

## Child and Family Assessment

### **Introduction and Intent**

Once an infant or toddler has been found eligible for *Early On*, either through the evaluation process or established condition, one of the next steps is the initial assessment of the child and family. Evaluation and assessment are processes that overlap but have different purposes in *Early On*. Evaluation is the process utilized by qualified personnel for determining a child's initial or continuing eligibility for *Early On*. More information about the eligibility and evaluation process for Part C and Michigan Mandatory Special Education (MMSE) can be found in the **Eligibility and Evaluation** chapter of this manual.

According to federal regulations (34 CFR 303.321), child assessment is an ongoing process, used by qualified personnel, of identifying the child's unique strengths and needs and the services appropriate to meet those needs. It includes evaluation of functioning in each of the developmental areas – physical development, communication development, cognitive development, social emotional development, and adaptive development. A family assessment, conducted with parent consent and input, identifies the resources, priorities, concerns, supports, and services necessary to enhance the family's capacity to meet the needs of their child. For information regarding qualifications of staff for *Early On* please see the Michigan Department of Education (MDE) [Early On Personnel Standards](https://www.michigan.gov/documents/mde/2-4-15_FINAL_Personnel_Document_for_posting_480825_7.pdf) ([https://www.michigan.gov/documents/mde/2-4-15\\_FINAL\\_Personnel\\_Document\\_for\\_posting\\_480825\\_7.pdf](https://www.michigan.gov/documents/mde/2-4-15_FINAL_Personnel_Document_for_posting_480825_7.pdf)). For information regarding qualifications for staff who serve children who are also eligible for special education, please see the Michigan Administrative Rules for Special Education (MARSE) in addition to the *Early On* Personnel Standards.

Assessment is defined by the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) as the process of collecting information for making decisions. Assessment informs intervention and, as a result, is a critical component of services for infants and toddlers in *Early On*. According to the Mission and Key Principles for Providing Early Intervention in Natural Environments (2008, March), the early intervention process, from initial contacts through transition must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs. In this chapter, we will examine the requirements for child and family assessment as well as using authentic assessment through the early intervention process.

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### **Authentic (Functional) Assessment**

Authentic assessment, or functional assessment, is the process of gathering meaningful information about a child's skills in the real-life contexts of family, culture, and community rather than discrete isolated tasks irrelevant to daily life. It supports a strengths-based approach to planning for the child, as it is the context for identifying what a child can do in naturally occurring activities and routines. Observing and getting to know a child in the context of their typical daily routines and activities enables practitioners to see the mastery of many skills that are not necessarily seen in a testing situation. Additionally, having conversations with the family provides insight into how a family functions and can support their child's development; helping the family understand the importance of typical family routines as the context for their child's learning. The use of authentic assessment strategies applies to all of the child and family assessments that *Early On* providers conduct with a family. More will be covered later in this document.

Authentic assessment helps the Individualized Family Service Plan (IFSP) team develop a picture of the child's skills and behaviors in his or her own everyday activities and routines. It also provides information about the child's functioning related to the three child outcomes. According to the Early Childhood Technical Assistance (ECTA) Center, child outcomes are best

defined as a measure of the benefit that children experience due to early intervention supports and services. The child outcomes reflect the child's functioning in three broad areas of development:

- social emotional,
- acquisition of knowledge and skills, and
- self-efficacy.

This type of assessment helps the IFSP team identify methods and strategies likely to promote the child's learning and development so the team can identify functional and meaningful IFSP outcomes that support the child's functioning in the three child outcomes. The team can then identify effective methods and strategies to meet these outcomes and goals.

Authentic assessment ensures a non-judgmental picture of a child's functional skills and behaviors in the real-life context of family, culture, and community. It is important that these observations are not influenced by opinions, judgments, or feelings. It is simply a descriptive recording of what is seen when a child is engaging in a routine. In order to gather the necessary information about a child's participation and engagement in everyday activities, assessment includes these two core activities:

1. **Observation** - In conducting objective observations, the provider sees and documents the child's movements, expressions, and emotions in the places and spaces where he or she spends time. This information is then used as starting points for discussions about the child's functioning.
2. **Gathering information** - It is important that detailed information is gathered from parents and other caregivers who know the child well. Understanding how the child functions throughout daily routines and activities helps the IFSP team recognize the child's interrelated strengths as well as the family's priorities. Since providers cannot observe a child during ALL the different daily

experiences, the family and caregivers can provide this important information. In order to gather information from others effectively, it is essential to include practices such as creating a safe space for parents and caregivers to share information, using open-ended questioning, and sharing observations while asking for family and caregiver input. It is equally important that active, reflective listening, and family-centered practices are used by the provider when gathering information.

### **Why is authentic assessment important?**

Authentic assessment helps the IFSP team understand a child's functional abilities, determine functional IFSP outcomes, based upon family priorities, and inform the identification of intervention strategies and implementation. It is important because it allows the practitioner to view the whole child rather than defining abilities based solely on developmental domains as well as the motivations, persistence, and temperament of the child.

Understanding a child's functioning requires assessment of the child in natural environments that are the settings and circumstances that are part of everyday life. This assessment must include the family and caregivers to get to know the activities and routines of the child. By understanding the various ways a child participates in routines, the IFSP team learns about what is working and what is not.

The value of authentic assessment is seeing the integration of the child's abilities to successfully participate in daily routines and activities. Learning about when, where, and how a child stacks objects, for example, provides a richer and deeper understanding of the child's functioning.

When using authentic assessment to inform intervention planning, team members are able to identify intervention supports and strategies that are

strength based rather than deficit based. When the IFSP team has an understanding of the child's functional abilities within the natural environment, this information can then be used to help the team write functional IFSP outcomes. More information about functional IFSP outcomes can be found in the **Individualized Family Service Plan (IFSP) Outcomes** chapter of this manual.

### **When does authentic assessment occur?**

Optimally, authentic assessment occurs many times while the child and family participate in early intervention. Through the process of observation and information gathering, providers assess and analyze natural functioning to capture an accurate picture of the child in daily routines and activities in the natural environment. This helps plan for meaningful interventions and to measure overall progress as well as progress in the three child outcomes over time. Merging caregiver and provider expertise, authentic assessment in the natural environment is an integral part of each step within the early intervention process.

There are five crucial times within the early intervention process when authentic assessment should occur:

- **Intake/first contact/initial visit:** Authentic assessment can begin during the initial visit to learn about the family's priorities and discuss the early intervention program. In fact, doing so helps the family understand how invested service coordinators and providers are in learning about and understanding the child and family. The intake visit may also be an opportunity for the service coordinator and family to observe the child doing something that he enjoys or does often. Of course, following any observation it will be important to share the observations with the family and together review information obtained. Although it is not a requirement, this could be the beginning of the initial child and family assessment process.

- **Evaluation/eligibility/assessment:** Authentic assessment can also happen as part of the evaluation for eligibility determination as part of the initial child assessment. However, it is important to note that authentic assessment does not happen during the process of administering conventional standardized tests. It is through authentic assessment that team members gain a better idea of how accurate their findings are and may subsequently use their informed clinical opinion for eligibility determination. The DEC Recommended Practices endorses practitioners to use clinical reasoning in addition to evaluation/assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction (DEC RP A8).
- **IFSP development:** After a child is determined eligible for early intervention, authentic assessment is used to develop family-centered IFSP outcomes and determine ratings for the three child outcomes. Through authentic assessment, team members may become more informed and knowledgeable about how to respond to questions during the child outcome summary rating discussion. To learn more about the child outcomes summary (COS) process, please see the **Birth to Five (0-5) Child Outcomes Summary Process Manual**.
- **Service implementation:** Authentic assessment is a natural part of service implementation and would be considered ongoing assessment during this time. Every time the family and service providers interact, they have an opportunity to share information and observe the child in action.
- **Progress monitoring:** Authentic assessment is used to help monitor the IFSP and progress that children and families are making as a result of their participation in early intervention. This is another part of the ongoing assessment. Progress monitoring is essential for determining changes, progress, and appropriateness of intervention.

Progress monitoring is ongoing and may occur more formally at six-month reviews, annual IFSP reviews, and discharge (or exit summary).

### **Who participates in authentic assessment?**

It is important to gather input from people who are most familiar with the child. This could include, and is not limited to parents, extended family members, family friends, and child care staff. Equally important is the input from early intervention providers and service coordinators. They have expertise in observing and analyzing a wide range of children's functioning as well as facilitating discussions with parents and caregivers. Depending upon the purpose of the assessment, teams may want to include providers with expertise in particular areas, such as understanding a very young baby's ability to move about, learning about a toddler's eating behaviors, seeing how a child displays attachment with familiar caregivers, etc. The mix of early intervention providers involved depends upon the child and family circumstances and the nature of the authentic assessment. For example, the IFSP team might include the service coordinator, occupational therapist, physical therapist, speech language pathologist, educator, nurse, or any combination of these providers with the family.

### **Where can authentic assessment take place?**

Since authentic assessment includes gathering information from caregivers and observing the child, it needs to occur in a natural environment where the child and caregivers typically spend time. This might be observing a child in the home, at child care, at the park, at a restaurant, or during a trip to the grocery store. It is also important that discussions take place in a location that is comfortable to the family while protecting confidentiality. The key thing to remember is that an authentic assessment is not done in a clinic or a contrived setting.

**Initial Child and Family Assessment**

It is best practice to use all information gathered prior to determining eligibility as part of the initial assessment of a child. Once a child is determined eligible, it is required that an initial assessment of the child be conducted prior to the child's first IFSP meeting. Parental consent is required for all assessments: initial child assessment, initial family assessment, and ongoing assessment. MDE, along with *Early On* Training & Technical Assistance, has developed a prototype [Parental Consent form \(https://eotta.ccrea.org/Files/Uploads/New/188/Revised\\_Early\\_On\\_Parental\\_Consent\\_10\\_13\\_16.pdf\)](https://eotta.ccrea.org/Files/Uploads/New/188/Revised_Early_On_Parental_Consent_10_13_16.pdf) local service areas may choose to use. Local forms may also be developed as long as all required content is included. This consent is usually obtained prior to the evaluation process. More information about the eligibility and evaluation process for Part C and MMSE can be found in the **Eligibility and Evaluation** chapter of this manual.

Initial child assessment is fundamentally about identifying a child's unique strengths and needs in all five developmental domains, as well as naturally occurring learning opportunities in the daily routines. With parental permission, an initial assessment must also include a family assessment identifying the family's priorities, resources, and concerns to effectively plan and implement supports that promote the family's capacity to enhance the child's development. Assessment provides information to help support each child and family.

**Initial Child Assessment**

The purpose of this assessment is to determine the child's functioning in everyday activities and routines and to determine the child's abilities in relation to the three child outcomes;

- a) positive social emotional skills, including social relationships;



- b) acquisition of knowledge and skills, including language/communication, early literacy, and numeracy; and
- c) takes appropriate action to meet their own needs.

Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community (DEC RP A7).

An assessment is required once a child is determined eligible. While a child's medical documentation may be used to confirm eligibility under [Early On Michigan Established Conditions](#)

([https://eotta.ccrea.org/Files/Uploads/New/3264/EO\\_Established\\_Conditions.pdf](https://eotta.ccrea.org/Files/Uploads/New/3264/EO_Established_Conditions.pdf)) and no developmental evaluation is required, an assessment of the child's present level of development and the family assessment (if consent is obtained) still must be conducted. The assessment must be completed within the 45-calendar day timeline after the referral has been received.

Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child, and all family assessments must be conducted in the native language of the family members being assessed. More information about the eligibility and evaluation process for Part C and MMSE can be found in the **Eligibility and Evaluation** chapter of this manual.

Although much of this information may have been gathered in order to establish eligibility, during assessment the information is used to define the child's unique strengths and needs and the early intervention services appropriate to meet those needs. This information must include all of the following:

- A. Review of the child's evaluation results.
- B. Personal observations of the child.
- C. Identification of the child's needs in each of the following developmental areas:
  - 1. Cognitive

2. Communication
  3. Social emotional
  4. Adaptive (self-help)
  5. Physical (vision, hearing, gross, and fine motor)
- D. An observational assessment of the parent(s)/primary caregiver(s) and child together. Detailed documentation of parent(s)/primary caregiver(s) and child interaction is required. This documentation includes an objective description of interaction between the adult caregiver and the child.

The purpose of an observational assessment is to understand the development of the child within the context of a caregiving environment and across the developmental domains. The parents' active participation in the assessment is crucial. Their participation from the start will help them understand their critical role in supporting their child's development and sets up the practice of the family's active involvement in all areas of early intervention.

### **Child Assessment Tools**

It is encouraged that providers use an assessment tool for planning and tracking of child progress. This provides a framework for the child's family and caregivers to understand the overall development, informs IFSP development and the transition process, and supports the COS\_process. To learn more about the COS process, please see the **Birth to Five (0-5) Child Outcomes Summary Process Manual**.

During the child's enrollment in *Early On*, it is expected that providers will engage in ongoing, informal assessment each time they see the child, as well as regularly update IFSP outcomes, using one of the following assessment tools. These assessment tools have been approved by MDE for COS rating.

1. Assessment, Evaluation, and Programming Tool (AEPS)
2. Battelle Developmental Inventory (BDI)
3. Bayley Scales of Infant Toddler Development
4. Brigance® Inventory of Early Development (IED)
5. Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN), Third Edition
6. Early Intervention Developmental Profile (EIDP)
7. Early Learning Accomplishment Profile (E-LAP)
8. Hawaii Early Learning Profile (HELP)
9. Infant-Toddler Developmental Assessment (IDA)
10. Other

Other: Providers may use an assessment tool other than one of the first nine listed above. If providers use a different assessment tool, this tool would be in the category of '#10. Other.' Some other tools and practices worth considering are:

1. Measurement of Engagement, Interactions, and Social Relationships (MEISR) - The functional items of this instrument are cross walked with the three child outcomes and organized by age. This makes it a valuable tool for age anchoring a child's functional abilities within each of the three outcomes.
2. Routines Based Interview (RBI) - This is an evidence-based assessment practice that gathers information about home and community routines and the child's engagement, independence, and social relationships within those routines to promote routines-based intervention.

It is important that the assessment tool utilized by the early interventionist is documented in the initial IFSP, the periodic review, the annual IFSP, the COS, and within the interventionist's daily notes. The results of assessment, identifying the child's functional needs, is also documented so that the foundation for making data-based decisions is clear.

### **Initial Family Assessment**

The best way to get to know a family is to conduct a family assessment. The family assessment offers

providers an opportunity to sit down with a family and develop an understanding of who they are, the daily life of the family as well as the environment they live in. This assessment is conducted by personnel trained to use appropriate methods and procedures.

Practitioners work with the family to identify family preferences for assessment processes (DEC RP A1).

The family assessment is required and must:

- A. Be voluntary on the part of each family member participating in the assessment.
- B. Be obtained through the use of an assessment tool and interview.
- C. Include a family-directed identification of priorities, resources, and concerns related to enhancing the development of the child. This information is used to help determine the services that will be provided to help achieve family outcomes.

This is an opportunity to objectively partner with the family to assess the priorities, resources, and concerns. It is a strength-based approach that encompasses a family's culture and community and provides information that can be used to determine appropriate goals, interventions, and services. Service providers work with the family to help them think through and determine their priorities, resources, and concerns related to supporting their child's development. The information that is gathered is foundational and helps the IFSP team develop functional outcomes and identify the services, supports, and strategies to accomplish outcomes.

Because children learn best in the context of everyday activities, the family is asked to describe their daily routines and activities, in terms of what interests and engages their child, what is going well and what challenges they face. Sharing this information identifies challenges that interventionists may problem-solve with the family. The family and interventionists can determine the routines in which to embed interventions and learning opportunities. For example, if a child appears to enjoy mealtime, it may

be a natural opportunity to encourage learning and use of more words, grasping utensils, reaching for food, etc. Learning about a child's interests, favorite people, and preferred toys and activities can help the family and interventionists personalize learning opportunities that will be motivating and engaging to the child.

Information is usually gathered through open-ended questions between the family and the service provider. When gathering information from caregivers it is essential to be present, be an active listener, and provide affirmations throughout the conversation. Checklists created from the assessment tool the service area chooses to use as well as interviews can assist the service providers in obtaining and documenting useful information. Such as utilizing RBI protocols to provide foundational information from the family.

Parents need to know the purpose of this information, how it will be used, and where it will be kept. The most important factor in gathering family information is the partnership that develops over time with the provider(s) and family members. The trust that builds between the family and the interventionist builds a foundation for successful child and family outcomes.

### **Ongoing Assessment**

Ongoing assessment refers to the process of continually gathering information about the child and family and how the child functions within the routines of his/her natural environment. It includes all child and family assessments, both formal and informal, following the initial assessment. Using ongoing child assessment to individualize instruction is considered a best practice in early childhood education (National Association for the Education of Young Children: NAEYC Early Childhood Program Standards). Ongoing assessment of the child and family occurs throughout the child's participation in early intervention. It occurs informally each time early interventionists interface with a child and family and formally when a child's IFSP

is reviewed. Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed (DEC RP A9). Practitioners should conduct ongoing assessment using the authentic assessment description above.

### **Ongoing Child Assessment**

The purpose of ongoing child assessment includes individual planning, monitoring child progress in the three child outcomes, and program evaluation. Assessment is ongoing as the practitioner learns more about the child's activities and routines to assist in planning intervention that supports child learning and development. Early interventionists also use ongoing assessment to increase knowledge about activities that occur in settings not yet visited, such as child care and community activities. As a child grows, they and their family develop new interests which could change their routines. Ongoing assessment allows practitioners to stay current on the child's activities and interests so that intervention matches the child's current interests.

Ongoing assessment includes processes to collect information to monitor the child's progress, both towards individual IFSP outcomes and toward the three child outcomes used for program evaluation. To learn more about the COS process, please see the **Birth to Five (0-5) Child Outcomes Summary Process Manual**. Information is documented to determine whether the strategies being used to reach the outcomes are working and whether IFSP outcomes have been met. The team, including the family, considers the progress the child has made in determining upcoming intervention plans. Ongoing assessment should "help families adapt interactions, actions, routines, environments and schedules as key strategies for achieving IFSP outcomes" (Hanft, Rush, Shelden, 2004).

Ongoing assessment includes:

1. Observation of a child engaged in everyday activities with the adults who are typically present in that context to address a current IFSP outcome or determine the need for a new IFSP outcome,
2. Reviewing with family members and/or other caregivers, the child's functioning in prioritized activity settings to reach an IFSP outcome, and
3. Reviewing the strategies and supports that will promote a child's participation in selected activity settings to reach an IFSP outcome. Modifications can be made to strategies and supports based on data obtained through this review.

When services and supports are provided in natural environments, the child's daily activities provide the basis for ongoing assessment as well as intervention. These three activities can occur simultaneously or be repeated multiple times within different settings as needed to maximize child learning and development opportunities.

When ongoing assessment is viewed as a form of planning, the process of assessment occurs continuously and in the contexts of the child's functioning within everyday activities and routines. Information obtained during this process is used for periodic reviews and annual IFSPs. Part C of IDEA requires periodic review of progress toward child outcomes and an annual meeting to evaluate the IFSP. For more information about periodic review and the annual IFSP meeting, please see the **Periodic Review of the Individualized Family Service Plan (IFSP) and Annual Meeting to Evaluate the IFSP** chapter of this manual.

Another aspect of ongoing assessment is reviewing the child's progress related to the three child outcomes measured by all early intervention programs for program evaluation. Practitioners must summarize

child functioning in these three outcome areas at entry and exit for reporting purposes. Although summary information about child functioning in the three outcome areas is required only at entry and exit, practitioners might want to consider documenting progress in the outcome areas during IFSP periodic reviews or annual meetings. More frequent documentation provides a richer picture of how the child has changed over time. In addition, families move, life situations change, children grow, and for any one of many reasons early intervention services may end abruptly. More frequent documentation may result in better information for determining exit child outcome summary statements. The process of using ongoing assessment to determine the child's level of functioning on each of the three child outcomes is the same process used during initial assessment. To learn more about the COS process, please see the **Birth to Five (0-5) Child Outcomes Summary Process Manual**.

### **Ongoing Family Assessment**

Ongoing family assessment occurs in the same manner as ongoing child assessment; that is, ongoing assessment assists in planning what intervention or supports are needed and helps determine progress toward defined IFSP outcomes. Continuing to gather information from families regarding their interests, priorities, concerns, and everyday routines and activities is important for ongoing assessment of the family and is best accomplished through conversations. This information is critical in order to develop meaningful family outcomes and to design intervention strategies that build on family strengths and capacity. Often the family would like to participate in new activities or use community resources but need help to include their child. Accompanying the family on an outing and problem-solving are ways interventionists can help the family engage in new activities that will lead to natural learning opportunities for their child. Ongoing family assessment includes ongoing



support to the family as their child grows and learns through to exit out of *Early On*.

### **Part C IDEA 2004 Infants and Toddlers with Disabilities Statute**

[Part C of the IDEA](#) authorizes a grant program to aid each state in implementing a system of early intervention services for infants and toddlers with disabilities and their families. Below are sections of the federal statute that are related to child and family assessment within Part C.

#### **§1436. Individualized family service plan**

##### **(a) Assessment and program development**

A statewide system described in section 1433 of this title shall provide, at a minimum, for each infant or toddler with a disability, and the infant's or toddler's family, to receive—

- (1) a multidisciplinary assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet such needs;
- (2) a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler; and
- (3) a written individualized family service plan developed by a multidisciplinary team, including the parents, as required by subsection (e), including a description of the appropriate transition services for the infant or toddler.

##### **(b) Periodic review**

The individualized family service plan shall be evaluated once a year and the family shall be provided a review of the plan at 6-month intervals (or more often where appropriate based on infant or toddler and family needs).

##### **(c) Promptness after assessment**

The individualized family service plan shall be developed within a reasonable time after the assessment required by subsection (a)(1) is completed. With the parents' consent, early intervention services may commence prior to the completion of the assessment.

##### **(d) Content of plan**

The individualized family service plan shall be in writing and contain—

- (1) a statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;
- (2) a statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability;
- (3) a statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary;
- (4) a statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;
- (5) a statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
- (6) the projected dates for initiation of services and the anticipated length, duration, and frequency of the services;
- (7) the identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this subchapter) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services; and
- (8) the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

**(e) Parental consent**

The contents of the individualized family service plan shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in such plan. If the parents do not provide consent with respect to a particular early intervention service, then only the early intervention services to which consent is obtained shall be provided.

## **§1439. Procedural safeguards**

### **(a) Minimum procedures**

The procedural safeguards required to be included in a statewide system under section 1435(a)(13) of this title shall provide, at a minimum, the following:

- (4) The opportunity for parents to examine records relating to assessment, screening, eligibility determinations, and the development and implementation of the individualized family service plan.

## **Part C Federal Regulations for IDEA 2004**

The final [Part C Federal Regulations](#) for IDEA 2004 were published in the Federal Register in September 2011 and reflect changes made to the IDEA of 2004. Below are sections of the federal regulations that are related to child and family assessment within Part C.

### **§ 303.20 Individualized family service plan.**

Individualized family service plan or IFSP means a written plan for providing early intervention services to an infant or toddler with a disability under this part and the infant's or toddler's family that— (a) Is based on the evaluation and assessment described in § 303.321.

### **§ 303.24 Multidisciplinary.**

Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to—

- (a) Evaluation of the child in §§ 303.113 and 303.321(a)(1)(i) and assessments of the child and family in § 303.321(a)(1)(ii), may include one individual who is qualified in more than one discipline or profession; and
- (b) The IFSP Team in § 303.340 must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator (consistent with § 303.343(a)(1)(iv)).

### **§ 303.25 Native language.**

- (a) Native language, when used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 602(18) of the Act), means—
  - (1) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a)(2) of this section; and
  - (2) For evaluations and assessments conducted pursuant to § 303.321(a)(5) and (a)(6), the language normally used by the child, if determined

developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.

- (b) 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).

### **§ 303.31 Qualified personnel.**

Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.

### **§ 303.34 Service coordination services (case management).**

- (b) Specific service coordination services. Service coordination services include—  
(3) Coordinating evaluations and assessments;

### **§ 303.113 Evaluation, assessment, and nondiscriminatory procedures.**

- (a) Subject to paragraph (b) of this section, each system must ensure the performance of—  
(1) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State; and  
(2) A family-directed identification of the needs of the family of the infant or toddler to assist appropriately in the development of the infant or toddler.
- (b) The evaluation and family-directed identification required in paragraph (a) of this section must meet the requirements of § 303.321.

### **§ 303.310 Post-referral timeline (45 days).**

- (a) Except as provided in paragraph (b) of this section, any screening under § 303.320 (if the State has adopted a policy and elects, and the parent consents, to conduct a screening of a child); the initial evaluation and the initial assessments of the child and family under § 303.321; and the initial IFSP meeting under § 303.342 must be completed within 45 days from the date the lead agency or EIS provider receives the referral of the child.
- (b) Subject to paragraph (c) of this section, the 45-day timeline described in paragraph (a) of this section does not apply for any period when—  
(1) The child or parent is unavailable to complete the screening (if applicable), the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records; or

- (2) The parent has not provided consent for the screening (if applicable), the initial evaluation, or the initial assessment of the child, despite documented, repeated attempts by the lead agency or EIS provider to obtain parental consent.
- (c) The lead agency must develop procedures to ensure that in the event the circumstances described in (b)(1) or (b)(2) of this section exist, the lead agency or EIS provider must—
  - (1) Document in the child’s early intervention records the exceptional family circumstances or repeated attempts by the lead agency or EIS provider to obtain parental consent;
  - (2) Complete the screening (if applicable), the initial evaluation, the initial assessments (of the child and family), and the initial IFSP meeting as soon as possible after the documented exceptional family circumstances described in paragraph (b)(1) of this section no longer exist or parental consent is obtained for the screening (if applicable), the initial evaluation, and the initial assessment of the child; and
  - (3) Develop and implement an interim IFSP, to the extent appropriate and consistent with § 303.345.
- (d) The initial family assessment must be conducted within the 45-day timeline in paragraph (a) of this section if the parent concurs and even if other family members are unavailable.

### **§ 303.321 Evaluation of the child and assessment of the child and family.**

#### *(a) General.*

- (1) The lead agency must ensure that, subject to obtaining parental consent in accordance with § 303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives—
  - (i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and
  - (ii) If the child is determined eligible as an infant or toddler with a disability as defined in § 303.21—
    - (A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;
    - (B) A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family’s capacity to meet the developmental needs of that

infant or toddler. The assessments of the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.

(2) As used in this part—

(i) *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* in § 303.21. An initial evaluation refers to the child's evaluation to determine his or her initial eligibility under this part;

(ii) *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 under this part and includes the assessment of the child, consistent with paragraph (c)(1) of this section and the assessment of the child's family, consistent with paragraph (c)(2) of this section; and

(iii) *Initial assessment* refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

(3)(i) A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child's level of functioning in one or more of the developmental areas identified in § 303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under § 303.21. If the child's part C eligibility is established under this paragraph, the lead agency or EIS provider must conduct assessments of the child and family in accordance with paragraph (c) of this section.

(ii) Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility under paragraph (b) of this section.

(4) 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.

- (5) Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child, in accordance with the definition of native language in § 303.25.
- (6) Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of native language in § 303.25.

(b) *Procedures for evaluation of the child.* In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under this part. Procedures must include—

- (1) Administering an evaluation instrument;
- (2) Taking the child's history (including interviewing the parent);
- (3) Identifying the child's level of functioning in each of the developmental areas in § 303.21(a)(1);
- (4) 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; and
- (5) Reviewing medical, educational, or other records.

(c) *Procedures for assessment of the child and family.*

(1) An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following—

- (i) A review of the results of the evaluation conducted under paragraph (b) of this section;
- (ii) Personal observations of the child; and
- (iii) The identification of the child's needs in each of the developmental areas in § 303.21(a)(1).

(2) A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must—

- (i) Be voluntary on the part of each family member participating in the assessment;
- (ii) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and

- (iii) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development. (Authority: 20 U.S.C. 1435(a)(3), 1435(a)(5), 1436(a)(1)–(2))

### **§ 303.342 Procedures for IFSP development, review, and evaluation.**

(c) *Annual meeting to evaluate the IFSP.* A meeting must be conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family. The results of any current evaluations and other information available from the assessments of the child and family conducted under § 303.321 must be used in determining the early intervention services that are needed and will be provided.

### **§ 303.343 IFSP Team meeting and periodic review.**

(a) *Initial and annual IFSP Team meeting.*

(1) Each initial meeting and each annual IFSP Team meeting to evaluate the IFSP must include the following participants:

- (i) The parent or parents of the child.
- (ii) Other family members, as requested by the parent, if feasible to do so.
- (iii) An advocate or person outside of the family, if the parent requests that the person participate.
- (iv) The service coordinator designated by the public agency to be responsible for implementing the IFSP.
- (v) A person or persons directly involved in conducting the evaluations and assessments in § 303.321.
- (vi) As appropriate, persons who will be providing early intervention services under this part to the child or family.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:

- (i) Participating in a telephone conference call.
- (ii) Having a knowledgeable authorized representative attend the meeting.
- (iii) Making pertinent records available at the meeting.

(b) *Periodic review.* Each periodic review under § 303.342(b) must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

(Authority: 20 U.S.C. 1435(a)(4), 1436)



**§ 303.344 Content of an IFSP.**

(a) *Information about the child's status.* The IFSP must include a statement of the infant or toddler with a disability's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based on the information from that child's evaluation and assessments conducted under § 303.321.

(b) *Family information.* With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family under § 303.321(c)(2).

(c) *Results or 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, and the criteria, procedures, and timelines used to determine—

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

**§ 303.345 Interim IFSPs—provision of services before evaluations and assessments are completed.**

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessments in § 303.321, if the following conditions are met:

(a) Parental consent is obtained.

(b) An interim IFSP is developed that includes—

- (1) The name of the service coordinator who will be responsible, consistent with § 303.344(g), for implementing the interim IFSP and coordinating with other agencies and persons; and
- (2) The early intervention services that have been determined to be needed immediately by the child and the child's family.

(c) Evaluations and assessments are completed within the 45-day timeline in § 303.310. (Authority: 20 U.S.C. 1436(c))

**§ 303.401 Confidentiality and opportunity to examine records.**

(b) *Confidentiality procedures.* As required under sections 617(c) and 642 of the Act, the regulations in §§ 303.401 through 303.417 ensure the protection of the confidentiality of any personally identifiable data, information, and records collected

or maintained pursuant to this part by the Secretary and by participating agencies, including the State lead agency and EIS providers, in accordance with the protections under the Family Educational Rights and Privacy Act (FERPA) in 20 U.S.C. 1232g and 34 CFR part 99. Each State must have procedures in effect to ensure that—

- (1) Participating agencies (including the lead agency and EIS providers) comply with the part C confidentiality procedures in §§ 303.401 through 303.417; and
- (2) The parents of infants or toddlers who are referred to, or receive services under this part, are afforded the opportunity to inspect and review all part C early intervention records about the child and the child's family that are collected, maintained, or used under this part, including records related to evaluations and assessments, screening, eligibility determinations, development and implementation of IFSPs, provision of early intervention services, individual complaints involving the child, or any part of the child's early intervention record under this part.

### **§ 303.420 Parental consent and ability to decline services.**

- (a) The lead agency must ensure parental consent is obtained before—
  - (1) Administering screening procedures under § 303.320 that are used to determine whether a child is suspected of having a disability;
  - (2) All evaluations and assessments of a child are conducted under § 303.321;
  - (3) Early intervention services are provided to the child under this part;
  - (4) Public benefits or insurance or private insurance is used if such consent is required under § 303.520; and
  - (5) Disclosure of personally identifiable information consistent with § 303.414
- (b) If a parent does not give consent under paragraph (a)(1), (a)(2), or (a)(3) of this section, the lead agency must make reasonable efforts to ensure that the parent—
  - (1) Is fully aware of the nature of the evaluation and assessment of the child or early intervention services that would be available; and
  - (2) Understands that the child will not be able to receive the evaluation, assessment, or early intervention service unless consent is given.
- (c) The lead agency may not use the due process hearing procedures under this part or part B of the Act to challenge a parent's refusal to provide any consent that is required under paragraph (a) of this section.
- (d) The parents of an infant or toddler with a disability—
  - (1) Determine whether they, their infant or toddler with a disability, or other family members will accept or decline any early intervention service under this part at any time, in accordance with State law; and
  - (2) May decline a service after first accepting it, without jeopardizing other early intervention services under this part. (Authority: 20 U.S.C. 1436(e), 1439(a)(3))

## **Early On Michigan Part C of the Individuals with Disabilities Education Act (IDEA) State Plan**

The [Early On Michigan Part C of IDEA State Plan](#) provides details on the implementation of the Office of Special Education Programs (OSEP), Rules and Regulations 34 CFR Part 303 in Michigan. Below are sections from the State Plan that are related to child and family assessment within *Early On*.

### **Section A: Items Aligned with Subpart A of Federal Regulations 34 CFR 303.1 through 303.37 – General (pg. 2)**

#### ***Definitions (pg. 3)***

##### ***Assessment***

In addition to the federal definition in Appendix A, includes the Michigan requirement for an observational assessment of parent(s)/caregiver and child interactions.

##### ***Observational Assessment***

A component of the child assessment process that includes observing the infant or toddler with parent(s) and/or primary caregiver(s) within the context of his or her caregiving environment, during caretaking or play activities, as well as during other natural interactions.

### **Section B: Items Aligned with Subpart B of Federal Regulations 34 CFR 303.100 through 303.126 - Foundations of a Statewide System (pg. 8)**

#### ***Components of a Statewide System (pg. 10)***

##### **Evaluation, assessment, and nondiscriminatory procedures (§ 303.113)(pg. 10)**

Michigan has in effect a system, operated through the local lead agencies, with the ability to provide a timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the state, and a family-directed identification of the needs of each family of such an infant or toddler, to assist appropriately in the development of the infant or toddler in accordance with 20 U.S.C. 1435(a)(3). Further discussion regarding the process of evaluation and assessment is provided in Section D of this plan.

**Section D: Items Aligned with Subpart D of Federal Regulations 34 CFR 303.300 through 303.346 – Child Find, Evaluations and Assessments, and Individualized Family Service Plans (pg. 24)*****General (§ 303.300) (pg. 25)***

In order to implement the statewide comprehensive, coordinated, multidisciplinary interagency system to provide early intervention services for infants and toddlers with disabilities and their families, Michigan has pre-referral, referral, and post referral policies and procedures that guarantee compliance with timeline requirements that ensure responsive intervention for infants and toddlers. A screening policy has been adopted for those local lead agencies that choose to utilize screening after referral, and the statewide system carries out assessments and evaluations that inform the development, review and implementation of IFSPs for eligible children and their families.

***Post-referral timeline (45 days) (§303.310) (pg. 29)***

Within 45 calendar days after the receipt of the referral, screening (if applicable), assessment and evaluation activities are completed. If the child is eligible, an IFSP meeting is also held within the 45-day timeline.

The 45-day timeline does not apply when a child or parent is unavailable due to an exceptional family circumstance or when a parent has not provided consent after documented repeated attempts to obtain that consent. *Early On* service providers are instructed to clearly document such circumstances in the child's early intervention records. Completion of the screening, initial evaluation, initial assessment and/or initial IFSP meeting must take place as soon as possible after the documented circumstances no longer exist or parental consent is obtained. An interim IFSP should be developed and implemented, to the extent appropriate and consistent with § 303.345, as addressed later in Section D.

***Use of native language during evaluation and assessment (§ 303.321) (pg. 32)***

Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child, and all family assessments must be conducted in the native language of the family members being assessed.

***Assessment of the child and family (§ 303.321) (pg. 32)***

The child/family assessment is the process of gathering any additional information that is needed to develop the IFSP.

***Child assessment (pg. 32)***

During the needs assessment process, *Early On* and the family will carry out any additional child assessment activities that are needed for IFSP development. Much of the information needed to develop the initial IFSP may have already been gathered in order to establish eligibility. If not, child assessment activities will be carried out at this point to inform the development of the IFSP so that it is based on the needs of the child. The information used to define the child's unique strengths and needs and the early intervention services appropriate to meet those needs must include all of the following:

- A. Review of the child's evaluation results.
- B. Personal observations of the child.
- C. Identification of the child's needs in each of the following developmental areas:
  1. Cognitive
  2. Communication
  3. Social/emotional
  4. Adaptive (self-help)
  5. Physical (vision, hearing, gross and fine motor)
- D. An observational assessment of the parent(s)/primary caregiver(s) and child together.

The purpose of the observational assessment is to understand the development of the child within the context of his or her caregiving environment and across multiple developmental domains of functioning: cognitive, physical, communication, social and emotional, and adaptive.

***Family assessment (pg. 33)***

The family assessment is conducted by personnel trained to use appropriate methods and procedures. The family-directed assessment must:

- A. Be voluntary on the part of each family member participating in the assessment.
- B. Be obtained through use of an assessment tool and interview.
- C. Include a family-directed identification of priorities, resources and concerns related to enhancing the development of the child. This information is used to help determine the kinds of services that will be provided to help achieve family outcomes.

***Individualized Family Service Plan (pg. 33)******General (§303.340) (pg. 33)***

Policies and procedures related to the development and implementation of IFSPs in Michigan meet all requirements of the Federal rules and regulations. The IFSP is a

written plan for providing early intervention services to eligible children and families that is developed jointly by the family and appropriate qualified personnel. It is based on an assessment of the child's unique strengths and needs, including a review of the comprehensive multidisciplinary child evaluation (if one was conducted), and on a family directed assessment of the family's resources, priorities, and concerns. Parental consent is obtained before any services are provided. An IFSP is developed and implemented in a family-centered manner for each eligible child. If a dispute between agencies exists regarding the responsibility for IFSPs, the lead agency resolves the dispute or assigns responsibility for resolving it to another agency.

***Procedures for IFSP development, review, and evaluation (§ 303.342)  
(pg. 33)***

Procedures are in place that meet all Federal requirements regarding the development, review and evaluation of individualized family service plans. The meeting to develop the initial IFSP is held within 45 calendar days after the local lead agency receives a referral.

IFSPs are reviewed every six months or more frequently if the family requests or conditions warrant. The review process includes a determination of the degree to which progress is being made toward achieving the outcomes specified in the IFSP and whether modification or revision of the outcomes or services is necessary. Reviews may be conducted at a meeting, or by other means acceptable to the parents and other participants.

IFSP meetings are held at least annually to evaluate and revise, as appropriate, the IFSP for a child and the child's family. The results of any current (within six months) evaluations and other information available from the assessments of the child and information regarding the family's concerns, priorities, and resources are used to determine what services will be provided. The family is viewed as an equal team member in all phases of IFSP development and information provided by the family is central to the identification of the child's strengths and needs, and the services to be provided.

IFSP meetings are conducted in settings and at times that are convenient to families. Arrangements, confirmed in writing, are made sufficiently in advance to ensure attendance of participants. Meetings may be conducted in a variety of settings, including the home. Telephone conference calls may be utilized, where appropriate, to ensure the participation of necessary team members. IFSP meetings are conducted 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.

The contents of the IFSP are fully explained to the parents, prior written notice is given, and informed written consent from the parents is obtained prior to the

provision of early intervention services. If the parents do not consent to a particular early intervention service or withdraw consent after first providing it, that service is not provided. The early intervention services to which parental consent is obtained are provided in a timely manner. Michigan's definition of Timely Service is "the provision of each service as soon as possible, but no later than 30 calendar days from when a parent/guardian provides written consent to the provision of that early intervention service."

***IFSP team meeting and periodic review (§ 303.343) (pg. 34)***

Procedures are in place to ensure that initial and annual IFSP meetings must include the following participants: parent or parents of the child; other family members, as requested by the parent, if feasible to do so; an advocate or person outside of the family, at the parent's request; the service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated by the local lead agency to be responsible for implementation of the IFSP; a person or persons directly involved in conducting the evaluations and assessments; and, as appropriate, persons who will be providing services to the child or family.

Arrangements are made for persons involved in the evaluation and assessment, who are not in attendance, to contribute information through any of the following means: telephone conference calls, representation by an authorized individual, or through making pertinent records available at the meeting.

Periodic reviews must provide for the participation of the parent or parents of the child; other family members, if feasible to do so; an advocate or person outside of the family, as requested by the parent; the service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the local lead agency to be responsible for implementation of the IFSP. If conditions warrant, provisions must be made for participation of persons directly involved in conducting evaluations and assessments, and persons who will be providing early intervention services.

***Interim IFSP - Provision of services before evaluation and assessment are completed (§ 303.345) (pg. 36)***

*Early On* services for an eligible child and the child's family may commence prior to the completion of the formal evaluation and assessment if parental consent is given in accordance with the procedural safeguards for *Early On*. In such instances, an interim IFSP is developed that includes the name of the service coordinator who assumes responsibility for the implementation of the interim IFSP and for coordination with other agencies and persons as needed. The interim IFSP also includes a description of services that are immediately needed by the child and the child's family, and addresses their most pressing concerns and priorities. Evaluation

(if needed), child assessment, and family assessment are then completed, and an initial IFSP meeting is completed within the required 45-day time period.

## **Section E: Items Aligned with Subpart E of Federal Regulations 34 CFR 303.400 through 303.449 – Procedural Safeguards (pg. 38)**

### ***Confidentiality and Early Intervention Records***

#### ***Child records/confidentiality of information (§ 303.401) (pg. 39)***

Michigan has adopted policies and procedures which ensure the protection of any personally identifiable information collected, used, or maintained by *Early On*, including the right of parents to written notice of and consent to the exchange of this information among partner agencies consistent with Federal and State law. The policy is confirmed annually in the interagency contract agreement; procedures include the use of forms to document parental consent and authorization to share information approved by each of the agencies participating in the *Early On* system and is consistent with State and Federal law. Under this policy, the parents of a child referred, or of an eligible child, are afforded the opportunity to inspect and review records relating to evaluations and assessments, screening (should the local lead agency determine its use), eligibility determination, development, and implementation of IFSPs, provision of early intervention services, individual complaints dealing with the child, and any other area involving records about the child and the child's family.

#### ***Definitions (§ 303.403) (pg. 40)***

A **record** means the type of records covered under FERPA (20 U.S.C. 1232g). An *Early On* record is any information, recorded in any way, maintained by an agency, institution, or *Early On* service provider (whether public or private) or by any party acting for an agency, institution, or *Early On* service provider that is needed to initiate referral or provide services to the eligible child and his/her family under Part C. This would include referral information, evaluation and assessment information, eligibility determination, development, and implementation of IFSPs, summaries of follow-up meetings, requests for due process hearings and complaints dealing with the child.

**Records** include (but are not limited to) files, evaluations, reports, studies, letters, telegrams, minutes of meetings, memoranda, summaries, inter-office or intra-office communications, memoranda reflecting oral conversations, handwritten or other notes, charts, graphs, data sheets, films, videotapes, slides, photographs, sound recordings, disks, tapes, and information stored on microfilm or microfiche or in computer-readable form. This definition does not override the exceptions set forth in FERPA 34 CFR 99.3 "education records" or Child Protective Services (CPS). Release of information regarding specific CPS records is governed by the Child



Protection Law. The Child Protection Law is the sole authority for the release of CPS record information. Neither the Freedom of Information Act (FOIA) nor Release of Information requests provide authority for release of CPS record information. Individuals and organizations, including multidisciplinary teams, who provide diagnosis, assessment, consultation, and treatment authorized by the agency or the court have access to CPS information during the course of a CPS investigation or in conjunction with the provision of services.

***Notice to parents (§ 303.404) (pg. 41)***

When a child is referred, the local lead agency provides notice to fully inform parents about the confidentiality of information collected in identifying, locating (including child find activities), and evaluating *Early On* eligible infants and toddlers, including:

- A. A description of the children for whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information;
- B. A summary of the policies and procedures which participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information; and
- C. A description of all of the rights of parents and children regarding this information, including the rights under the confidentiality provisions detailed in the regulations for Part C.
- D. A description of the extent to which the notice is given in the native languages of the various population groups in the state.

Within ten calendar days of referral, a family will be provided written notice of the referral, including a description of the rights of the Part C confidentiality provisions. The notice includes an explanation of any proposed action or inaction relative to identification, and any impending screening or initial evaluation/assessment, and a description of the procedural safeguards afforded to them under Part C.

***Fees for records (§ 303.409) (pg. 43)***

No fee may be collected for the first copy of the child's IFSP or evaluation. A participating agency must provide at no cost to parents, a copy of each evaluation, assessment of the child, family assessment, and IFSP as soon as possible after each IFSP meeting. Except for the records identified above, a participating agency may charge a fee for copies of records which are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records. A participating agency may not charge a fee to search for or to retrieve *Early On* information.

**Parental consent and ability to decline services (§ 303.420) (pg. 46)**

Written and dated parental consent in accordance with § 303.420 must be obtained:

- A. Before conducting the optional post-referral screening (§ 303.320) used to determine whether a child is suspected of having a disability, as well as before conducting the initial evaluation and assessment of a child and any subsequent reevaluation or ongoing assessment;
- B. Before implementing the provision of *Early On* services for the first time (i.e., at the time that the initial IFSP is developed) and for any subsequent IFSP; and
- C. Before release of personally identifiable information pursuant to § 303.414.

The regulations also require parental written consent prior to accessing certain funds in those states where public benefits or insurance (i.e., Medicaid, MiChild) or private insurance is part of the system of payments under § 303.520.

If consent is not given for items (A) and (B) in the above list, the local lead agency shall make reasonable efforts to ensure that the parent:

- A. Is fully aware of the nature of the evaluation and assessment or the services that would be available; and
- B. Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

The local lead agency may not use the due process hearing procedures under Part C or Part B of IDEA to challenge a parent's refusal to provide any consent that is required above.

The parents of an infant or toddler with a disability:

- A. Determine whether they, their infant or toddler with a disability, or other family members will accept or decline any early intervention service under Part C at any time, in accordance with Michigan law; and
- B. May decline a service after first accepting it, without jeopardizing other early intervention services under Part C of IDEA.

**Surrogate parents (§ 303.422) (pg. 48)**

- B. The surrogate shall have the same rights as a parent under these regulations, including the right to consent or withhold consent and to represent the child in all matters pertaining to identification, evaluation, assessment, IFSP development, provision of early intervention services, and any other rights established under IDEA Part C.

**Section F: Items Aligned with Subpart F of Federal Regulations 34 CFR 303.500 through 303.521 - Payor of Last Resort and System of Payments*****Payor of last resort (§ 303.510) (pg. 54)***

- B. If necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child's family, funds under Part C of IDEA may be used to pay the provider of services, for services and functions authorized under Part C of IDEA, including health services, as defined in § 303.16 (but not medical services), functions of the child find system described in §§ 303.115 through 303.117 and 303.301 through 303.320, and evaluations and assessments in § 303.321, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

***System of payments and fees (§ 303.521) (Pg. 58)***

- B. The following required functions that must be carried out at public expense, and for which no fees may be charged to parents are included in the Michigan policy:
1. Implementing the child find requirements in §§ 303.301 through 303.303.
  2. Evaluation and assessment, in accordance with § 303.320, and the functions related to evaluation and assessment in § 303.13(b).

**Related Resources**

Clinton County Regional Educational Services Agency Office of Innovative Projects. 2021. *Birth through Five (0-5) Child Outcomes Summary Process Manual*.

Division for Early Childhood. 2014. *DEC Recommended Practices*. Retrieved from <http://www.dec-sped.org/dec-recommended-practices>

Early Childhood Technical Assistance Center. 2014. Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. March 2008. *Agreed upon mission and key principles for providing early intervention services in natural environments*. Retrieved from [https://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3\\_11\\_08.pdf](https://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)

The Early Intervention-Early Childhood Professional Development Community of Practice (EI-EC PD CoP). *Authentic Assessment in Early Intervention*. Retrieved from: <http://universalonlinepartceicurriculum.pbworks.com/w/page/79638626/Universal%20Online%20Part%20C%20EI%20Curriculum>

Hanft, B.E., Rush, D.D., & Shelden, M.L. 2004. *Coaching Families and Colleagues in Early Childhood Intervention*. Baltimore, MD: Paul H. Brookes.

Michigan Department of Education. 2015. *Early On Personnel Standards*. Retrieved from: [https://www.michigan.gov/documents/mde/2-4-15\\_FINAL\\_Personnel\\_Document\\_for\\_posting\\_480825\\_7.pdf](https://www.michigan.gov/documents/mde/2-4-15_FINAL_Personnel_Document_for_posting_480825_7.pdf)

Michigan Department of Education. 2016. *Early On Michigan Establish Conditions*. Retrieved from [http://eotta.ccrea.org/Files/Uploads/New/3264/EO\\_Established\\_Conditions.pdf](http://eotta.ccrea.org/Files/Uploads/New/3264/EO_Established_Conditions.pdf)

National Association for the Education of Young Children. 2005. *NAEYC Early Childhood Program Standards*. Retrieved from <https://www.naeyc.org/our-work/families/10-naeyc-program-standards>

## **Forms**

[Early On Parental Consent form](#)