also include:

- Gathering information from other sources such as family members, other caregivers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs
- Reviewing medical, educational, or other records

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Eligibility Algorithm



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Informed Clinical Opinion

- Qualified personnel must use informed clinical opinion (ICO) when conducting an evaluation and assessment of the child
- Lead agency must ensure that ICO may be used as an independent basis to establish a child's eligibility...even when other instruments do not establish eligibility
- In no event may ICO be used to negate the results of evaluation instruments used to establish eligibility

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Informed Clinical Opinion

- Please refer to handout entitled "Informed Clinical Opinion"
- ICO is the way in which qualified personnel utilize their cumulative knowledge and experience in evaluating and assessing a child and in interpreting the results of evaluation and assessment instruments

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Informed Clinical Opinion

- "It is intended that ICO be used as the deciding factor in eligibility determination only when there are truly unique circumstances not captured by tests, and those circumstances or factors are significant enough to make the case that the child has a delay even though all of the test scores do not reflect this" (Missouri First Steps, 2006)

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Informed Clinical Opinion

Apply ICO during the evaluation/assessment process as staff members consider:

- Interview information from family members
- Evaluations of the child
- Observations of the child
- Reports received from other agencies and individuals involved with the child


When establishing eligibility using ICO independently, clearly describe the rationale, incorporating information from multiple sources

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 **Determination that child is not eligible**

- If child is found not eligible, PWN is required that includes the parents' right to dispute the eligibility determination through dispute resolution mechanisms, such as requesting a due process hearing or mediation or filing a state complaint (PWN Example 5)
- For children who are determined to not be eligible for Part C, or if parents of an eligible child decline services, the Evaluation Summary section together with the completed IFSP cover page should be provided to parents

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 **Evaluation and Assessment**

If child is found eligible, the following are required:

- Multidisciplinary assessment of the child
- Family-directed assessment of the family's concerns, priorities and resources


Evaluation and assessment can occur simultaneously

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 **Definition of Assessment**

- 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 and includes the assessment of the child...and the family-directed assessment of the child's family
- Initial assessment refers to the assessment of the child and the family-directed assessment conducted prior to the first IFSP meeting


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 **Assessment Procedures**

Must include:

- Review of evaluation results
- Personal observation of the child
- Identification of child's unique strengths and needs in each developmental area


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 **Family-directed Assessment**

Must:


- Be voluntary on part of each family member participating
- Be based on information obtained through an assessment tool AND an interview
- Include family description of its resources, priorities and concerns related to enhancing their child's development

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 **Family-directed Assessment Recommended Practices**

- Conduct an interview using a routines-based process such as the Routines-Based Interview™ (RBI)
- Information on this process is available at <http://www.siskin.org/www/docs/112.190>
- Eco-mapping is one way to identify family resources

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Family-directed Assessment Recommended Practices: Use of Tool



Use Section A of the Family Outcomes Survey to identify concerns related to:

- Understanding child's strengths and needs
- Knowing your rights
- Helping your child develop and learn
- Having support systems
- Accessing the community


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Family-directed Assessment Recommended Practices: Use of Tool

- The Family Outcome Survey has been translated into multiple languages and is posted on the Minnesota Department of Education website at: <http://education.state.mn.us/MDE/EdExc/EarlyChildRes/EarlyChildSpecEd/index.html>

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Initial IFSP Team Meeting

IFSP meetings must be conducted:

- In settings and at times that are convenient for the family
- In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so

Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure they will be able to attend

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IFSP Team Membership; Initial and Annual Meeting Participants

IFSP team members include:

- The parent or parents of the child
- Other family members, as requested and feasible
- An advocate or person outside of the family, if requested by the parent
- The Service Coordinator
- A person(s) directly involved in conducting the evaluations and assessments
- As appropriate, persons who will be providing services to the child or family

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IFSP Team Membership: Initial and Annual Meeting Participants

If an evaluator or assessor is unable to attend an IFSP meeting, indicate on the IFSP which of the three alternative participation options was used:

- Participated through telephone conference call
- Made pertinent records available at the meeting
- Had a knowledgeable authorized representative attend the meeting

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Multidisciplinary

The involvement of two or more separate disciplines or professions and with respect to the IFSP Team:

- Must include the involvement of the parent and two or more individuals from separate disciplines or professions
- One of these individuals must be the Service Coordinator


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45-day Timeline

- Retains 45-day timeline from the date the lead agency or EIS provider receives a referral to the IFSP meeting
- Establishes two circumstances in which 45-day timeline would not apply:
 - Child or parent is unavailable due to exceptional family circumstances
 - Parent has not provided consent despite documented repeated attempts

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45-day Timeline

- Both exceptions must be documented in the child's early intervention record
- The initial evaluation and initial assessment activities must be completed as soon as possible after the documented circumstance no longer exists

The initial family-directed assessment must be completed within the 45-day timeline, if the parent concurs

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Examples of Exceptional Family Circumstances

The following are examples of exceptional family circumstances that may result in the 45-day timeline not applying:

- Illness of child or parent
- Family scheduling conflicts such as vacation or moving
- Other parent requested considerations

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Examples of Systems-related Reasons for Not Meeting Timeline

Inadequate capacity with existing providers

- Example: District decision not to contract for additional provider time
- Example: District decision not to post for additional providers
- Example: Inability to hire necessary, qualified staff

Delay in securing services of an interpreter
Referral received outside provider contract year
Difficulty coordinating schedules of evaluation team members

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Examples of Systems-related Reasons for Not Meeting Timeline

- Referral received just prior to scheduled break in instruction
- Unanticipated absence of evaluation team member
- Delayed communication between central point of entry and evaluation team
- Inadequate documentation of reasons for untimeliness

When the timeline is not met for systems-related reasons, it will result in a finding of non-compliance


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Interim IFSP: When To Write

- May be written as a way to begin services before the completion of the evaluation of an eligible child when the child/family are in immediate need of a service
- Must be written when the 45-day timeline is not met and the child is eligible for early intervention services, to the extent appropriate

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Interim IFSP: Requirements

- Parental consent is obtained
- An interim IFSP is developed that includes:
 - The name of the Service Coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons
 - The early intervention services that have been determined to be needed immediately by the child and the child's family


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Procedural Safeguards Notice

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Completing the IFSP


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Individual Family Service Plan

- Adds term “results” when “outcome” is used
- Adds language “Each early intervention service must be provided as soon as possible after the parent provides consent for that service...”
- Clarifies that the IFSP team must include “The Service Coordinator designated by the public agency to be responsible for implementing the IFSP.”

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IFSP Header & Identifying Information



IFSP Team Header

- Check box if this is an interim IFSP
- Identify Resident District (Appendix K and K1 within MARSS manual)
- IFSP meeting date (if more than one meeting is required, record the first date in the series)

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IFSP Header & Identifying Information

Identifying Information

- Child's Name
- MARSS ID Number
- Gender and Date of Birth
- School and Providing District
- School Address (program mailing address)
- Parent or Guardian Names & Contact Information
- Primary Care Information (if known)

Document reason if 45-day timeline is not met

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Progress Reporting

- Periodic Review AT LEAST every 6 months
- Annual Review

Hypothetical:

- IFSP Dated 5/1/2012
- Periodic Review held 9/1/2012
- What's next?

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Evaluation and Assessment Summary: All Developmental Areas

- Includes information gathered from the initial evaluation and assessment procedures for the initial IFSP
- There is no requirement for a separate Evaluation Report under Part C

EVALUATION AND ASSESSMENT SUMMARY


Determining eligibility for Part C and Part B concurrently? No Yes

If yes, an evaluation report for Part B eligibility is also required to be completed:

SUMMARY OF ALL DEVELOPMENTAL AREAS

Physical development, including vision and hearing


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Evaluation and Assessment Summary: All Developmental Areas

- Physical development, including vision and hearing
- Communication (e.g., understanding, expression, intelligibility, use of language, language skills and pre-literacy)
- Cognition (e.g., thinking, play skills)
- Social Emotional (e.g., engagement, response to caregivers, coping)
- Adaptive (e.g., feeding, dressing, toileting, sleeping)


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Evaluation and Assessment Summary: All Developmental Areas

- Emphasis should be given to the child's functional abilities and strengths within daily routines
- Include information on what the child can do and what he needs to learn
- The child's learning style may be addressed so that natural abilities can be more easily identified and strengthened

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Evaluation and Assessment Summary: All Developmental Areas

The Evaluation and Assessment Summary of subsequent IFSPs documents information integrated from:

- Ongoing assessment
- New evaluation information
- Reports of parents and other caregivers
- Observations made by service providers

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Determining eligibility for Parts C and B Concurrently

- Check "Yes" or "No"
- Requirement to follow all Procedural Safeguards for initial evaluations under each part, including separate PWN and timelines
- When determining eligibility for Parts C and B concurrently, an Evaluation Report for Part B eligibility must be completed in addition to the Evaluation and Assessment Summary section of the IFSP

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Documenting Eligibility for Part C

- Document the eligibility decision made by qualified personnel
- Make certain that the documentation clearly supports the group decision

Not eligible under Part C
 Eligible for Part C early intervention services (infant and toddler intervention services)

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Documenting Eligibility for Part C

Meets eligibility for Part C services through developmental delay of 1.5 standard deviations or more in at least one of the following development areas:

- Cognition: Indicate instrument and score: _____
- Communication: Indicate instrument and score: _____
- Adaptation: Indicate instrument and score: _____
- Physical: Indicate instrument and score: _____
- Social or Emotional: Indicate instrument and score: _____

If scores were obtained through a review of medical or other records, indicate source/provider: _____

- Check the box if the child is eligible due to a delay in one or more developmental areas
- Provide the name of the instrument and the qualifying score
- If scores were obtained through a review of other sources, indicate the source of that score

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Documenting Eligibility for Part C

Meets eligibility for Part C services through developmental delay because of a diagnosed physical or mental condition or disorder which has a high probability of resulting in a developmental delay. Specify condition and source of diagnosis: _____

Meets eligibility for Part C services through categorical disability (specify): _____

Meets eligibility for Part C services through the use of relevant clinical opinion on an informed basis.

Check the appropriate box above to indicate the child's eligibility through:

- A diagnosis (identify the condition and source)
- Categorical eligibility (specify the category)
- Use of informed clinical opinion (provide rationale)

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Family-directed Assessment

- Describe the family's concerns, priorities and resources related to enhancing the development of their child
- The family's concerns, priorities and resources are the basis for developing outcomes and identifying strategies and activities to address the child's identified needs
- Provide the source of the information, which must include an interview and a tool
- Check the appropriate box to indicate if the family has declined this assessment

Minnesota Department of Education 106

Activity 3


Family-directed Assessment

Minnesota Department of Education

Statements of Measurable Results or Measurable Outcomes

The IFSP must include a statement of the measurable results or measurable outcomes expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family...

Minnesota Department of Education 108




Statements of Measureable Results or Measureable Outcomes

...and the criteria, procedures, and timelines used to determine:

- The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made
- Whether modifications or revisions of the expected results or outcomes, or early intervention services identified in the IFSP are necessary


Minnesota Department of Education 109



Statements of Measureable Results or Measureable Outcomes

- Functional outcomes identified with families are the focal point of the IFSP document
- They provide direction for ongoing collaboration between parents and service providers
- The outcomes specify what should happen for families and children as a result of their participation in early intervention services
- Outcomes reflect parents' priorities, build upon identified strengths, and build capacity in parents and other caregivers


Minnesota Department of Education 110



Statements of Measureable Results or Measureable Outcomes

- Outcomes promote the development of functional skills in eligible children
- The format of the Outcomes section of the IFSP assists IFSP team members to generate outcomes that are meaningfully tied to everyday learning contexts and family routines
- Completed at initial and annual IFSP team meetings using information from the child and family-directed assessments and the evaluation process, as appropriate

Minnesota Department of Education 111




Writing Measureable Results or Measureable Outcomes

Measureable result or measureable outcome: *I'd like to see my child..., Child will..., I would like my family to be able to...*

Measureable outcomes are actions, behaviors or skills that can be seen, heard or reported reliably by others, including family members

Why is this result or outcome being addressed?
Describe why this outcome is it important to the family

Minnesota Department of Education 112




Writing Measureable Results or Measureable Outcomes

What is already happening? *What is the child doing now? What has been tried? What is working?*

- This section equates to the "present levels of performance" section of an IEP, describing what the child and family are currently doing specific to this functional outcome
- A routines-based interview and criterion-referenced assessment are good sources of information to describe "what is already happening"

Minnesota Department of Education 113




Writing Measureable Results or Outcomes

We will know we are successful when...:

- Describe how you will measure the achievement of each functional outcome
 - Criteria should not require interpretation or guessing to determine when an outcome has been achieved
- Specific criteria establish a realistic reference point for parents, other caregivers and early intervention providers to easily see or hear that an outcome has been achieved
- Criteria should specify where and when to observe a behavior or action

Minnesota Department of Education 114




Writing Measureable Results or Outcomes

Timeline that will be used to determine the extent to which progress is being made:

- The timeline documents when an outcome is expected to be achieved
- The timeline could specify a date or an event important to the family.

Examples: "Ariel will walk to the car all by herself by December 1." or "Ariel will walk to the car by herself by the time her baby sister is born."

Minnesota Department of Education 115



Writing Measureable Results or Outcomes

What will happen within the family's everyday routines, activities and places:

- Describe how the selected intervention methodologies will be implemented throughout the natural learning opportunities that are part of the family's daily routines
- This section should clarify how members of the IFSP team or other caregivers of the child are embedding intervention into activities such as meals, play, bath, bedtime and other important daily routines

Minnesota Department of Education 116

Activity 4

Functional Outcomes

Minnesota Department of Education

Minnesota Department of Education

Rating Activity for IFSP Outcomes

Participation-based, High Quality (YES) vs. Skills-based, Substandard (NO)

Rating Criteria:

- The OUTCOME is necessary and functional for the child's family and family life.
- The OUTCOME reflects real-life contextual settings (e.g. not test items).
- The OUTCOME is discipline-free.
- The wording of the OUTCOME is jargon-free, clear and simple.
- The wording of the OUTCOME emphasizes the positive.
- The OUTCOME avoids the use of passive words (e.g. tolerate, receive, improve, interact).


Review these outcomes using criteria above. Place a "yes" or "no" in each box to determine if the outcome would meet High Quality outcomes.

Sample IFSP Outcomes	1. Necessary/Functional	2. Real-life Contextual Settings	3. Discipline-Free	4. Jargon-Free	5. Positive	6. Not Passive
1. "Ariel will sleep through the night."	Yes	Yes	Yes	Yes	Yes	Yes
2. "Her occupational therapist will teach Ariel to play on a jumping doughnut."	No	No	No	No	Yes	No
3. "Liam will play together with his sister and cousin/uncle without crying."	Yes	Yes	Yes	Yes	Yes	Yes
4. "Liam will make some friends at every time of the dinner."	Yes	Yes	Yes	Yes	Yes	Yes
5. "Ariel will stack 4 blocks."	No	No	Yes	Yes	Yes	Yes
6. "Ariel will play with toys."	Yes	No	Yes	Yes	Yes	No
7. "Liam will be happy and relaxed when his mom leaves him at child care."	Yes	Yes	Yes	Yes	Yes	Yes

When the child's individual information (medical or developmental information, evaluation and assessment results, family history, etc.) is available, the following IFSP outcome areas can also be included:

- The OUTCOME is based on the family's priorities and concerns.
- The OUTCOME describes both the child's strengths and needs based on information from the child evaluation or ongoing assessment.

<http://www.mnstate.edu/education/ifa/ifa-08-09-10.pdf> To find the complete activity regarding IFSP and IFF outcomes.



Reviewing Progress on Measureable Results or Outcomes


- Periodic review date(s) - Provide the month/day/year when progress was reviewed
- This section will be blank when a new outcome is identified and included on the IFSP

Periodic Review Dates:

Describe progress toward measureable result or measureable outcome:

Accomplished
 Continue
 Discontinue
 Continue with the following modifications or revisions:


Minnesota Department of Education 119



Reviewing Progress on Measureable Results or Outcomes

- Provide PWN (Example 7) to the parent when the IFSP team modifies the early intervention services on the IFSP, including changes in frequency, intensity, duration, method, location or payment arrangements
- Written parental consent must be obtained for the change


Minnesota Department of Education 120



Reviewing Progress on Measureable Results or Outcomes

- Describe progress toward measureable result or outcome
- At the periodic review, provide a robust description of progress made by the child and the family related to the outcome
- Select one option to describe the ongoing status of the outcome based on the degree of progress:
 - Accomplished
 - Continue
 - Discontinue
 - Continue with the following modifications or revisions


Minnesota Department of Education 121



Assistive technology device

“Whether a hearing aid or an appropriate related audiological service is considered an assistive technology device or an early intervention service, respectively, for an infant or toddler with a disability depends on whether the device or service is used to increase, maintain, or improve the functional capabilities of the child and whether the IFSP team determines that the infant or toddler needs the device or service in order to meet his or her specific developmental outcomes.”


Minnesota Department of Education 122



Assistive technology

The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device


Minnesota Department of Education 123



Early Intervention Services

- Adds “Sign language and cued language services, including teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.”
- Vision Services: Clarified, “evaluations and assessments of visual functioning include the diagnosis and appraisal of specific visual disorders, delays, and abilities that effect early childhood development.”

Minnesota Department of Education 124




Early Intervention Services

The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes...including:

- the length, duration, frequency, intensity, and method of delivering the early intervention services

Minnesota Department of Education 125




Early Intervention Services

PART C SERVICES Early Intervention								
Services	Projected Start Date	Length (one per session)	Frequency (number of days or sessions)	Intensity (individual or group setting)	Method (how will services be delivered)	Actual Location	Anticipated Duration	Funding Source - If Other Than School

²An interim IFSP must include the services deemed to be immediately needed by the child or the family

Minnesota Department of Education 126




Early Intervention Services Defined

Early intervention services means developmental services that:

- (1) Are provided under public supervision
- (2) Are selected in collaboration with the parents
- (3) Are provided at no cost to the family
- (4) Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the child's development, as identified by the IFSP team, in one or more of the five domains

Minnesota Department of Education 127




Early Intervention Services Defined

Early intervention services means developmental services that:

- (5) Meet the standards of the state
- (6) Include services identified under paragraph (b) of this section
- (7) Are provided by *qualified personnel*
- (8) To the maximum extent appropriate, are provided in natural environments
- (9) Are provided in conformity with an IFSP


Minnesota Department of Education 128



Early Intervention Services—individually defined at 34 CFR 303.13

- Assistive technology devices and services
- Audiology services
- Family training, counseling and home visits
- Health services
- Medical services (diagnostic only)
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy

Minnesota Department of Education 129




Early Intervention Services—individually defined at 34 CFR 303.13

- Psychological services
- Service Coordination services
- Sign Language and Cued Language services
- Special Instruction
- Speech-language pathology services
- Transportation and related costs
- Vision services
- Other services

This is not an exhaustive list of the services that may be early intervention services


Minnesota Department of Education 130



Documenting Early Intervention Services: Projected Start Date

- The date that each service can reasonably be expected to begin (allow time for a parent to review the IFSP and provide informed consent in writing)
- Services may begin as soon as consent is received
- Start date should NOT be changed to reflect the actual start date of services
- The start date in the child's MARSS record is that date when both the parent has signed the IFSP and the early intervention services have started


Minnesota Department of Education 131



Documenting EI Services: Length, Frequency, Intensity & Method

- Length: the length of time that the service is provided during each session
- Frequency: the number of days or sessions that a service will be provided
- Intensity: Whether the service is provided on an individual or group basis
- Method: How a service will be provided (e.g., primary service provider, consultative, transdisciplinary, multidisciplinary, etc.)


Minnesota Department of Education 132



Documenting EI Services: Actual Location and Anticipated Duration

- **Location:** Provide the setting in which the service will be provided (e.g., home, child care, ECFE, ECSE)
- **Anticipated duration:** Predict when a given service will no longer be provided
 - For many children, the anticipated duration will be one year
 - For children who are two years of age or older when the IFSP is being written or revised, the anticipated duration of a service should not extend beyond the child's third birthday


Minnesota Department of Education 133



Documenting EI Services: Funding Source, if other than the school

- For any service that is not funded through the education system, provide the source of funding
 - For example, when a public health nurse provides nursing services through the IFSP team process, the funding source could be reported to be Public Health


Minnesota Department of Education 134



Natural Environments

- **Natural environments** means settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of §303.126
 - State policy requires that EIS be provided in natural environments to the maximum extent appropriate
 - EIS only be provided in settings other than natural environments with justification that EIS cannot be achieved satisfactorily in a natural environment

Minnesota Department of Education 135




Natural Environments and the IFSP

“The determination of the appropriate setting for providing EIS to an infant or toddler with disability, including any justification for not providing a particular EIS in the natural environment for that infant or toddler with a disability and service must be--

- (1) Made by the IFSP Team (including the parent and other team members)
- (2) Consistent with §§ 303.13(a)(8), 303.26, and 303.126; and
- (3) Based on the child's outcomes...”

Minnesota Department of Education 136



Justification for Each Service Not Provided in a Natural Environments

JUSTIFICATION FOR EACH SERVICE PROVIDED IN LOCATIONS OTHER THAN THE NATURAL ENVIRONMENT


Justification:

Environments in which alternative(s) are provided:

Other alternatives of why alternative(s) cannot be provided in the natural environment:

If any of the early intervention services are provided in locations other than the natural environment, that decision must be justified in this section of the IFSP


Minnesota Department of Education 137



Needed Medical and Other Services

- Identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded under this part
- If those services are not currently being provided, include a description of the steps the Service Coordinator or family may take to assist the child and family in securing those other services


Minnesota Department of Education 138



Transition

If a child is referred to the lead agency fewer than 45-days before that child's third birthday, the lead agency is not required to conduct an [initial Part C] evaluation assessment or an initial IFSP meeting


Minnesota Department of Education 139



Transition

- Clarifies that the transition plan is part of the IFSP and not a separate document
- The transition plan is established in the IFSP not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the toddler's third birthday
- A transition conference for children potentially eligible under Part B must meet IFSP team meeting requirements

Minnesota Department of Education 140



Planning Transition from Part C

PLANNING FOR TRANSITION FROM PART C SERVICES.

Is the child potentially eligible for Part B?

No

Yes

If yes, has eligibility for Part B already been determined? Yes Not yet

Deadline for Transition Planning Conference (scheduled to be at least 90 days before the child's third birthday)

- Indicate whether or not the child is potentially eligible for Part B
 - Choose "No" if assessment data indicates the child is meeting age expectations across domains
 - This child is not "potentially eligible" for Part B


Minnesota Department of Education 141



Transition: Not Potentially Eligible

- If the team determines that a toddler with a disability is **NOT** potentially eligible for preschool services under Part B, the district, with the approval of the family, makes reasonable efforts to convene a conference among:
 - The early intervention program
 - The family
 - Providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive


Minnesota Department of Education 142



Transition: Potentially Eligible

- If the team determines that a toddler with a disability **IS** potentially eligible for services under Part B, a transition conference is convened which includes:
 - The members of the IFSP team, including the family
 - The local education agency
- The meeting is convened not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the toddler's third birthday to discuss any services the toddler may receive under Part B

Minnesota Department of Education 143




Planning Transition from Part C for ALL children

The Early Intervention program must:

- Review the program options for the toddler with a disability for the period from the toddler's third birthday through the remainder of the school year
- Include the family in transition planning
- Establish a plan in the IFSP
- Communicate the correct MARSS Status End Code and Part B Instructional Setting to the MARSS reporter at age 3


Minnesota Department of Education 144



Planning Transition from Part C for ALL children

TRANSITION STEPS AND SERVICES		
Required for ALL children receiving Part C Services, not just those potentially eligible for Part B		
Transition Steps and Services	What will happen?	When?
Discussions with, and training of, parents regarding future placements and other matters related to transition		
Procedures to prepare the child for changes in service delivery, including steps to help child adjust to and function in a new setting		
Identification of transition services and other activities that the IEP Team determines are necessary to support the transition of the child		


Minnesota Department of Education 145



Planning Transition from Part C

- An initial evaluation for Part B should be part of the transition plan for those children considered to be potentially eligible, if an initial evaluation has not yet been conducted
- Provide a PWN that includes all required components of a Part B notice and obtain written consent
- Plan to complete the evaluation in sufficient time to convene an IEP meeting for eligible children and have an IEP written and implemented by the child's third birthday

Minnesota Department of Education 146




Interagency Considerations when Planning Transition from Part C

Purpose: For those children eligible for Part B and who continue to have a need for interagency services and supports

- To clarify the requirements for continued interagency coordination
- To encourage continued coordination
- To offer some practice guidance

Minnesota Department of Education 147




Interagency Considerations for Planning Transition from Part C

Minnesota System of Interagency Coordination (MnSIC) for Children with Disabilities

- Minnesota Statutes 125A.023 describes the STATE responsibilities
- Minnesota Statutes 125A.027 describes the LOCAL responsibilities

Minnesota Department of Education 148




Planning Transition from Part C: MnSIC Legislative Intent

"...It is the policy of the state to develop and implement a coordinated, multidisciplinary service system for children ages three through 21 with disabilities."

For each child who has a disability:

- An interagency intervention service system
 - That coordinates services and programs required in state and federal law
- A standardized written plan defined as an individual interagency intervention plan (IIIP)

Minnesota Department of Education 149




Standardized Written Plan under Minnesota Statute 125A.023

"Standardized written plan" means those individual services or programs available through the interagency intervention service system to an eligible child other than the services or programs described in the child's individual education plan or the child's individual family service plan

"Individual interagency intervention plan" means a standardized written plan describing those programs or services and the accompanying funding sources available to eligible children with disabilities

Minnesota Department of Education 150




Standardized Written Plan under Minnesota Statute 125A.023

Options available to meet this requirement:

- Use state developed IIP
- Use a locally developed IIP (including an adapted IEP)

Use Special Education Evaluations Status (SEES) code 6 for IIPs or other standardized written plans for children ages three through 21

Minnesota Department of Education 151



Correct Use of Special Education Evaluation Status 6 in MARSS

SEES 6

- Children receiving special education services from the school district and services from at least one either public agency identified on a written plan through a coordinated planning process


SEES 6

- Examples of public agencies include: county social services, county public health services, county mental health services, Head Start

SEES 6

- For students ages three through 21, the special education services must be provided by licensed professional education staff

Minnesota Department of Education 152




Coordination of Interagency Services for Children Three and Older

The individual responsible for Interagency Coordination should be qualified:

- A license in special education, e.g. teacher, school social worker
- A license from the Department of Health, e.g. Occupational Therapist (OT), Physical Therapist (PT), Audiologist


Minnesota Department of Education 153



Coordinator of Interagency Agency Services Duties

- Identify additional needed supports for individual students from other agencies
- Facilitate connections and coordinate supports with other agencies and community resources
- Assist in parent training
- Facilitate IIP meetings for individual children
- Arrange periodic communication between agencies and families
- Support transition planning from ECSE to kindergarten


Minnesota Department of Education 154



Signature Page of IFSP

- Minnesota Statute, § 125A.32 requires the IFSP to include the signature of the parent and authorized signatures of the agencies responsible for providing, paying for, or facilitating payment, or any combination of these, for early intervention services
- The authorized signatures required may include a district representative, if appropriate.
- The signature of the parent does not meet the requirement of providing PWN and obtaining consent to initiate services

Minnesota Department of Education 155



Prior Written Notice: Example 6

- PWN and written consent are required for all assessments
- Ongoing assessment is an important component of a high quality early intervention program and is necessary to:
 - monitor emerging development to identify strengths and needs
 - inform the Development Summaries on annual IFSPs
 - complete the Child Outcome Summary Form (COSF)
- PWN Example 6 incorporates PWN for assessment with the PWN for service

Minnesota Department of Education 156



General Responsibilities & Confidentiality of Information

- Adds a requirement to provide, at no cost to parents, a copy of each evaluation and assessment of the child, the family-directed assessment, and IFSP as soon as possible after each IFSP meeting.”
- Clarifies that confidentiality procedures apply as soon as a child is referred for EI services
- The Lead Agency or EIS provider must accept a referral without parental consent



General Responsibilities & Confidentiality of Information

- Reinforces applicability of FERPA to Part C
- Changed timeline for parental access to records from 45 days to 10 days
- Clarifies that the right to amend records only applies to information about the parent and child, not other family members (e.g., those family members who participated in the family-directed assessment)