

# **Early Intervention**

## **A review of IDEA Part C**

Alison Kreger, PT, DPT, PCS, CKTP

### **IDEA**

- Individuals with Disabilities Education Act (IDEA)
  - PL 94-142
    - Free, appropriate public education to each child with a disability in every state and locality across the country
  - PL 101-476
    - Change EHA to IDEA
  - PL 108-446
    - Individuals with Disabilities Education Improvement Act

## **IDEA Part B**

- Children ages 3-21
- Individualized Education Plan (IEP)
- Free and Appropriate Education (FAPE)

Child may have a disability and is assessed if he or she has an intellectual disability, hearing impairment, speech or language impairment, a visual impairment, a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, and other health impairments, a specific learning disability, deaf-blindness, or multiple disabilities, and who then needs special education and related services.

## Diagnostic Definitions

- Autism: developmental disability significantly affecting verbal and nonverbal communication and social interaction, that adversely affects educational performance. May also have repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.
- Deaf-blindness: concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special educational programs solely for children with deafness or children with blindness.
- Deafness: hearing impairment that is so severe that child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance

## Diagnostic Definitions

- Emotional Disturbance: condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance.
  - Inability to learn not explained by intellectual, sensory, or health factors
  - Inability to build or maintain satisfactory interpersonal relationships with peers and teachers
  - Inappropriate types of behavior or feelings under normal circumstances
  - General pervasive mood of unhappiness or depression
- Hearing Impairment: impairment in hearing, whether permanent or fluctuating, that adversely affects child's educational performance but that is not included under the definition of deafness

## Diagnostic Definitions

- Intellectual Disability: significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behaviors and manifested during the developmental period, that adversely affects a child's educational performance
- Multiple Disabilities: concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Does not include deaf-blindness.
- Orthopedic Impairment: severe orthopedic impairment that adversely affects a child's educational performance. Includes impairments caused by a congenital anomaly, impairments caused by disease, and impairments from other causes.

## Diagnostic Definitions

- Other Health Impairments: having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to educational environment
- Specific Learning Disability: disorder in one or more basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as: perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia
- Speech and Language Impairment: communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance

## **Diagnostic Definitions**

- Traumatic Brain Injury: acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affect child's educational performance.
- Visual Impairment, including Blindness: impairment in vision that, even with correction, adversely affects a child's educational performance. Includes partial sight and blindness.

## **IDEA Part C**

## **IDEA Part C**

- Early Intervention: Birth Through 2 years
- Families are eligible :
  - Appropriate/timely/multidisciplinary assessment and intervention
  - Individualized Family Service Plan (IFSP)
    - Right to participate in IFSP creating
    - Right to resolution of all conflicts

## **IDEA Part C**

- Federal requirements for states
  - Services are to be based on current, scientific research
  - Define developmental delay
  - Guarantee timely, comprehensive, multidisciplinary evaluation
  - Implementation of an IFSP
  - Implementation of public awareness programs focusing on the identification of children from birth to three years old who have a disability
  - A directory of services, resources, and experts available in early intervention program
  - Development of policies and provision of training for service providers to assure that practitioners maintain appropriate level of quality of care

## **IDEA Part C**

- Federal requirements for states
  - Identification of a lead agency to supervise services and coordinate resources
  - Arrange contracts for providers
  - Guarantee services are primarily provided in a natural environment
  - Establish a State Interagency Coordinating Council

## **IDEA Part C - Definitions**

- At Risk Infant/Toddler: individual under 3 years of age or would be at risk of substantial developmental delay if early intervention services were not provided
- Council: state interagency coordinating council
- Infant or Toddler with a Disability:
  - Individual under 3 years of age who needs early intervention services because the individual
    - Is experiencing developmental delays in one or more areas of cognitive, physical, communication, social/emotional, and adaptive development
    - has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay
    - Is considered an at risk infant/toddler (at State's discretion)

## IDEA Part C - Definitions

- Early Intervention Services:
  - developmental services that are provided under public supervision;
  - at no cost except where Federal or State law provides system of payments by family;
  - designed to meet developmental needs of infant or toddler with disability as identified by the IFSP in one or more of the 5 areas of development
    - Physical development
    - Cognitive development
    - Communication development
    - Social or emotional development
    - Adaptive development
  - Meet standards of state in which the services are provided
  - Include:
    - Family training/counseling/home visits
    - Special instruction
    - Speech-language pathology, audiology services, sign language services
    - Occupational therapy
    - Physical therapy
    - Psychological services
    - Service coordination
    - Medical services for diagnostic or evaluation purposes

## IDEA Part C - Definitions

- Early Intervention Continued
  - Include Cont.
    - Early identification, screening, assessment services
    - Health services
    - Social work services
    - Vision services
    - Assistive technology devices and assistive technology services
    - Transportation and related costs that are necessary to enable infant/toddler and family to receive another service described
  - Provided by qualified personnel, including:
    - Special educators
    - Speech language pathologists and audiologists
    - Occupational therapists
    - Physical therapists
    - Psychologists
    - Social workers
    - Nurses
    - Registered dietitians
    - Family therapists
    - Vision specialists
    - Orientation and mobility specialists
    - Pediatricians and other physicians
  - To the maximum extent appropriate, services are provided in natural environments
  - Provided in conformity with IFSP



Child find is a process where the state identifies children who are eligible for IDEA Part C services. Public awareness activities, screenings, and evaluations are completed to locate children, raise awareness in the community, and make appropriate referrals.

## **IDEA Part C - Eligibility**

- Referral
  - Can be made by any adult who has a concern regarding a child birth to under three that that source is concerned has a developmental delay
  - Interim service coordinator is assigned to do the initial intake
- Federal law requires that a multidisciplinary team complete the evaluations and assessments and hold the eligibility and IFSP meeting within 45 days.

## IDEA Part C - Eligibility

- Assessment/ Evaluation
  - Lead by family's needs and concerns for their child
  - Means can include: interview, observation, formal and informal testing
    - Peabody Developmental Motor Scales (PDMS)
    - Hawaii Early Learning Profile (HELP)
  - Inquire about: "What is the most difficult part of your day?" "Do you have any difficulty taking your child out into the community with your family?"
  - Initial evaluation team
    - Some states require a developmental specialist and licensed practitioner to be included in evaluation process. More than one licensed practitioner may be involved if appropriate for the given child's condition

After the intake interview is completed by the interim service coordinator and the evaluations are completed by the selected early intervention specialist team members, the eligibility meeting is held. This meeting may consist of the service coordinator, parents, early intervention specialists/health care providers involved in the evaluation process, and family members or others invited by the parents.

## **IDEA Part C - Eligibility**

- The meeting is to determine if the child qualifies for services based on state guidelines and the evaluations completed by the multidisciplinary team
- Three ways to qualify for services
  - Substantial developmental delay identified by the multidisciplinary team
    - Areas of development being:
      - Cognitive
      - Physical
      - Social/emotional
      - Communication
      - Self help
  - Diagnosis of an established condition in which there is a high probability of developmental delay
  - If the child is identified at high risk by State's standards

## **IFSP**

- Individualized Family Service Plan
- Address family's primary concerns, priorities and resources
- Must include:
  - Information on child's current level of functioning
  - Family's resources, concerns, priorities
  - Services needed to meet the child's needs
  - Where the services are to be provided (what natural environment)
  - Frequency, duration, intensity of services to be provided
  - Identify ongoing service coordinator and early intervention service providers
  - When appropriate, transition process to help transition child to other services which are appropriate

Outcomes are selected by the family as goals they want the child to achieve within a specific time frame, usually a 6 month time period. The outcome should reflect the child/family's need in a functional manner.

"Matt will feed himself dinner using a fork while sitting at the dinner table with the family."

## IFSP

- Team members who will help the family achieve their goals are identified.
- Development of strategies
  - After outcomes are selected strategies to enable the family to achieve the outcome are developed
  - People to be involved in strategy implementation are identified
  - Any assistive technology or adaptive equipment needed to achieve the outcome is also listed
- Where the services will be provided is identified
- Frequency and duration
  - How do services fit into family's routine

## IFSP

<b>What would you like to happen for your child/family in the next 6 months?</b>	<b>What is the child doing currently in relation to this outcome?</b>
<b>How will the team know that this has been achieved?</b>	
Strategies to help the family reach this outcome:	Who will be involved in implementing these strategies?
Assistive Technology needed?	

An IFSP is a flexible document, which can be modified and updated to meet the family/child's needs. The team can meet to review the IFSP as needed.

After initial eligibility there is a minimum of a 6 month review of the child's progress and an annual review of eligibility for services.

## IFSP

- Transition Plan
  - IFSP must also include a transition plan to help transition the child from IDEA Part C services to IDEA Part B services if appropriate.
  - Family will meet with the the educational system representatives no less than 90 days before the child is eligible for preschool services

Early intervention takes a family centered approach when developing service implementation. The focus is more on family concerns and needs versus medical diagnosis or degree of developmental delay.

## **Natural Environment**

- Under IDEA Part C Federal guidelines, all services to maximum extent are to be provided in a natural environment for the child
- May involve training others involved in child's in different settings from home, ie. Child care or grandparent's home
- Natural environment has been shown to improve child learning opportunities, inclusion and fostering child/parent bonding and play

Providing early intervention services incorporated into routine activities that occur naturally in the home/family activities provides opportunities for learning new skills and practicing skills, enhancing growth and development. Utilization of natural environment encourages family's participation in the community and social supports available.

## Treatment

- Strategies and interventions should use what is naturally in a child's environment when able.
- The early intervention team should work with the family to help educate them on how to carry out the strategies themselves and incorporate them into their daily routines
- Strategies should help the family/child achieve the written objectives/goals
- Play based or activity based instruction  
Strategies should be worked into family's day/routines
- Assistive technology implementation

## Treatment

- Treatment examples:
  - Ring sitting on floor with mom ring sitting around child. Child reaching for toy, trying to activate cause effect toy (incorporate reaching, sitting balance, core control, head control, cognitive understanding of cause effect toy)
  - Climbing through jungle gym with assistance at play ground. Climbing up ladder/stairs, walking along platforms, squat down and crawl through tunnel, sit and slide down slide. (balance, ladder/stair negotiation, uneven surface negotiation, problem solving, vestibular input with sliding, exploration of environment)
  - Drawing on sidewalk with sidewalk chalk with sister, stand up and pick piece of chalk out of bucket, squat down to draw while maintain squat, stand back up and return chalk to bucket and get a new piece. (balance, walking, squat to stand, fine motor drawing and grasp of chalk, play skills with sibling)



Max is a 9 month old referred to early intervention for evaluation by his parents. They are concerned about his development. He has not begun to roll or sit, he has difficulty eating a 5 ounce bottle (it takes him about 30 minutes to eat and he is losing fluid out of this mouth as he eats). Max does not seem interested in toys. He is a very complacent baby. He does not fuss very much.

## Case Example

- 2/11/2013 – referral received at regional office on Max from Karyn, Max's mom.
- 2/13/2013 – Lauren (interim service coordinator) contacted family to make visit and complete initial intake to start evaluation process
- 2/20/2013 – Lauren met with family at their home. Gathered initial intake information. Identified mom and dad's primary concerns (mobility/strength, eating, general development). Had early intervention practitioners selected to complete evaluations for eligibility process (PT, SLP, developmental)
- 2/20/2013 – Lauren contacted practitioners to inform them of selection by family and requested evaluations to be completed
- 3/12/2013 – All evaluations are completed by practitioners. Reports forwarded to family, team members and regional office

## Case Example

- 3/20/2013 – Team (interim service coordinator, PT, SLP, developmental, possible ongoing service coordinator) met with family to complete eligibility process (review evaluations, concerns, eligibility). Max was found eligible, demonstrating a developmental delay of 40% in more than one area of development by team.
- 3/20/2013 – Family elected to complete IFSP meeting immediately after eligibility meeting, creating objectives/goals and strategies as a team. Deciding on who would see the child and help the family (frequency, duration, intensity).

## Case Example

<p>What would you like to happen for your child/family in the next 6 months? Max will walk by himself.</p> <p>How will the team know that this has been achieved? Max can get up from the floor in the living room by himself and walk into the play room to get a toy by himself.</p>	<p>What is the child doing currently in relation to this outcome? Max is not rolling. He can play on his back or belly. No mobility. He is not standing or walking. He is not playing with toys. He is not exploring his environment.</p>
<p>Strategies to help the family reach this outcome: Supported sitting leading to independent sitting Exploration of toys Supported standing to independent Supported walking Assisted rolling to independent Squat to stand Stand and play Assistive Technology needed? Walker</p>	<p>Who will be involved in implementing these strategies? Mom Dad Grandparents Early intervention team</p>

## Case Example

<p>What would you like to happen for your child/family in the next 6 months? Max will eat dinner with the family.</p> <p>How will the team know that this has been achieved? Max can eat at the table with the rest of the family, self finger feeding food.</p>	<p>What is the child doing currently in relation to this outcome? Max has difficulty drinking from a bottle, has a poor suck-swallow resulting in loss of milk and fatigue from long feeding times. He has not progressed to baby food or textured foods.</p>
<p>Strategies to help the family reach this outcome: Try different nipples and bottles. Oral motor exercises to strengthen suck swallow and mouth muscles. Work on feeding with textures and thickness.</p> <p>Assistive Technology needed? Feeder bottle Different bottles and nipples</p>	<p>Who will be involved in implementing these strategies? Mom Dad Grandparents Early intervention team</p>

## Case Example

- Team and family elect to have
  - Speech see Max weekly for feeding concerns
  - Developmental specialist twice a month for play skills and reinforce SLP and PT strategies
  - Physical Therapy twice a month for mobility and core strengthening
- Minimum teaming:
  - 6 month review
  - Annual eligibility review

## Case Example

- Sample Visit: 60 minutes
- Review how things have gone since last visit
- Start on floor with blanket
  - Supported/guarded sitting – track toys/lights while seated, encourage reaching in sitting
  - Lie on floor – tracking toys, encourage reaching for and touching toys; assisted rolling from back to side and eventually to belly
  - Belly time – lie on belly and push up onto forearms or extended arms. Tracking on belly propped up. Scoot on belly.
  - Supported rolling across floor
  - Back to sitting to relax and play with toys again
- Incorporate favorite toys or books, have roll towards parent, use siblings if present to help motivate child to move.
- Review activities with mom/dad
- Write treatment note to leave with family, including what was discussed, what was completed during visit, what strategies to continue working on
- Schedule visits as able.

IDEA Part C – Early Intervention focuses on Infants and Toddlers birth up to 3<sup>rd</sup> birthday. The goal is intervene early, cut down on special ed costs, improve parent/child bonds and relationships/ improve child/family participation in the community. As early intervention practitioners, our roles are to help educate parents and caregivers and provide them with the tools to help them meet their goals to take care of their children.

# References

<http://www2.ed.gov/policy/speced/leg/idea/history.html>  
<http://www.education.com/reference/article/individuals-disabilities-education-act/?page=2>  
Idea.ed.gov  
Drnach, M. The Clinical Practice of Pediatric Physical Therapy. Lippincott Williams & Wilkins. 2008.  
Tecklin, J. Pediatric Physical Therapy. Lippincott Williams & Wilkins. 2008.  
National Dissemination Center for Children with Disabilities.  
<http://nichcy.org/laws/idea/partc>  
U.S. Department of Education. Statute: Title I/ C  
<http://idea.ed.gov/explore/view/p/.root.statute.I.C>,  
Child Welfare Information Gateway. Child Welfare and IDEA Part C.  
[https://www.childwelfare.gov/systemwide/service\\_array/earlychildhood/childwelfare.cfm](https://www.childwelfare.gov/systemwide/service_array/earlychildhood/childwelfare.cfm)  
Ed.gov U.S. Department of Education Special Education and Rehabilitation Services. IDEA Part C.  
<http://www2.ed.gov/policy/speced/reg/idea/part-c/index.html>