**Policy Manual**

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**Chapter 2: Eligibility**

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**Overview**

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**Definitions**

1. **Multidisciplinary** – Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to:
	* 1. Evaluation of the child and assessments of the child and family in accordance with these policies and procedures may include one individual who is qualified in more than one discipline or profession.
2. **Native language** – Native language, when used with respect to an individual who is limited English proficient or LEP, as that term is defined in the Individuals with Disabilities Education Act (IDEA), means:
3. 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 this section; and
4. For evaluations and assessments conducted pursuant to these policies and procedures, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.
5. 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.

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**Definition of Infants and Toddlers with Disabilities**

Infants or toddlers with a disability means an individual under three years of age who needs early intervention services because the individual:

1. Is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
	1. Cognitive development
	2. Physical development, including vision and hearing
	3. Communication development
	4. Social or emotional development
	5. Adaptive development; or
2. Has a diagnosed physical or mental condition that:
	1. has a high probability of resulting in developmental delay; and
	2. includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.
3. Connecticut does not include at-risk infants or toddlers in the state’s eligibility definition under Part C of the IDEA.

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**Definition of Developmental Delay**

Developmental Delay, when used with respect to a child residing in Connecticut means a child who is experiencing a significant developmental delay as measured by standardized diagnostic instruments and procedures, including informed clinical opinion, that demonstrate:

1. Two standard deviations below the mean in one area of development OR
2. One and a half standard deviations below the mean in at least two areas of development

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**Evaluation and Assessment**

1. **Post-Referral Timeline**
	1. Except as provided in (b) below, 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 Connecticut Birth to Three System receives the referral of the child.
	2. The 45-day timeline described in (a) above does not apply for any period when:
		1. The child or parent is unavailable to complete the initial evaluation, the initial assessments of the child and family, or the initial IFSP meetingdue to exceptional family circumstances that are documented in the child’s early intervention records; or
		2. The parent has not provided consent for initial evaluation, or the initial assessment of the child, despite documented, repeated attempts by the lead agency or Birth to Three program to obtain parental consent.
	3. The Office of Early Childhood,lead agency ensures that, in the event the circumstances described in (b) above exist, the Birth to Three program must:
		1. Document in the child’s early intervention records the exceptional family circumstances or repeated attempts by the early intervention provider to obtain parental consent;
		2. Complete 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 (b) above no longer exist or parental consent is obtained for 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.
		4. Conduct the initial family assessment within the 45-day timeline in (a) above if the parent concurs and even if other family members are unavailable.
2. **Evaluation of the Child and Assessment of the Child and Family**

The lead agency ensures 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 Part C of IDEA and suspected of having a disability, receives:

* 1. A timely, comprehensive, multidisciplinary evaluation of the child in accordance with this section unless eligibility is established via diagnosed medical condition and if the child is determined eligible as an infant or toddler with a disability as defined in §303.21:
		1. A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those 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 that infant or toddler. The assessments of the child and family are described in subsections (b. iv) and (c) below and these assessments may occur simultaneously with the evaluation, provided that the requirements of subsection (g) below are met.
	2. As used in Part C of IDEA:
		1. Evaluation means the procedures used by qualified personnel to determine a child’s initial and continuing eligibility under Part C of IDEA, consistent with the definition of infant or toddler with a disability in §303.21. An initial evaluation refers to the child’s evaluation to determine his or her initial eligibility under Part C of IDEA;
		2. 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 Part C and includes the assessment of the child, consistent with subsections (h) and (i) below and the assessment of the child’s family, consistent with (j) and (k) below; and
		3. Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child’s first IFSP meeting.
		4. A child’s medical and other records may be used to establish eligibility, without conducting an evaluation of the child, under Part C of IDEA 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.
			1. A multidisciplinary team of evaluators may determine eligibility within a diagnosed physical or mental condition category based on a statement or report signed by a physician, advanced practice nurse or licensed clinical psychologist or licensed clinical social worker, or speech pathologist or audiologist, as appropriate to the suspected disability, indicating the condition that is likely to result in developmental delay.
			2. The multidisciplinary team may determine eligibility within a developmental delay category based on a report signed by a physician, advanced practice nurse or licensed clinical psychologist or licensed clinical social worker, or speech pathologist, early childhood special education teacher, occupational therapist, or physical therapist if the report is based on use of a normed, standardized instrument and indicates that the child’s level of functioning in one of more of the developmental areas identified 303.21(a)(1) constitutes a developmental delay in accordance with section 2-3 of this policy.
		5. If the child’s Part C eligibility is established under (b. iv) above, the evaluators must:
			1. administer one of the Connecticut required curriculum-embedded assessment tools that must be used for each child for purposes of collecting child outcome data.
			2. conduct assessments of the child and family in accordance with (j) – (k) below.
	3. Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency ensures that informed clinical opinion may be used as an independent basis to establish a child’s eligibility under Part C of IDEA 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 §303.321(b).
	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.
	7. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child’s eligibility under Part C of IDEA. 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 care-givers, 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.
	8. 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.
	9. The assessment of the child must include the following:
		1. A review of the results of the evaluation conducted under subsection (g) above;
		2. Personal observations of the child; and
		3. The identification of the child’s needs in each of the developmental areas in §303.21(a)(1).
	10. 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.
	11. The family-directed assessment must:
		1. Be voluntary on the part of each family member participating in the assessment;
		2. 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
		3. Include the family’s description of its resources, priorities, and concerns related to enhancing the child’s development.
	12. If, based on the evaluation conducted under §303.321, the Connecticut Birth to Three System determines that a child is not eligible under Part C of IDEA, the Connecticut Birth to Three System must provide the parent with prior written notice required in §303.421, and include in the notice information about the parent’s right to dispute the eligibility determination through dispute resolution mechanisms under §303.430, such as requesting a due process hearing or mediation or filing a State complaint.

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**CAPTA and other at-risk children**

Primary referral sources are required, as with all children, to refer as soon as possible (but no later than two days after identification in accordance with 17a-248 C.G.S.) children in the following categories:

1. Children who are subjects of a substantiated case of child abuse or neglect or
2. Children who are identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Such children for whom a developmental delay is suspected, will be evaluated for developmental delay as described in section 2-5 of this chapter.