Evaluation Guidelines

Part C, IDEA Regulations

Regulations for Part C, IDEA, Section 303.21 defines infants and toddlers with disabilities from birth through age two who need early intervention services because they are experiencing delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development
- Adaptive development

– OR –

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

Regulations for Part C, IDEA, Section 303.321 directs that each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. The lead agency, (Idaho Department of Health and Welfare Infant Toddler Program) shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.

Section 303.321(2)(i) - Evaluation is defined as the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in Sec. 303.21.

Section 303.321(2)(ii) - Assessment is defined as the ongoing procedures used by appropriate qualified personnel to identify the child's unique strengths and needs and the services appropriate to meet those needs throughout the period of the child's eligibility and the assessment of the child's family.

Section 303.321(2)(iii) – Initial assessment is defined as the assessment of the child and the family conducted prior to the child's first IFSP meeting.

Evaluations of each child must:

- Be conducted by personnel trained to utilize appropriate methods and procedures;
- Be based on informed clinical opinion;
- Be conducted in the native language, unless clearly not feasible to do so; and
- Include the following:
  - Administering an evaluation instrument;
  - Taking the child’s history (including interviewing the parent);
  - A review of pertinent records related to the child's current health status and medical history;
• Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child’s unique strengths and needs; and

• An evaluation of the child’s level of functioning in each of the following developmental areas:
  
  ▪ Cognitive development
  ▪ Physical development, including vision and hearing
  ▪ Communication development
  ▪ Social or emotional development
  ▪ Adaptive development.

**Evaluation Policy**

In completing the necessary procedures to determine a child’s eligibility, each child must receive a multidisciplinary evaluation to determine Program eligibility and service needs using the following guidelines:

- A global evaluation that determines the status of a child in the above listed developmental domains is required to determine initial eligibility and program planning and must be completed prior to initial IFSP development.

- All evaluations must be completed in accordance with the instrument’s protocol/instructions to assure valid and reliable administration.

- For children determined eligible through Established Medical Condition or a single discipline evaluation plus a medical social history/evaluation, a valid and reliable screening instrument may be used to determine the unique needs of the child in each developmental area prior to initial IFSP development.

  For premature infants only (born before 32 weeks gestational age) and those infants determined eligible prior to birth, an evaluation that assesses all domains of development will be completed at or before the 6 month IFSP review. Until all developmental domains have been assessed, health information, hearing/vision screening and other available and relevant information should be obtained and used for programming purposes.

Discipline-specific assessments completed by a related service provider that determine the status of a child in a single developmental domain (e.g., Speech Language Pathologist [SLP], Occupational Therapist [OT], Physical Therapist [PT], etc.) are not required in order to determine program eligibility. However, discipline specific assessments may be completed when warranted by the child’s and family’s need or clinically to initiate services.

Determinations of service need in a specific domain (e.g., motor, communication, etc.) are made by the multidisciplinary team based on results of the global assessment and concerns identified by the family. This decision may be supported by any discipline-specific assessment.

To assure that effective intervention strategies are implemented, it is appropriate for therapists to conduct observations and/or complete an assessment, as appropriate.

Time for all evaluations (global and discipline-specific) is billed as “evaluation”. Clinical observation and discipline-specific assessments may be billed as “service provision”.