

Part C Eligibility and Data Based Assessment Decisions

Determining Part C Eligibility in Kansas

There are multiple criteria by which a child may be determined eligible for Part C Services in Kansas under the Individual with Disabilities Education Act (IDEA). These include developmental delay, informed clinical opinion and established risk. Each of these measures has specific criteria to be met. The following pages are brief descriptions of eligibility for each measure.

Vera Lynne Stroup-Rentier and David P. Lindeman, Ph.D.

June 2004

Kansas Inservice Training System

Kansas University Center on Developmental Disabilities

2601 Gabriel, Parsons, Kansas 67357

620-421-6550 ext. 1618

kskits.org

What is Part C Eligibility Criteria for Kansas?

The following is taken from *Procedure manual for infant-toddler services in Kansas*.
Topeka, KS: Kansas Department of Health and Environment, 1998.

Developmental Delay:

- 1) There is a discrepancy of 25% or more between chronological age after correction for prematurity, and developmental age in any one area; or
- 2) Child is functioning at 1.5 standard deviations or more below the mean in any one area on a standardized assessment; or
- 3) Delays of at least 20% or at least 1 standard deviation below the mean in 2 or more areas on a standardized assessment.



Established Risk:

Children ages birth through two with a diagnosed mental or physical condition that has a high probability of resulting in developmental delay, or based on informed clinical opinion, are eligible for early intervention services. The delay may or may not be exhibited at the time of diagnosis but the natural history of the disorder includes the need for early intervention services.

Informed Clinical Opinion:

Clinical judgment of the multidisciplinary team concludes that a developmental delay exists when specific tests are not available or when testing does not reflect the child's actual performance.

Informed Clinical Opinion

Informed clinical opinion is an opinion made by a multidisciplinary team using qualitative and quantitative information in order to determine eligibility and as a basis for planning.

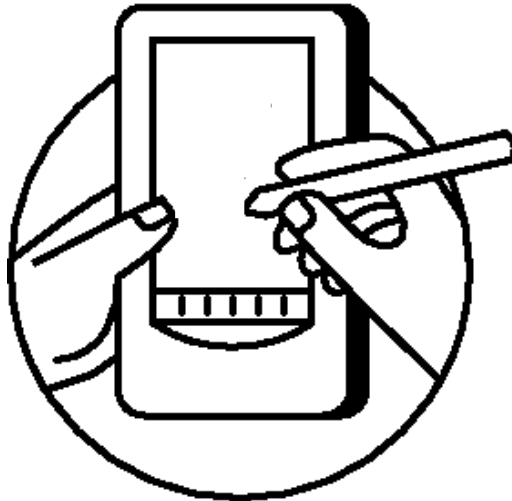
Informed Clinical Opinion means...	Informed Clinical Opinion DOES NOT mean...
An opinion made by <i>practitioners qualified</i> to evaluate the child's five developmental domains.	An opinion made by <i>just anyone</i> .
An opinion is made based on <i>multiple sources of qualitative and quantitative information</i> about the child's development.	An opinion is made based on <i>just a single source of information</i> , isolated information, or test scores alone.
A conversation is held among parents, service coordinators, and the multidisciplinary team members who were a part of the evaluation process accompanied by a written explanation of your rationale for using informed clinical opinion.	A team's opinion that a child is eligible without an accompanying conversation with the parents or a written explanation.
Documenting a disability or delay.	Documenting a <i>risk</i> of having a delay.

Adapted with permission from Early Childhood Connections. (2001, May 9). *Colorado service coordination training module 5: Informed clinical opinion*. Retrieved January 6, 2004, from <http://www.cde.state.co.us/earlychildhoodconnections/scct.htm>

Issues in Data Collection: Part C Requirements

Ask yourself if your data collection for eligibility reflects the following...

- Is ongoing (occurs prior to, during, and after the evaluation process)
- Is problem solving in nature
- Requires frequent updates and information from families
- Results in the determination of the nature and extent of the needed early intervention services
- Takes place in many settings including those that are most natural to the child and family (e.g., home, child care)



Adapted from Student Support Services. (2003). *IEP training*. Topeka, KS: Kansas State Department of Education.

Considerations Regarding **NEED** in Part C

- Assessment and evaluation determines the need for Part C services through evidence-based measures.
- Need is not determined by professionals only or by parents only (for example, the child does not receive services in the area of cognition/problem solving just because the teacher is available). This determination should be made by the IFSP team and based on multiple measures collected over multiple times.

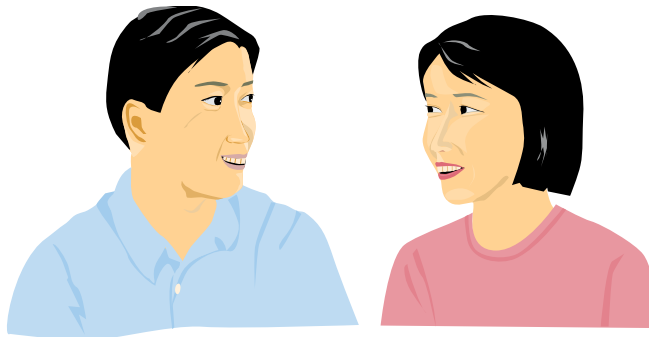


Adapted from Student Support Services. (2003). *IEP training*. Topeka, KS: Kansas State Department of Education.

Evaluation Team Members

Team members are determined by the family and needs of the child. The team can include, but is not limited to...

- Family Members (parents, grandparents, aunts, uncles)
- Anyone the family desires to invite (relative, neighbor, advocate)
- Child care provider or preschool teacher
- Based upon IDEA 1997, at least two professionals from different disciplines (base this upon the presenting concern)



Adapted from Student Support Services. (2003). *IEP training*. Topeka, KS: Kansas State Department of Education.



Definition of Terms

There are many terms that are used during the eligibility process which may cause confusion for both early interventionists and families alike. Often, the terms screening, evaluation, assessment and eligibility are used interchangeably by professionals when in fact there are distinct differences in the meaning for each. Using a screening or evaluation tool inappropriately could mean “unreliable” results in determining eligibility of infants and toddlers for Part C services. The following definitions delineate the difference between screening, evaluation, assessment and eligibility so early intervention professionals can better explain these differences to families, as appropriate.

Screening (including developmental and health screening) includes activities to identify children who may need further evaluation in order to determine the existence of a delay in development or a particular disability (34 CFR 303.322).

Evaluation is used to determine the existence of a delay or disability, to identify the child’s strengths and needs in all areas of development. Evaluation is defined as the procedures used by “appropriate qualified personnel to determine a child’s initial and continuing eligibility”, consistent with the state definition of infants and toddlers with disabilities and includes determining the status of the child in each of the developmental areas (cognitive development, physical development including vision and hearing, communication development, social or emotional development and adaptive development) (34 CFR 303.322).

Assessment is used to determine the individual child’s present level of performance and early intervention needs. “Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child’s eligibility under this part to identify - (i) the child’s unique strengths and needs and the services appropriate to meet those needs; and (ii) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their infant or toddler with a disability.” (34 CFR 303.322).

Eligibility is the term used to refer to the process of determining if a child is eligible for Part C services. Eligible means that children, birth through two, have one of the following: (1) A developmental delay or known condition leading to a developmental delay; or (2) An established risk for developmental delay, which indicates the need for early intervention services (K.A.R. 28-4-550).

Developmental Screening Tools

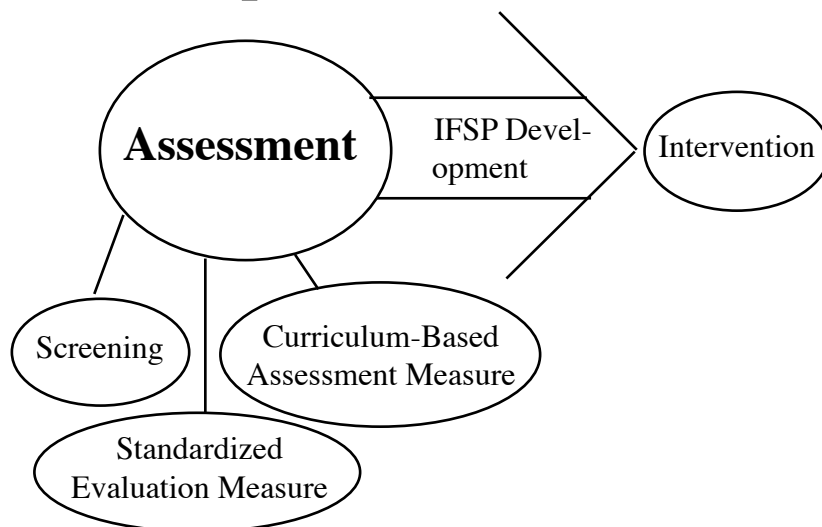
The following tools are not to be used for anything other than screening for further evaluation.

Developmental Screening Tools	Description	Developmental Areas
Ages and Stages Questionnaires (ASQ): A Parent-Completed, Child-Monitoring System (2nd edition)	Ages & Stages Questionnaires is a parent completed child-monitoring system which monitors their child's development at established intervals. It identifies infants and young children who show potential developmental problems. Professionals convert parent's responses of "yes", "sometimes", and "not yet" to color-coded scoring sheets.	communication, gross motor, fine motor, problem solving (cognitive), personal-social skills
Battelle Developmental Inventory (BDI) Screening	A comprehensive instrument for screening. It provides a sample of items in a broad range of developmental areas. It is most often used in conjunction with the Battelle Developmental Inventory.	personal-social, adaptive, motor, communication, cognitive
Bayley Infant Neurodevelopmental Screener (BINS)	This normed test was developed for Individuals with Disabilities Education Act (IDEA) mandated screenings. It assesses basic neurological functions, auditory and visual receptive functions, verbal and motor expressive functions, and cognitive processes. Three classifications of risk status (low, medium, and high) are indicated.	basic neurological functions/intactness, receptive functions, expressive functions, cognitive process
Brigance Early Preschool Screen for Two-Year-Old; Two-and-a-Half-Year-Old Children	A criterion-referenced screening that provides a sampling of a child's learning, development and skills in a broad range of areas.	general knowledge/comprehension, speech/language, gross & fine motor, math, readiness, basic reading skills, manuscript writing
Brigance Preschool Screen for Three- and Four-Year-Old Children	A criterion-referenced screening that provides a sampling of a child's learning, development and skills in a broad range of areas. The test also assists teachers with parent communication, special service referrals, and mandated screening compliance. Testing categories range from identifying body parts, gross motor skills, visual motor skills and matching colors among the numerous age based skill assessments.	general knowledge/comprehension, speech/language, gross & fine motor, math, readiness, basic reading skills, manuscript writing
Denver Developmental Screening Test II (DDST II)	A norm-referenced screening test used to screen the development of young children. It provides a range of developmental areas.	motor, social, language, and adaptive
Developmental Indicators for the Assessment of Learning (DIAL-3) 3rd edition	DIAL-3, a revised version of the DIAL-R, provides age-appropriate tasks effective for early screening. A new feature is Speed DIAL which takes just 5 minutes per area.	motor, concepts, language, self-help, social

Developmental Screening Tools	Age Range	Administration/ Method	Psychometric Data
Ages and Stages Questionnaires (ASQ): A Parent-Completed, Child-Monitoring System (2nd edition)	4 to 60 months	Administration time: 10 to 20 minutes Used by parents, professionals and paraprofessionals	Data pertaining to both the validity and reliability of the ASQ system were collected over extended periods of time with large numbers of children and families (Bricker & Squires, 1999, p.16)
Battelle Developmental Inventory (BDI) Screening	0 to 8 years	Administration time: 15 to 20 minutes Used by infant, preschool and primary teachers, special educators, speech pathologists, psychologists, adaptive physical education specialists, clinical diagnosticians	Screening was administered to 164 children to assess the validity of the tool.
Bayley Infant Neurodevelopmental Screener (BINS)	3 to 24 months	Administration time: 10 to 15 minutes The examiner should be familiar with infant development and be experienced in handling infants. It is recommended that the examiner has a master's degree or equivalent which included coursework in standardized assessment and infant development.	Data pertaining to both the validity and reliability of the BINS were collected over time with large numbers of children and families.
Brigance Early Preschool Screen for Two-Year-Old; Two-and-a-Half-Year-Old Children	2 to 2.5 years	Administration time: 10 to 15 minutes Used by teachers or paraprofessionals. Specialized training in test administration can be a valuable asset, but is not considered a prerequisite.	The Brigance was field tested over a period of time with several groups of children and families.
Brigance Preschool Screen for Three- and Four-Year-Old Children	3 to 4 years	Administration time: 10 to 15 minutes Used by a teacher or paraprofessional. Specialized training in test administration can be a valuable asset, but is not considered a prerequisite.	The Brigance was field tested over a period of time with several groups of children and families.
Denver Developmental Screening Test II (DDST II)	1 mo to 6 years	Administration time: 10 to 20 minutes Used by professionals or trained paraprofessionals	Data pertaining to the reliability of the DDST II was collected on 38 children in 10 age groups. Content validity of the original DDST has been recognized through the test's acceptance all over the world (Frankenburg, William K., Dodds, Josiah B., et. al, 1990).
Developmental Indicators for the Assessment of Learning (DIAL) 3rd edition	3 years to 6 years 11 months	Administration time: 20 to 30 minutes; Speed DIAL: 15 to 20 minutes Used by early childhood specialists, preschool teachers, kindergarten teachers, Head Start programs, child development centers.	Data pertaining to both the validity and reliability of the DIAL-3 were collected over extended periods of time with large numbers of children and families.

Developmental Screening Tools		Family Participation	Company	Author	ORDERING INFORMATION Price
Ages and Stages Questionnaires (ASQ): A Parent-Completed, Child-Monitoring System (2nd edition)	The pivotal role of parent or caregiver involvement in the ASQ system addresses the Individuals with Disabilities Education Act (IDEA) mandate of meaningful family inclusion. Inclusion of parents has the added feature of keeping screening costs within reason (Bricker & Squires, 1999, p.14).	Paul H. Brookes P.O. Box 10624 Baltimore, MD 21285-0624 1-800-638-3775 fax 410-337-8539 www.brookespublishing.com	Bricker, Diane & Squires, Jane	(available in Spanish, French, Korean) complete kit: \$190.00 questionnaires only (can be photocopied): \$165.00 user guide only: \$45.00 video only: \$44.00	
Battelle Developmental Inventory (BDI) Screening	Since the BDI screening is a standardized tool, families are not encouraged to participate in this process.	Riverside Publishing 425 Spring Lake Drive Itasca, IL 60143-2079 1-800-323-9540 fax 630-467-7192 www.riverpub.com	Newborg, Jean, Stock, John R., & Wnek, Linda	screening test (includes test item book, examiner's manual, 30 screening test booklets): \$143.00 video: \$57.50	
Bayley Infant Neurodevelopmental Screener (BINS)	Families are encouraged to accompany their infant whenever possible. The caregiver is directed to be unobstructive during the item administration and should only become involved when the directions suggest.	The Psychological Corporation 555 Academic Court San Antonio, TX 78204 1-800-872-1726 www.psychcorp.com	Aylward, Glen P.	complete kit: \$265.00 video: \$50.00, manual only: \$80.00 record forms only: \$33.00 for 25 stimulus card only: \$16.00	
Brigance Early Preschool Screen for Two-Year-Old; Two-and-a-Half-Year-Old Children	This screening process involves a team of professionals who work with a child and his or her parents to obtain a sampling of skills and behaviors (Brigance, 1990)	Curriculum Associates, Inc. PO Box 2201 North Billerica, MA 01862-0901 1-800-225-0248 www.curricassoc.com	Brigance, Albert H.	(available in Spanish) screens: \$89.00 data sheets: \$31.00 folders: \$39.00 scoring CD: \$29.95 video and guide: \$15.95	
Brigance Preschool Screen for Three-and Four-Year-Old Children	This screening process involves a team of professionals who work with a child and his or her parents to obtain a sampling of skills and behaviors (Brigance, 1985, p. V)	Denver Developmental Materials, Inc. PO Box 6919 Denver, CO 80206-0919 303-355-4729	Frankenburg, William K., Dodds, Josiah B., et. al	kit: \$40.00 forms: \$23.00 for 100 video	
Denver Developmental Screening Test II (DDST II)	This screening is designed to be used in a clinical setting by a team of professionals and paraprofessionals. Family input is solicited through a few items during the screening process.	American Guidance Services 4201 Woodland Road Circle Pines, MN 55014-1796 1-800-328-2560 www.agsnet.com	Mardell-Czudowski, Carol & Goldenberg, Dorothea S.	(available in Spanish) complete kit: \$388.95 Speed DIAL record forms: \$28.95 for 50 video: \$78.95 parent questionnaire: \$20.95 parent/child activity forms: \$25.95 for 50	

A Linked Systems Approach to Screening, Assessment and Evaluation



Linking assessment to intervention is one of the key components in making service delivery effective for families. One piece of that process is the links from the assessment to the IFSP development. The assessment process itself contains three key areas of data collection which include screening (should be quick and easy and indicate a need for further evaluation), evaluation (uses standard materials and procedures to get baseline data and is an optional tool for infant/toddler early interventionists in Kansas) and lastly the curriculum-based assessment (generally uses a criterion or curriculum based measure which also can be used to monitor the ongoing progress of the child). When working with infants and toddlers, flexibility is the key. It is important to gather enough information about the child and family to understand whether or not they have been through a screening process before they are referred to the Part C program. Additionally, a standardized evaluation measure will more quickly determine eligibility than a curriculum-based assessment measure and then the early interventionist can concentrate his or her efforts on the child who is now eligible for services. Data can also be collected simultaneously on both the standardized evaluation measure and the curriculum-based assessment measure allowing less duplication of service and a more streamlined assessment process for the child and the family.