

North Carolina Infant-Toddler Program Procedures

Reference: Screening, Evaluation and Assessments Policy

Evaluation, Eligibility Determination and Eligibility Categories

Introduction

Only the Children's Developmental Services Agency can determine a child's eligibility for the NC Infant-Toddler Program. A child's eligibility must be determined by one of the approved eligibility categories.

Definitions

The following definitions under Part C of the Individuals with Disabilities Education Act (IDEA) apply to the requirements of eligibility determination, evaluation and assessment procedures.

- **Eligibility Determination** means the process by which a child is determined eligible as an infant or toddler with a disability. *(For more information, see Eligibility Categories Policy.)*
- **Evaluation** means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under Part C of IDEA, consistent with the definition of infant or toddler with a disability.
- **Assessment** means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services and supports to meet those needs.

Eligibility Categories for NC ITP

There are two eligibility categories in the NC Infant-Toddler (NC ITP) Program for children from birth to age three: developmental delay and established condition. A child is considered eligible as long as he or she meets the requirements of one of these categories. *(For more information, see Eligibility Categories Policy.)*

- **Established Condition:** A child is considered to have an established condition if the child has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. The specific conditions are defined by the NC ITP Eligibility Categories Policy.
- **Developmental Delay:** A child is considered to have a developmental delay if the child's development is delayed in one or more areas of development. The areas of development and the degree of delay are defined by NC ITP Eligibility Categories Policy.

Procedures

The Infant-Toddler Program (ITP) shall ensure implementation of timely administrative procedures for determining a child's eligibility for Part C services.

Relevant Procedural Safeguards Requirements for Eligibility Determination

The ITP must ensure that procedural safeguards requirements occur when conducting evaluations for eligibility determination (*for more information, see the Procedural Safeguards Policy*):

1. Notification of Child and Family Rights:
 - A. Review and explain the NC ITP Child and Family Rights. All written and oral notification of rights prior to the evaluation should be documented in a progress note.
 - B. Review and explain child and family rights when the eligibility determination is made.
2. Prior Written Notice:
 - A. Send Prior Written Notice for the initial evaluation using the ***Prior Written Notice and Consent for Evaluation and Assessment Form***.
 - B. Send Prior Written Notice for eligibility determination decision using the ***Prior Written Notice Form***.
3. Written Parental Consent:
 - A. Parents who do not speak English must receive consent and authorization forms in their native language or mode of communication.
 - B. Obtain written parental consent for the initial evaluation using the ***Prior Written Notice and Consent for Evaluation and Assessment Form***.
 - C. After the evaluation, obtain written authorization from the parents to release the evaluation documentation to those parties the family chooses to receive this information, using the ***Authorization to Disclose Health Information Form***.
4. Native Language:
 - A. All evaluation and assessment procedures must be administered in the native language or other mode of communication of the child (if determined developmentally appropriate by the evaluator or assessor), unless clearly feasible not to do so.
 - B. Evaluation results must be shared in the parent's native language or mode of communication. At a minimum, a summary of the results of the evaluation must be translated. If it is clearly not feasible to have written information translated, particularly in a timely manner, providers must work diligently to secure someone to interpret the information verbally.

Eligibility Determination

When a child is referred to the NC ITP, eligibility can be determined in two ways:

1. **Review of Records/Documented Evidence**
2. **Conducting an Evaluation**

1. Review of Records/Documented Evidence

General Guidance

A child's medical or other relevant records may be used to establish eligibility if those records indicate that a child has a developmental delay or an established condition that would meet the NC ITP's eligibility criteria.

- A. Upon receipt of a referral, there may be indications from the referral source or the parent that the child has a diagnosed condition or a recent evaluation of the child's development that may meet NC ITP criteria for eligibility.
- B. It is important to obtain medical and other records for review quickly, in consideration of the 45-day timeline to conduct the initial Individualized Family Service Plan (IFSP) meeting.
- C. If, after review of records (or if records were not received), written evidence does not exist to establish eligibility, an evaluation to determine eligibility must be completed.
- D. All of these activities must occur within the 45-day timeframe.
- E. Medical and other records from medical providers or other agencies can be requested for review with written consent.
- F. If a referral source is reporting a diagnosed condition or developmental delay, request that the written evidence of the reported information is to be provided to the CDSA as soon as possible. The referral source should follow their agency guidelines for written consent and disclosure of information.
- G. Parents can often assist with accessing needed records in a more efficient manner by providing copies of records they may have on hand or by directly requesting records from the medical provider or other agency.
- H. The written evidence used in making an eligibility decision should be clear and defensible.

Review of Records for Established Condition

Medical records must be reviewed for written evidence of the diagnosis, in order to determine a child's eligibility in the Established Condition category. Examples of medical records that can be reviewed for written evidence of a diagnosis include a diagnostic statement from a physician, hospital records, hospital discharge summary, and records from a primary care physician.

Example of an eligibility decision based on established condition:

If the Children's Developmental Services Agency has a medical report from a physician stating that a child has Spina Bifida, then the eligibility for this child can be determined in the Established Condition category.

Review of Records for Developmental Delay

When reviewing a child's developmental evaluation results from a provider to establish a child's eligibility in the developmental delay category, care should be taken to ensure the following:

- A. The information provides a clear and complete picture of the child's development for the developmental domain(s) being considered.**
- i. The reviewer should be particularly careful in reviewing previous testing results if the evaluation instrument used is not standardized and is not on the list of instruments approved by the NC ITP for eligibility determination.
 - ii. Developmental evaluation results can be considered if they are discipline-specific or multi-domain instruments were used.
 - iii. In addition, results can be considered if they are reported by standard scores or age equivalencies (if the instrument used allows for reporting results in this method).
 - iv. Percent delay should only be used if a standard score is not available.
 - v. Evaluation results should document aspects of the child's development gathered through parent interview, in addition to test scores, in order to have a complete picture of the child's development.
- B. The content is current enough to be relevant to the child's present developmental status.**
- i. The developmental evaluation being reviewed must have occurred within the previous 6 months from the point of referral to the NC ITP. However, the particular test instrument and the age of the child should be considered carefully. In general, the younger the child is, the less relevant dated testing will be to the child's current status. For example, an evaluation completed five months previously may be of little relevance for a 12 month old, but generally accurate and informative for a 30 month old.
 - ii. Even when previous testing has been completed within the previous six months, it is the responsibility of the reviewer(s) to determine whether this information is reliable and valid for current eligibility determination. If the answer is "no", then an evaluation to determine eligibility should be completed.
- C. The written evidence used in making an eligibility decision should be clear and defensible.**

Example of an eligibility decision based on documented evidence:

If a child moves in from another state with evaluation information, which is less than six months old, and indicates a developmental delay that meets the criteria for development delay as defined by the Infant-Toddler Program, then the child's eligibility can be determined in the Developmental Delay Category.

2. Conducting an Evaluation

Evaluation to Determine Initial and Ongoing Eligibility

If a child's eligibility is not established through a review of medical or other records, an evaluation must be completed. The purpose of the evaluation process is to determine the child's eligibility for the NC ITP and must include all of the required components described below:

- A. The evaluation must be multidisciplinary (involving two or more separate disciplines or professions) and may include one individual who is qualified in more than one discipline or profession.
- B. The evaluation process involves the synthesis of all relevant information and no single procedure may be used as the sole criterion for determining a child's eligibility.
- C. If there are questions about a child's continuing eligibility after enrollment (in the developmental delay category), the evaluation process should be completed to make a determination about ongoing eligibility.
- D. The evaluation process must include these five components:
 - i. **Administering an evaluation instrument**
 - For eligibility determination, the NC ITP has approved the use of specific standardized, norm-referenced testing instruments which evaluate multiple developmental domains.
 - These instruments should be administered and scored by qualified personnel and results reported as indicated by the examiner's manuals.
 - When using standardized, norm-referenced measures, the obtained standard score should be the basis upon which eligibility is determined.
 - Age equivalents and percent of delay are not to be used when a testing instrument yields standard scores. Not all of the approved evaluation instruments assess all of the developmental areas; therefore, a combination of approved testing instruments may need to be administered.
 - ii. **Taking the child's history by interviewing the parent**
 - Taking the child's history is based on a parent interview with the family. Members of the multidisciplinary evaluation team should interview the parent(s) and other individuals with direct knowledge and understanding of the child and family with respect to the specified developmental areas.
 - Use of the *NC Intake/Child History Form* may be used (optional) to complete the child's history.
 - iii. **Identifying the child's level of functioning in each of the developmental areas**
 - Each evaluation must identify the child's level of functioning in the following developmental areas: cognitive, physical (including vision and hearing), communication, social-emotional and adaptive.

- Methods to assess vision and hearing function must be age and developmentally appropriate.
- Results of newborn hearing screenings are a valuable source of information for determining hearing function; unless there is concern that the child’s hearing ability has changed (e.g. otitis media, progressive hearing loss).
- The practice of adjusting for prematurity, when conducting developmental assessments with children who are born prematurely, is used to compare the child with his age peers and to provide better information for developmental programming. When evaluating infants and young children up to 24 months of age, the evaluator should follow the instructions on the evaluation tool regarding adjusting for prematurity when scoring and interpreting the results. In the absence of such instructions, it is the recommendation of the Infant-Toddler Program that the child's age be adjusted for prematurity by computing a gestational age by subtracting the length of prematurity from the chronological age.
- Observation must be a part of every child’s initial Infant-Toddler Program evaluation and should include: observation of the child in situations related to the family’s concerns, systematic observation of abilities in the child’s daily routine or natural setting, observation of parent-child interaction, and evaluation of the child’s play with both familiar and novel toys.

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

- Other sources include 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.

v. Reviewing medical, educational, or other records.

- A member of the multidisciplinary evaluation team must review available documents and determine through professional judgment, if the information is relevant to the evaluation. Pertinent records that might be reviewed include those related to the child’s current health status and medical history, existing child evaluation, assessment, and prior screening reports.

Evaluation Tools

Five standardized, norm referenced testing instruments have been identified to determine a child’s eligibility for the NC Infant Toddler Program. All are to be administered as directed in the examiner’s manual and standard scores are to be used in determining eligibility. Those instruments which do not address all five domains must be supplemented with other appropriate measures from other required instruments.

Test scores are not to be used as the sole determinant of eligibility. Concerns expressed by the parent and referral source, direct observations of the child, and information obtained via parent/caregiver interview about the child’s functioning across settings are important sources of information. These findings utilized in conjunction with evaluation findings/clinical judgment are the basis for the decision regarding the child’s eligibility and need for intervention.

Training is essential for staff members utilizing these measures. A strong foundation in child development and overall knowledge of tests and measurements are also critical.

Evaluation information may be useful for outcome development and intervention planning. However, in order to fully determine the supports and services needed, an initial child and family assessment, which addresses the child's strengths, challenges and ability to participate in everyday activities, is required.

Informed Clinical Opinion Procedures

The evaluation process involves the synthesis of all relevant information and no single procedure may be used as the sole criterion for determining a child's eligibility. Informed clinical opinion (ICO) must be included in evaluation and assessment procedures, since it is a necessary safeguard against eligibility determination based upon isolated information or test scores alone.

As related to eligibility determination for NC ITP, ICO refers to the knowledgeable perceptions of caregivers and professionals who use qualitative and quantitative information regarding difficult-to-measure aspects of a child's development, in order to make a decision about the child's eligibility for the NC ITP. ICO can be used as an independent basis to establish a child's eligibility in the developmental delay category even when other instruments do not establish eligibility. However, in no event may ICO be used to negate the results of evaluation instruments used to establish eligibility. For example, if the results of the evaluation instrument administered by the CDSA indicate a child has a delay in a developmental domain, ICO could not be used to conclude that the child is not eligible.

An important aspect of applying informed clinical opinion for eligibility determination is that the evaluators have a clear understanding of the specific child characteristics and skill domains that are being evaluated. This understanding helps ensure the different individuals have the same understanding of what is being evaluated so they can judge these dimensions through similar standards.

When ICO is used to determine eligibility, documentation must be provided to clearly describe the information and sources of information that led to the decision. A written description should document the sources of information gathered and interpreted by the multidisciplinary team that results in the informed clinical opinion that the child is eligible for the NC ITP in the developmental delay category. The use of ICO in determining whether the child meets the criteria for eligibility should be based on the degree to which the child's functioning is consistent with the eligibility criteria for the developmental delay category, and not on risk factors.

Example of Informed Clinical Opinion and Eligibility Determination:

James was referred to the NCITP by his mother who has concerns about his language development. At 2 ½, James has about 20 words which he uses consistently. He's good at naming pictures in familiar books and characters on his favorite TV shows. He tries to sing along with his favorite videos. However, James rarely uses words functionally during his daily routine. Usually, he points and whines for what he wants. Sometimes when he wants juice, he will take his mother to the refrigerator and say "juice". He occasionally uses two-word phrases but is not speaking in full sentences. Both James and his mother are often frustrated over his attempts to communicate about what he wants, and James's communication attempts often end up in temper tantrums. The team completed developmental testing to determine James's eligibility for the Infant Toddler Program. Results indicated that James's adaptive, cognitive and motor skills were developing appropriately for his age. His receptive language skills were also within age expectations. Standard scores on the social-emotional and expressive language domains were each 1.3 standard deviations below the mean. In addition to the instrument results, the evaluator's synthesized their knowledge of development for infant and toddlers, observation of the child, other sources of information from test administration, and parent interview information about the child's use of communication skills within the context of daily routines and natural environments. Although James's test results did not qualify him for the NC ITP, the evaluators used ICO to determine that he does have a developmental delay that meets the NC ITP eligibility definition based on his lack of functional expressive language which appeared to be significantly interfering with daily communication and social interactions with his family.

Family and Child Directed Assessments

If a child is determined eligible for the NC ITP, (either with an established condition or through an initial evaluation), a Child Assessment and Family-Directed Assessment must be conducted prior to the initial IFSP development.

With the concurrence of the family, the IFSP must contain a statement of the family's resources, priorities and concerns related to enhancing the development of their child. This information may be obtained during the child and family-directed process and is required to be documented on the IFSP.

The family-directed assessment must be completed prior to the initial IFSP meeting and is completed through personal interview with the family and using a state approved family assessment tool.

An initial child assessment must be conducted in order to identify the child's unique strengths and needs within the routines of the family and the early intervention supports appropriate to meet those needs. The initial assessment of the child must include a review of the results of the evaluation conducted (if a child's eligibility is not established through a review of medical or other records); personal observation of the child; and the identification of the child's needs in each of the developmental areas (Cognition, Communication, Adaptive, Social-Emotional, and Physical), including vision and hearing, as they relate to the child's participation in the routines of the family.

(For additional information, see Family-Directed Assessment and Child Assessment Procedures.)

Qualified Personnel for Evaluation and Assessment

All evaluations and assessments of the child and family must be conducted by qualified personnel. When determining if a staff member is qualified to administer an evaluation or assessment, two aspects should be considered:

1. User qualifications as outlined by the evaluation or assessment instruments instruction manual. These instructions often list recommended disciplines and training for those to administer the instrument.
2. Educational and / or professional training in evaluation and assessment of infants and toddlers.

Staff members who are most likely to be familiar with evaluation and assessment of young children include psychologists, speech pathologists, occupational therapists, physical therapists, special educator (educational diagnostician). However, other CDSA staff may also have the educational or professional training required to be considered qualified. It should not be assumed that all CDSA staff is initially qualified to administer evaluations and assessments.

Those administering the evaluation or assessment should be comfortable with administering both qualitative and quantitative instruments and must have knowledge of multiple domains of child development. They must understand the broad range of individual variation that is seen in typically developing young children and how this information uniquely applies to infants and toddlers. Therefore, it is important to ensure that evaluators and assessors are appropriately qualified via educational and professional experience, ongoing training, and monitoring of performance.

Initial and ongoing training can be accomplished in several ways:

- Whenever possible, hire and utilize staff who have formal education (coursework, internships, etc.) and professional experience in evaluation and assessment of young children.
- Provide training for new staff to ensure understanding of evaluation and assessment topics such as standard scores, percentiles, standard deviation, differences of standardized versus curriculum-based tools, and collection of information through observation and interviewing parents and caregivers.
- Provide training on specific tools being used in the assessment process. This can be done via in-service presentations, self-study, and workshops. The focus of this training should not only be on administration of the specific tools, but also on how to incorporate information from multiple sources of information in the evaluation report and IFSP.
- Identify the appropriate staff member to monitor and provide ongoing feedback to individual staff members. Ongoing training of evaluation staff is essential to ensure that those providing evaluation and assessment activities are knowledgeable of the most current tools and techniques.

Eligibility Determination and Enrollment

Eligibility determination can occur immediately following the initial evaluation or at another agreed upon time. If eligible, parents may then choose whether or not they wish to proceed with IFSP development and enrollment in the Infant-Toddler Program. The service coordinator is to explain the right to decline participation in the ITP even if the child is found eligible. When a parent chooses not to enroll their child in the ITP, the parent is informed that he/she will not be entitled to receive appropriate early intervention services if they choose not to

proceed with IFSP development and enrollment in the program. If not eligible, families may be referred to other appropriate community programs, with written consent from the family, and given the opportunity to contact the CDSA in the future.

Documentation of Evaluation Determination and Parent Notification

It is important to clearly document the eligibility determination decision, eligibility category and how the determination was made in the child's early intervention record on the *NC ITP Eligibility Determination Documentation Form*. Parents must be notified in writing of the eligibility decision using the *NC ITP Prior Written Notice Form*. With written parental consent, referral sources should be notified of the referral disposition using the *NC ITP Referral Update Form*.

Documentation of Evaluation Results

Documentation of the child's eligibility based upon all sources of information should be completed for children who are eligible for the NC ITP and for children who are not eligible. (*For more information, see the IFSP Procedures.*)

These evaluation results should be documented in *Section III of the IFSP* for eligible children and on the *Evaluation for the NC ITP Form* for children who are not eligible or for children whose parents chose to not pursue enrollment. The evaluation report should be a thorough summary that provides the family and others a clear, concise, integrated picture of the child's development in all areas of development. The documentation of a child's eligibility should include, at a minimum:

- Reason for the evaluation;
- Date(s) the evaluation instrument was administered;
- Name of the evaluation instrument(s) and procedures used in the evaluation process;
- Name and credentials of all who comprised the multidisciplinary team for the evaluation process;
- Areas or domains evaluated;
- Other required components, such as clinical observation and review of records, of the evaluation process as detailed above;
- Relevant information and procedures used in determining the child's eligibility, including information related to ICO if used to establish eligibility;
- Evaluation results, eligibility determination and the category (i.e., Eligible for NCITP based on Developmental Delay).

These details are needed for a complete picture of the child's development. Evaluation reports should avoid recommending specific services, programs, providers, methods, settings, types of providers, or frequency and intensity. The evaluation report must be written so that the parent(s) and non-clinicians can understand the findings and recommendations. Reports must be free of technical jargon, easy to understand, and be sensitive to the family. If it is necessary to include discipline-specific terminology, then they must be explained.

Records Review / Documented Evidence to Determine Eligibility

If the child is eligible based on the review of medical or other records, a copy of the records reviewed that documented the evidence of a developmental delay or the diagnosed established condition must be kept in the early intervention record. In addition, a narrative should document the following:

- The name(s) of the CDSA staff completing the review of records and the date of the review,
- The type of record reviewed (e.g. medical records from primary care doctor, discharge summary from hospital including name of hospital, evaluation results including name or agency completing the evaluation),
- The date of the evaluation(s) and / or information reviewed to determine eligibility,
- If reviewing results of previous evaluations, any relevant information to explain why the results were or were not accepted as reliable and valid for current eligibility determination, (if not accepted, can be documented in a service note), and
- The eligibility determination and the category (i.e. Eligible for NCITP based on Established Condition – diagnosis of Down Syndrome)

Dispute Resolution Policy-Mediation Due Process

Throughout the eligibility process, parents should be informed that they have a right to mediation due process if they disagree with the Infant-Toddler Program on any aspect of their child's identification, evaluation, placement, and the provision of appropriate early intervention services. (*For additional information, see Dispute Resolution Policy.*)

Determining Continued Eligibility and Termination of Eligibility

The Service Coordinator should discuss termination of eligibility for the Infant-Toddler Program with the family if at some point the child appears to no longer be eligible for the Infant-Toddler Program services. At that time, the Children's Developmental Services Agency should request an evaluation to determine continued eligibility. The *North Carolina ITP Prior Written Notice and Consent for Evaluation and Assessment form* should be used to provide procedural safeguards to the parent to determine ongoing eligibility. The parent must be notified, in writing, of the Children's Developmental Services Agency's decision regarding continued eligibility on the *NC ITP Prior Written Notice Form*. With written parental authorization, the original referral source and the child's primary physician must be notified of any change in the child's eligibility status.