



Individuals With Disabilities Education Act Part C: Early Intervention Program for Infants and Toddlers With Disabilities



Final Regulations Side-by-Side
Comparison
SUBPART D
October 2011



Council for
Exceptional
Children



Division for
Early Childhood

The voice and vision of special education



Subpart D – Program and Service Components of a Statewide System of Early Intervention Services

Individuals with Disabilities Education Act: Part C Early Intervention
Program for Infants and Toddlers with Disabilities Final Regulations

This side-by-side comparison of the 2011 final regulations to the 1999 Part C regulations serves as a tool to assist readers in understanding the new regulations and preparing their own analysis related to Part C. Permission to copy is not required and distribution is encouraged. Please give credit to CEC/DEC/ITCA



The Council for Exceptional Children (CEC) is the largest international professional organization dedicated to improving the educational success of individuals with disabilities and/or gifts and talents. CEC advocates for appropriate governmental policies, sets professional standards, provides professional development, advocates for individuals with exceptionalities, and helps professionals obtain conditions and resources necessary for effective professional practice. www.cec.sped.org

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Division of Early Childhood is one of seventeen divisions of the Council for Exceptional Children (CEC) - the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. DEC is especially for individuals who work with or on behalf of children with special needs, birth through age eight, and their families. www.dec-sped.org

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Infant and Toddler Coordinators Association

The Individuals with Disabilities Education Act (IDEA) Infant and Toddler Coordinators Association is organized as a not-for-profit corporation to promote mutual assistance, cooperation, and exchange of information and ideas in the administration of Part C and to provide support to state and territory Part C coordinators. www.ideainfanttoddler.org

For more information, please contact Maureen Greer, Executive Director or Sharon Walsh, Governmental Liaison at (317)251-0125 or ideaitca@aol.com

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Introduction

On Sept. 28, 2011, new regulations for the Part C Early Intervention Program for Infants and Toddlers with Disabilities were published in the Federal Register. These regulations, promulgated under the Individuals with Disabilities Education Act (IDEA), were in response to IDEA 2004, the most recent reauthorization of IDEA. Public comments had been received on a Noticed of Proposed Rulemaking (NPRM) for Part C published May 9, 2007. These final regulations are effective Oct. 28, 2011.

The Council for Exceptional Children (CEC), its Division for Early Childhood (DEC) and the IDEA Infant Toddler Coordinators Association (ITCA) are pleased to provide this side-by-side comparison of the 2011 final Part C regulations to the 1999 Part C regulations. This document is designed as a tool to assist readers in understanding the new regulations in relation to the 1999 regulations.

The document is available for downloading in two different formats. The complete document, organized into its eight subparts, can be downloaded or selected subparts can be downloaded. The document is organized according to the subparts in the 1999 regulations with the exception of a new Subpart H, which is based on the new regulations.

Subpart A: General

Subpart B: State Application for a Grant and Requirements for a Statewide System

Subpart C: Procedures for Making Grants to States

Subpart D: Program and Service Components of a Statewide System of Early Intervention Services

Subpart E: Procedural Safeguards

Subpart F: State Administration

Subpart G: State Interagency Coordinating Council

Subpart H: Monitoring and Enforcement; Reporting; and Allocation of Funds

Both formats of the document are available at the Web sites of all three associations:

www.cec.sped.org

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The side-by-side format of the document includes:

- *Left column* “1999 Part C Regulations” includes the current Part C regulations last published in the Federal Register on March 12, 1999.
- *Middle column* “2011 Part C Regulations” provides sections of the new regulations aligned next to the applicable 1999 regulatory section.
- *Right column* “U.S. Department of Education Selected Analysis of Comments and Changes” includes selected quotes from this introductory section of the new Part C regulations package. These quotes are selected to provide the reader with an understanding of why a particular regulation was changed or not as compared with the NPRM. These quotes also provide additional clarification of the Department’s intent when revising or adding a particular final regulation.

The reader should note a few things in reviewing the new regulations. First, all “notes” that are included in the current regulations have been removed. Also, specific language from 34 CFR Part 300, related to confidentiality and dispute resolution, has been incorporated into relevant sections of the Part C regulations package with necessary changes made for applicability to Part C.

Finally, the reader should note that in many instances, the final regulations represent a reorganization of the existing regulations. Numerous provisions have been moved and resulting citations have changed. These changes made the task of alignment difficult. While we have made every effort to ensure accurate alignment of the new provisions, there may be instances in which this was not possible.

The final Part C regulations contain numerous changes and additions. The reader is encouraged to consider and review the new regulations completely. The following are a selected list of changes made and areas to review:

- Definitions of key terms, including multidisciplinary, natural environments, and native language, have been revised and new definitions, including local educational agency (LEA) and scientifically-based research have been added.
- Transition requirements have been revised, including provisions related to notification to the local educational agency (LEA) and state educational agency (SEA), timelines, an opt-out policy, the transition conference, and the transition plan.

- An optional state screening policy has been added as part of a new organizational structure of pre-referral, referral, and post-referral activities.
- The two working-day requirement from identification to referral has been changed to “as soon as possible but no more than 7 calendar days after identification.”
- The 45-day required timeline from referral to the IFSP meeting has been retained with the addition of some provisions permitting documentation of extraordinary circumstances for a delay.
- Child Find provisions have been changed to add programs with which the lead agency must collaborate.
- Definitions and provisions for evaluation and assessment including family assessment have been revised.
- Required provisions for the “use of informed clinical opinion” have been clarified.
- Natural environment provisions have been revised to reflect the 2004 statutory change.
- Changes in the content of the IFSP have been made including in the “early intervention services” and “other services” components.
- Several changes have been made to procedural safeguards, including provisions related to written prior notice, confidentiality, surrogate parents, and dispute resolution.
- Changes have been made in provisions related to financial responsibility, systems of payment, and ability to pay, as well as to the use of public benefits and insurance and private insurance.
- Provisions related to monitoring, enforcement, reporting, and allocation have been included in a new subpart of the Part C regulations.

The Department has announced plans to publish a Notice of Proposed Rulemaking (NPRM) related to maintenance of effort (MOE) requirements with an opportunity for public comment in the near future.

As you work to implement these new regulations in order to serve infants and toddlers with disabilities and their families, CEC, DEC, and ITCA stand ready to serve as a resource for you.

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
	<p><u>§303.300 General.</u> The statewide comprehensive, coordinated, multidisciplinary interagency system to provide early intervention services for infants and toddlers with disabilities and their families referenced in §303.100 must include the following components: (a) Pre-referral policies and procedures that include-- (1) A public awareness program as described in §303.301; and (2) A comprehensive child find system as described in §303.302. (b) Referral policies and procedures as described in §303.303. (c) Post-referral policies and procedures that ensure compliance with the timeline requirements in §303.310 and include-- (1) Screening, if applicable, as described in §303.320; (2) Evaluations and assessments as described in §§303.321 and 303.322; and (3) Development, review, and implementation of IFSPs as described in §§303.340 through 303.346.</p>	<p>The Department explained that it added the new §303.300 “to identify and distinguish between the pre-referral, referral, and postreferral components of a statewide early intervention system. Section 303.300 states that the statewide comprehensive, coordinated, multidisciplinary interagency system to provide early intervention services for infants and toddlers with disabilities and their families required in §303.1 must include the following components: (a) Prereferral policies and procedures that include a public awareness program as described in new §303.301 (proposed §303.300) and a comprehensive child find system as described in new §303.302 (proposed §303.301); (b) Referral policies and procedures as described in new §303.303 (proposed §303.302); and (c) Post-referral policies and procedures to ensure compliance with the timeline requirements in new §303.310 and that include screening, if applicable, as described in new §303.320 (proposed §303.303); evaluations and assessments as described in new §303.321 (proposed §303.320); and development, review, and implementation of IFSPs as described in §§303.342 through 303.346.”</p>
<p><u>§ 303.300 State eligibility criteria and procedures.</u> Each statewide system of early intervention services must include the eligibility criteria and procedures, consistent with § 303.16, that will be used by the State in carrying out programs under this part. (a) The State shall define developmental delay by— (1) Describing, for each of the areas listed in</p>	<p><u>NOTE: This regulation now appears under Subpart B in §303.111 State definition of developmental delay.</u></p>	

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p><u>§ 303.300 State eligibility criteria and procedures.</u> § 303.16(a)(1), the procedures, including the use of informed clinical opinion, that will be used to measure a child’s development; and (2) Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas. (b) The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition that has a high probability of resulting in developmental delay under § 303.16(a)(2). (c) If the State elects to include in its system children who are at risk under § 303.16(b), the State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to identify those children.</p>		
<p><u>§ 303.300 State eligibility criteria and procedures.</u> NOTE: Under this section and § 303.322(c)(2), States are required to ensure that informed clinical opinion is used in determining a child’s eligibility under this part. Informed clinical opinion is especially important if there are no standardized measures, or if the standardized procedures are not appropriate for a given age or developmental area. If a given standardized procedure is considered to be appropriate, a State’s criteria could include percentiles or percentages of levels of functioning on standardized measures.</p>		

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p>§ 303.301 Central directory. (a)Each system must include a central directory of information about-- (1) Public and private early intervention services, resources, and experts available in the State; (2) Research and demonstration projects being conducted in the State; and (3) Professional and other groups that provide assistance to children eligible under this part and their families. (b) The information required in paragraph (a) of this section must be in sufficient detail to-- (1) Ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and (2) Enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory. (c) The central directory must be-- (1) Updated at least annually; and (2) Accessible to the general public. (d) To meet the requirements in paragraph (c)(2) of this section, the lead agency shall arrange for copies of the directory to be available-- (1) In each geographic region of the State, including rural areas; and (2) In places and a manner that ensure accessibility by persons with disabilities. Note: Examples of appropriate groups that provide assistance to eligible children and their families include parent support groups and advocate associations.</p>	<p>NOTE: This regulation now appears under Subpart B in §303.117 Central directory.</p>	

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p>§ 303.320 Public awareness program. Each system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under this part and includes the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services. The public awareness program must provide for informing the public about—</p> <ul style="list-style-type: none"> (a) The State’s early intervention program; (b) The child find system, including— <ul style="list-style-type: none"> (1) The purpose and scope of the system; (2) How to make referrals; and (3) How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and (c) The central directory. 	<p>§303.301 Public awareness program--<u>information for parents.</u></p> <p>(a) Preparation and dissemination. In accordance with §303.116, each system must include a public awareness program that requires the lead agency to--</p> <ul style="list-style-type: none"> (1)(i) Prepare information on the availability of early intervention services under this part, and other services, as described in paragraph (b) of this section; and (ii) Disseminate to all primary referral sources (especially hospitals and physicians) the information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications; and (2) Adopt procedures for assisting the primary referral sources described in §303.303(c) in disseminating the information described in paragraph (b) of this section to parents of infants and toddlers with disabilities. <p>(b) Information to be provided. The information required to be prepared and disseminated under paragraph (a) of this section must include--</p> <ul style="list-style-type: none"> (1) A description of the availability of early intervention services under this part; (2) A description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services; and 	<p>The Department explained that new “§303.301 (proposed §303.300) is consistent with section 635(a)(6) of the Act, which describes the requirements of a public awareness program. Notes 1 and 2 following current §303.320 describe the components of an effective public awareness program and provide examples of methods for informing the general public about the provisions of this part.” The Department further clarified that it did not “wish to make the substance of these notes regulatory requirements because [it does] not want to limit State flexibility to create a public awareness program that meets State-specific needs.”</p> <p>But the Department further clarified that while it did not incorporate the notes as requirements in the regulations, it continues “to believe that an effective public awareness system is one that involves an ongoing effort that is in effect throughout a State, including rural areas; provides for the involvement of, and communication with, major organizations throughout a State that have a direct interest in this part, including public agencies at the State and local level, private providers, professional associations, parent groups, advocate associations, and other organizations; has coverage broad enough to reach the general public, including those who have disabilities; and includes a variety of methods for informing the public about the provisions of this part.” Importantly, it further clarified that, “methods for informing the public continue to include the use of printed materials, television, radio, and the Internet, but may also include other appropriate methods in a particular</p>

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

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		State.” Finally, the Department stated that it didn’t “want to limit State flexibility to create a public awareness program that meets State-specific needs.”
	<p>§ 303.301 Public awareness program. (3) A central directory, as described in §303.117. (c) Information specific to toddlers with disabilities. Each public awareness program also must include a requirement that the lead agency provide for informing parents of toddlers with disabilities of the availability of services under section 619 of the Act not fewer than 90 days prior to the toddler’s third birthday.</p>	
<p>§ 303.320 Public awareness program. NOTE 1: An effective public awareness program is one that does the following: 1. Provides a continuous, ongoing effort that is in effect throughout the State, including rural areas; 2. Provides for the involvement of, and communication with, major organizations throughout the State that have a direct interest in this part, including public agencies at the State and local level, private providers, professional associations, parent groups, advocate associations, and other organizations; 3. Has coverage broad enough to reach the general public, including those who have disabilities; and 4. Includes a variety of methods for informing the public about the provisions of this part.</p>		
<p>§ 303.320 Public awareness program. NOTE 2: Examples of methods for informing the general public about the provisions of this part include: (1) Use of television, radio, and newspaper releases, (2) pamphlets and posters displayed in</p>		

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1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p>§ 303.320 Public awareness program. doctors’ offices, hospitals, and other appropriate locations, and (3) The use of a toll-free telephone service.</p>		
<p>§ 303.321 Comprehensive child find system. (a) General. (1) Each system must include a comprehensive child find system that is consistent with part B of the Act (see 34 CFR 300.128), and meets the requirements of paragraphs (b) through (e) of this section (2) The lead agency, with the advice and assistance of the Council, shall be responsible for implementing the child find system. (b) Procedures. The child find system must include the policies and procedures that the State will follow to ensure that— (1) All infants and toddlers in the State who are eligible for services under this part are identified, located, and evaluated; and (2) An effective method is developed and implemented to determine which children are receiving needed early intervention services. (c) Coordination. (1) The lead agency, with the assistance of the Council, shall ensure that the child find system under this part is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive payments under this part, and other tribes and tribal organizations as appropriate, including efforts in the— (i) Program authorized under part B of the Act;</p>	<p>§303.302 Comprehensive child find system. (a) General. Each system must include a comprehensive child find system that-- (1) Is consistent with Part B of the Act (see 34 CFR 300.111); (2) Includes a system for making referrals to lead agencies or EIS providers under this part that-- (i) Includes timelines; and (ii) Provides for participation by the primary referral sources described in §303.303(c); (3) Ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services under this part that will reduce the need for future services; and (4) Meets the requirements in paragraphs (b) and (c) of this section and §§303.303, 303.310, 303.320, and 303.321. (b) Scope of child find. The lead agency, as part of the child find system, must ensure that-- (1) All infants and toddlers with disabilities in the State who are eligible for early intervention services under this part are identified, located, and evaluated, including— (i) Indian infants and toddlers with disabilities residing on a reservation geographically located in the State (including coordination, as necessary, with tribes, tribal organizations, and consortia to identify infants and toddlers with disabilities in the State based, in part, on the information provided by them to the lead agency under §303.731(e)(1)); and</p>	<p>In general, the Department explained that to fully “reflect the varied administrative structures of different Part C child find systems and the revised definitions of public agency and EIS provider in §§303.30 and 303.12, respectively, [it] replaced the reference to —public agencies - with —lead agencies or EIS provider in new §303.302(a)(2) (proposed §303.301(a)(2)).”</p> <p>The Department also declined to define the term “rigorous” in the regulations but explained its’ interpretation of the term to mean that the new procedures require “each State’s Part C child find system [to] include rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services that reduce the need for future services.”</p> <p>In addition, although the Department did not define the term rigorous in the regulations, it clarified that it “interpret[s] the term —rigorous in this section to mean that the State has obtained public (including stakeholder) input on its child find system policies and procedures that are required in §303.101(a)(2), 303.115, and 303.116. Requiring public input ensures that stakeholders who have an interest in the development of a State’s child find system, including parents of infants and toddlers with disabilities, EIS providers, Council members, and other stakeholders, have adequate opportunity</p>

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

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<p>§303.321 Comprehensive child find system. (ii) Maternal and Child Health program under title V of the Social Security Act; (iii) Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under title XIX of the Social Security Act; (iv) Developmental Disabilities Assistance and Bill of Rights Act; (v) Head Start Act; and (vi) Supplemental Security Income program under title XVI of the Social Security Act. (2) The lead agency, with the advice and assistance of the Council, shall take steps to ensure that— (i) There will not be unnecessary duplication of effort by the various agencies involved in the State’s child find system under this part; and (ii) The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.</p>	<p>§303.302 Comprehensive child find system. (ii) Infants and toddlers with disabilities who are homeless, in foster care, and wards of the State; and (iii) Infants and toddlers with disabilities that are referenced in §303.303(b); and (2) An effective method is developed and implemented to identify children who are in need of early intervention services. (c) Coordination. (1) The lead agency, with the assistance of the Council, as defined in §303.8, must ensure that the child find system under this part-- (i) Is coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, including Indian tribes that receive payments under this part, and other Indian tribes, as appropriate; and (ii) Is coordinated with the efforts of the— (ii) Is coordinated with the efforts of the— (A) Program authorized under Part B of the Act; (B) Maternal and Child Health program, including the Maternal, Infant, and Early Childhood Home Visiting Program, under Title V of the Social Security Act, as amended, (MCHB or Title V) (42 U.S.C. 701(a)); (C) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C. 1396(a)(43) and 1396(a)(4)(B)); (D) Programs under the Developmental Disabilities</p>	<p>to comment on, and inform, the decision-making process regarding a State’s child find policies and procedures.”</p> <p>The Department also stated that it removed the phrase “and which children are not in need of those services” in new §303.302(b)(2) to recognize that “efforts under Part C of the Act should focus on identifying infants and toddlers with disabilities who are potentially eligible for, or in need of, early intervention services and not those who are not potentially eligible for such services.”</p> <p>The Department further explained that it added, new paragraphs (J) and (K) “to include EHDI and CHIP among the programs with which the lead agency must coordinate its child find activities.</p>

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	<p><u>§303.302 Comprehensive child find system.</u> Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001et seq.); (E) Head Start Act (including Early Head Start programs under section 645A of the Head Start Act) (42 U.S.C. 9801 et seq.); (F) Supplemental Security Income program under Title XVI of the Social Security Act (42 U.S.C. 1381); (G) Child protection and child welfare programs, including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a)); (H) Child care programs in the State; (I) The programs that provide services under the Family Violence Prevention and Services Act (42 U.S.C.10401 et seq.); (J) Early Hearing Detection and Intervention (EHDI) systems (42 U.S.C. 280g-1) administered by the Centers for Disease Control (CDC); and (K) Children’s Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.). (2) The lead agency, with the advice and assistance of the Council, must take steps to ensure that-- (i) There will not be unnecessary duplication of effort by the programs identified in paragraph (c)(1)(ii) of this section; and (ii) The State will make use of the resources available through each public agency and EIS provider in the State to implement the child find system in an effective manner.</p>	

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1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p>§303.321 Comprehensive child find system. NOTE: In developing the child find system under this part, States should consider (1) tracking systems based on high-risk conditions at birth, and (2) other activities that are being conducted by various agencies or organizations in the State.</p>		
<p>§303.302 Referral procedures. (d) Referral procedures. (1) The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for— (i) Evaluation and assessment, in accordance with §§ 303.322 and 303.323; or (ii) As appropriate, the provision of services, in accordance with § 303.342(a) or § 303.345. (2) The procedures required in paragraph (b)(1) of this section must— (i) Provide for an effective method of making referrals by primary referral sources; (ii) Ensure that referrals are made no more than two working days after a child has been identified; and (iii) Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information, as described in § 303.320, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities. (3) As used in paragraph (d)(1) of this section, primary referral sources includes— (i) Hospitals, including prenatal and postnatal care facilities; (ii) Physicians;</p>	<p>§303.303 Referral procedures. (a) General. (1) The lead agency’s child find system described in §303.302 must include the State’s procedures for use by primary referral sources for referring a child under the age of three to the Part C program. (2) The procedures required in paragraph (a)(1) of this section must-- (i) Provide for referring a child as soon as possible, but in no case more than seven days, after the child has been identified; and (ii) Meet the requirements in paragraphs (b) and (c) of this section. (b) Referral of specific at-risk infants and toddlers. The procedures required in paragraph (a) of this section must provide for requiring the referral of a child under the age of three who-- (1) Is the subject of a substantiated case of child abuse or neglect; or (2) Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. (c) Primary referral sources. As used in this subpart, primary referral sources include-- (1) Hospitals, including prenatal and postnatal care facilities; (2) Physicians; (3) Parents, including parents of infants and toddlers;</p>	<p>The Department clarified its position on maintaining the phrase, as soon as possible by stating, “we believe it is appropriate to retain the phrase ... because it conveys a sense of urgency that referrals be made to the Part C program in a timely manner.”</p> <p>While the Department retained this language, to address concerns about delay, it added a maximum timeline of seven calendar days stating it, “we realize that in some cases an earlier referral may be reasonable, but establishing a maximum timeline of seven days provides more flexibility for primary referral sources making referrals than the current timeline.”</p> <p>Further, the Department clarified that it “revised the language in new §303.303(b)(1) (proposed §303.302(b)(1)) to refer to a child under the age of three who is the subject of a substantiated case of child abuse or neglect.”</p> <p>In addition, the Department explained that it does not “interpret the statutory language or new §303.303(b)(1) (proposed §303.302(b)(1)) to require a sibling (under the age of three) to be referred or screened unless that sibling is a child under the age of three who also has been the subject of a substantiated case of child abuse or</p>

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p>§303.302 Referral procedures. (iii) Parents; (iv) Day care programs; (v) Local educational agencies; (vi) Public health facilities; (vii) Other social service agencies; and (viii) Other health care providers.</p>	<p>§303.303 Referral procedures. (4) Child care programs and early learning programs; (5) LEAs and schools; (6) Public health facilities; (7) Other public health or social service agencies; (8) Other clinics and health care providers; (9) Public agencies and staff in the child welfare system, including child protective service and foster care; (10) Homeless family shelters; and (11) Domestic violence shelters and agencies.</p>	<p>neglect.” The Department elaborated that this was meant to decrease burden on states because, it “narrowed the scope of children to be referred to the Part C program under new §303.303(b)(1) (proposed §303.302(b)), [and as such] the potential burden is decreased to States, which may currently receive referrals of all children (such as a sibling or step-sibling) who are involved in a substantiated case of child abuse or neglect.”</p> <p>The Department also emphasized that the list of potential referral sources is meant to be “a non-exhaustive list of primary referral sources and that a lead agency may include other primary referral sources in its child find system. The term include, as defined in §303.18 and used in the introductory text in new §303.303(c) (proposed §303.302(c)), means that the items named are not all of the possible items that are covered, whether like or unlike the ones named.”</p>
<p>§303.302 Referral procedures. (e) Timelines for public agencies to act on referrals. (1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible. (2) Within 45 days after it receives a referral, the public agency shall— (i) Complete the evaluation and assessment activities in § 303.322; and (ii) Hold an IFSP meeting, in accordance with § 303.342.</p>	<p>§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</p>	<p>The Department stated, “We believe that having the 45-day timeline in new §303.310(a) commence on the date of referral, rather than on the date the lead agency or EIS provider obtains parental consent for the initial evaluation, ensures accountability, consistency, and predictability, and it is easier for States and parents to implement and track. More importantly, we are persuaded that this timeline will result in fewer delays in infants and toddlers with disabilities receiving early intervention services as quickly as possible after being referred.</p> <p>The Department further clarified that there are two</p>

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	<p>§303.310 Post-referral timeline (45 days). 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.</p>	<p>specific circumstances when the 45-day timeline would not apply. The Department stated, “First, as noted in new §303.310(b)(1), there may be periods of time when the child or parent is unavailable to complete the screening, if applicable; the initial evaluation; the initial assessment of the child; the initial assessment of the family; or the initial IFSP meeting due to exceptional family circumstances that are documented in the child’s early intervention records. To clarify that it is only the unavailability of the child or parent (and not other family members) that determines the availability of this exception, we have added new §303.310(d) to ensure that the family assessment is completed within the 45-day timeline, if the parent concurs, as long as the parent is available.</p> <p>The second exception to the 45-day timeline is set forth in new §303.310(b)(2), which provides that if the parent has not provided consent for the screening (if the State has adopted a policy to conduct screenings and elects to conduct a screening of that child), initial evaluation, or initial assessment of the child despite documented, repeated attempts by the lead agency or EIS provider to obtain parental consent, then the 45-day timeline would not apply. The Department did not include the family assessment or the initial IFSP meeting in this second exception because, as the Department explained, while the family assessment is voluntary on the part of any family member who participates in it and the initial IFSP meeting must be scheduled at a time convenient to the family, there are no express written consent requirements</p>

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		<p>for conducting the family assessment and initial IFSP meeting.</p> <p>To ensure that these exceptions are not absolute, the Department added a new requirement in §303.310(c) to clarify that the lead agency or EIS provider must complete the screening, if applicable; initial evaluation; initial assessments; and initial IFSP meeting as soon as possible after the circumstances described in new §303.310(b) no longer exist or parental consent is obtained. The Department stated that it, “believe[s] that the availability of the two limited exceptions to the 45-day timeline in new §303.310(b) creates flexibility and reduces burdens for lead agencies and EIS providers. Coupling these exceptions with a 45-day timeline commencing on the date of the child’s referral to the Part C program in new §303.310(a) creates a clear and enforceable timeline that ensures accountability for timely identification, evaluations, assessments, and IFSP meetings for infants and toddlers with disabilities.”</p>
	<p>§303.320 Screening procedures (optional). (a) General. (1) The lead agency may adopt procedures, consistent with the requirements of this section, to screen children under the age of three who have been referred to the Part C program to determine whether they are suspected of having a disability under this part. If the lead agency or EIS provider proposes to screen a child, it must-- (i) Provide the parent notice under §303.421 of its intent to screen the child to identify whether the child is suspected of having a disability and include in that notice a description of the parent’s right to</p>	<p>The Department commented that it added new language to the proposed regulations to clarify that parents have an ongoing right to request an evaluation before, during, or after their child is screened. Specifically, the Department added a new §303.320(a)(1)(i) and (a)(1)(ii), stating, “if the lead agency or EIS provider proposes to screen a child, it must (i) provide the parent notice under §303.421 of its intent to screen the child to identify whether the child is suspected of having a disability (and include in the notice a description of the parent’s right to request an evaluation under §303.321 at</p>

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	<p>§303.320 Screening procedures (optional). request an evaluation under §303.321 at any time during the screening process; and (ii) Obtain parental consent as required in §303.420(a)(1) before conducting the screening procedures. (2) If the parent consents to the screening and the screening or other available information indicates that the child is-- (i) Suspected of having a disability, after notice is provided under §303.421 and once parental consent is obtained as required in §303.420, an evaluation and assessment of the child must be conducted under §303.321; or (ii) Not suspected of having a disability, the lead agency or EIS provider must ensure that notice of that determination is provided to the parent under §303.421, and that the notice describes the parent’s right to request an evaluation. (3) If the parent of the child requests and consents to an evaluation at any time during the screening process, evaluation of the child must be conducted under §303.321, even if the lead agency or EIS provider has determined under paragraph(a)(2)(ii) of this section that the child is not suspected of having a disability. (b) Definition of screening procedures. Screening procedures-- (1) Means activities under paragraphs (a)(1) and (a)(2) of this section that are carried out by, or under the supervision of, the lead agency or EIS provider to identify, at the earliest possible age, infants and toddlers suspected of having a disability and in need of early intervention</p>	<p>any time during the screening process) and (ii) obtain parental consent as required in §303.420(a)(1) before administering the screening”.</p> <p>Additionally, the Department revised new §303.320(a)(2)(ii) to specify, “when the lead agency provides notice to a parent under §303.421 that, based on the screening or other available information, a child is not suspected of having a disability, the notice must describe the parent’s right to request an evaluation.”</p> <p>Lastly, the Department added new language to new §303.320(a)(3) a provision clarifying that parents may request an evaluation at any time during the screening process.</p>

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	<p>§303.320 Screening procedures (optional). services; and (2) Includes the administration of appropriate instruments by personnel trained to administer those instruments. (c) Condition for evaluation or early intervention services. For every child under the age of three who is referred to the Part C program or screened in accordance with paragraph (a) of this section, the lead agency is not required to-- (1) Provide an evaluation of the child under §303.321 unless the child is suspected of having a disability or the parent requests an evaluation under paragraph (a)(3) of this section; or (2) Make early intervention services available under this part to the child unless a determination is made that the child meets the definition of infant or toddler with a disability under §303.21.</p>	
<p>§ 303.322 Evaluation and assessment. (a) General. (1) Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. (2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.</p>	<p>§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</p>	

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	<p><u>§303.321 Evaluation of the child and assessment of the child and family.</u> 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.</p>	
<p><u>§ 303.322 Evaluation and assessment.</u> (b) Definitions of evaluation and assessment .As used in this part— (1) Evaluation means the procedures used by appropriate qualified personnel to determine a child’s initial and continuing eligibility under this part, consistent with the definition of “infants and toddlers with disabilities” in § 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.</p>	<p><u>§303.321 Evaluation of the child and assessment of the child and family.</u> (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;</p>	<p>The Department clarified, “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.”</p> <p>The Department further clarified in §303.321(a)(2)(i) that the term, “initial evaluation refers to the child’s evaluation to determine his or her initial eligibility under this part.”</p>
<p><u>§ 303.322 Evaluation and assessment.</u> (2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child’s eligibility under this part to identify— (i) The child’s unique strengths and needs and the services appropriate to meet those needs; and (ii) The resources, priorities, and concerns of the</p>	<p><u>§303.321 Evaluation of the child and assessment of the child and family.</u> (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</p>	<p>The Department clarified, “the definition of assessments incorporate the language from section 636(a)(1) and (a)(2) of the [Individuals with Disabilities Education] Act, which requires each statewide system to provide for each eligible child: (1) A multidisciplinary assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet those</p>

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<p>§ 303.322 Evaluation and assessment. family and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their infant or toddler with a disability. (c) Evaluation and assessment of the child. The evaluation and assessment of each child must— (1) Be conducted by personnel trained to utilize appropriate methods and procedures; (2) Be based on informed clinical opinion; and (3) Include the following: (i) A review of pertinent records related to the child’s current health status and medical history. (ii) An evaluation of the child’s level of functioning in each of the following developmental areas: (A) Cognitive development. (B) Physical development, including vision and hearing. (C) Communication development. (D) Social or emotional development. (E) Adaptive development. (iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.</p>	<p>§303.321 Evaluation of the child and assessment of the child and family. 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</p>	<p>needs; and (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.”</p> <p>Additionally, the Department clarified that the term “initial assessment refers to assessments of the child and the family conducted prior to the child’s initial IFSP meeting, both of which must be conducted within the 45-day timeline described in §303.310, even if family members other than the parent agree to participate but are unavailable to complete the family assessment.”</p>

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	<p><u>§303.321 Evaluation of the child and assessment of the child and family.</u> 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.</p> <p>(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.</p> <p>(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.</p> <p>(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--</p> <p>(1) Administering an evaluation instrument;</p> <p>(2) Taking the child’s history (including interviewing the parent);</p> <p>(3) Identifying the child’s level of functioning in each of the developmental areas in §303.21(a)(1);</p> <p>(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 the child’s unique strengths and needs; and</p> <p>(5) Reviewing medical, educational, or other records.</p>	

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<p><u>§ 303.322 Evaluation and assessment.</u> (d) Family assessment. (1) Family assessments under this part must be family-directed and designed to determine 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 child. (2) Any assessment that is conducted must be voluntary on the part of the family. (3) If an assessment of the family is carried out, the assessment must— (i) Be conducted by personnel trained to utilize appropriate methods and procedures; (ii) Be based on information provided by the family through a personal interview; and (iii) Incorporate the family’s description of its resources, priorities, and concerns related to enhancing the child’s development.</p>	<p><u>§303.321 Evaluation of the child and assessment of the child and family.</u> (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.</p>	

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	<p><u>§303.322 Determination that a child is not eligible.</u> If, based on the evaluation conducted under §303.321, the lead agency determines that a child is not eligible under this part, the lead agency 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.</p>	
<p><u>§ 303.322 Evaluation and assessment.</u> (e) Timelines. (1) Except as provided in paragraph (e)(2) of this section, the evaluation and initial assessment of each child (including the family assessment) must be completed within the 45-day time period required in § 303.321(e). (2) The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), public agencies will— (i) Document those circumstances; and (ii) Develop and implement an interim IFSP, to the extent appropriate and consistent with § 303.345 (b)(1) and (b)(2).</p>	<p><u>NOTE: This regulation now appears under Subpart D in §303.310 Post-referral timeline (45 days).</u></p>	
<p><u>§ 303.323 Nondiscriminatory procedures.</u> Each lead agency shall adopt nondiscriminatory evaluation and assessment procedures. The procedures must provide that public agencies responsible for the evaluation and assessment of</p>	<p><u>NOTE: This regulation now appears under Subpart D in §303.321 Evaluation of the child and assessment of the child and family.</u></p>	

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<p><u>§ 303.323 Nondiscriminatory procedures.</u> children and families under this part shall ensure, at a minimum, that— (a) Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so; (b) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory; (c) No single procedure is used as the sole criterion for determining a child’s eligibility under this part; and (d) Evaluations and assessments are conducted by qualified personnel.</p>		
<p><u>§ 303.340 Individualized Family Service Plans General.</u> (a) Each system must include policies and procedures regarding individualized family service plans (IFSPs) that meet the requirements of this section and §§ 303.341 through 303.346.</p>	<p><u>§303.340 Individualized Family Service Plan (IFSP) General.</u> For each infant or toddler with a disability, the lead agency must ensure the development, review, and implementation of an individualized family service plan or IFSP developed by a multidisciplinary team, which includes the parent, that-- (a) Is consistent with the definition of that term in §303.20; and (b) Meets the requirements in §§303.342 through 303.346 of this subpart.</p>	
<p><u>§ 303.340 Individualized Family Service Plans General.</u> (b) As used in this part, individualized family service plan and IFSP mean a written plan for providing early intervention services to a child eligible under this part and the child’s family. The plan must—</p>	<p><u>NOTE: This regulation now appears under Subpart A in §303.20 Individualized Family Service Plan.</u></p>	

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<p><u>§ 303.340 Individualized Family Service Plans General.</u> (1) Be developed in accordance with §§ 303.342 and 303.343; (2) Be based on the evaluation and assessment described in § 303.322; and (3) Include the matters specified in § 303.344. (c) Lead agency responsibility. The lead agency shall ensure that an IFSP is developed and implemented for each eligible child, in accordance with the requirements of this part. If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility.</p>		
<p><u>§ 303.340 Individualized Family Service Plans General.</u> NOTE: In instances where an eligible child must have both an IFSP and an individualized service plan under another Federal program, it may be possible to develop a single consolidated document, provided that it (1) contains all of the required information in § 303.344, and (2) is developed in accordance with the requirements of this part.</p>		
<p><u>§ 303.342 Procedures for IFSP development, review, and evaluation.</u> (a) Meeting to develop initial IFSP—timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in § 303.321(e)</p>	<p><u>§303.342 Procedures for IFSP development, review, and evaluation.</u> (a) Meeting to develop initial IFSP--timelines. For a child referred to the Part C program and determined to be eligible under this part as an infant or toddler with a disability, a meeting to develop the initial IFSP must be conducted within the 45-day time period described in §303.310.</p>	

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<p><u>§ 303.342 Procedures for IFSP development, review, and evaluation.</u> (b) Periodic review. (1) A review of the IFSP for a child and the child’s family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine— (i) The degree to which progress toward achieving the outcomes is being made; and (ii) Whether modification or revision of the outcomes or services is necessary. (2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.</p>	<p><u>§303.342 Procedures for IFSP development, review, and evaluation.</u> (b) Periodic review. (1) A review of the IFSP for a child and the child’s family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine- (i) The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and (ii) Whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary. (2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.</p>	
<p><u>§ 303.342 Procedures for IFSP development, review, and evaluation.</u> (c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child’s family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under § 303.322(c), and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.</p>	<p><u>§303.342 Procedures for IFSP development, review, and evaluation.</u> (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.</p>	
<p><u>§ 303.342 Procedures for IFSP development, review, and evaluation.</u> (d) Accessibility and convenience of meetings. (1) IFSP meetings must be conducted—</p>	<p><u>§303.342 Procedures for IFSP development, review, and evaluation.</u> (d) Accessibility and convenience of meetings. (1) IFSP meetings must be conducted-- (i) In settings and at times that are convenient for</p>	

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<p><u>§ 303.342 Procedures for IFSP development, review, and evaluation.</u> (i) In settings and at times that are convenient to families; and (ii) 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. (2) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.</p>	<p><u>§303.342 Procedures for IFSP development, review, and evaluation.</u> the family; and (ii) 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. (2) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.</p>	
<p><u>§ 303.342 Procedures for IFSP development, review, and evaluation.</u> (e) Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.</p>	<p><u>§303.342 Procedures for IFSP development, review, and evaluation.</u> (e) Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent, as described in §303.7, must be obtained, as required in §303.420(a)(3), prior to the provision of early intervention services described in the IFSP. Each early intervention service must be provided as soon as possible after the parent provides consent for that service, as required in §303.344(f)(1).</p>	<p>The Department clarified in §303.342(e) and 303.344(f)(1) that, “early intervention services must be provided as soon as possible after obtaining parental consent. [The Department] believe[s] that it is important for the timeline to run from the date of parental consent and not from the initiation date identified at the IFSP meeting. A State may only provide a service identified in the IFSP if a parent provides consent under §303.420. In some instances, even if the IFSP is developed with a service initiation date, a parent may not have provided consent to the service and, therefore, the service may not be provided. Thus, [the Department] revised the time period to commence from the date of parental consent”, rather than as soon as possible after the IFSP meeting.</p> <p>The Department further clarified in §303.342(e) and 303.344(f)(1) that “early intervention services must be provided as soon as possible after parental consent is obtained.” The Department stated, it is not appropriate to “adopt a time period more specific than —as soon as possible -- for the</p>

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		<p>provision of all early intervention services identified in an IFSP. While each State must ensure that services in an IFSP are provided as soon as possible after receiving parental consent, [the Department] believe[s] that — as soon as possible - - may vary depending on a number of factors, such as the availability of qualified personnel in a State, the number of children to be served, and the location of those children.” The Department further explained that while States have some flexibility in implementing this provision, the Department monitors, through the SPP/APR, data on when each State initiates services for each child.</p>
<p><u>§ 303.342 Procedures for IFSP development, review, and evaluation.</u> NOTE: The requirement for the annual evaluation incorporates the periodic review process. Therefore, it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP meetings), unless conditions warrant otherwise. Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.</p>		
<p><u>§ 303.343 Participants in IFSP meetings and periodic reviews.</u> (a) Initial and annual IFSP meetings. (1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants: (i) The parent or parents of the child.</p>	<p><u>§303.343 IFSP Team meeting and periodic review.</u> (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.</p>	<p>The Department stated that 303.343(a)(iv) now allows for the service coordinator designated by the public agency to be responsible for implementing the IFSP needn’t be the service coordinator who has been working with the family since the initial referral of the child for an evaluation.</p>

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<p><u>§ 303.343 Participants in IFSP meetings and periodic reviews.</u> (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 who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP. (v) A person or persons directly involved in conducting the evaluations and assessments in § 303.322. (vi) As appropriate, persons who will be providing services 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— (i) Participating in a telephone conference call; (ii) Having a knowledgeable authorized representative attend the meeting; or (iii) Making pertinent records available at the meeting.</p>	<p><u>§303.343 IFSP Team meeting and periodic review.</u> (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.</p>	
<p><u>§ 303.343 Participants in IFSP meetings and periodic reviews.</u> (b) Periodic review. Each periodic review 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.</p>	<p><u>§303.343 IFSP Team meeting and periodic review.</u> (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.</p>	

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<p>§ 303.344 Content of an IFSP. (a) Information about the child’s status. (1) The IFSP must include a statement of the child’s present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development. (2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.</p>	<p>§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.</p>	
<p>§ 303.344 Content of an IFSP. (b) Family information. With the concurrence of the family, the IFS must include a statement of the family’s resources, priorities, and concerns related to enhancing the development of the child.</p>	<p>§303.344 Content of an IFSP. (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).</p>	
<p>§ 303.344 Content of an IFSP. (c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine— (1) The degree to which progress toward achieving the outcomes is being made; and (2) Whether modifications or revisions of the outcomes or services are necessary.</p>	<p>§303.344 Content of an IFSP. (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.</p>	

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<p>§ 303.344 Content of an IFSP. (d) Early intervention services. (1) The IFSP must include a statement of the specific early intervention services the child and the family to achieve the outcomes identified in paragraph (c) of this section, including— (i) The frequency, intensity, and method of delivering the services; (ii) The natural environments, as described in § 303.12(b), and § 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;</p>	<p>§303.344 Content of an IFSP. (d) Early intervention services. (1) The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified in paragraph (c) of this section, including-- (i) The length, duration, frequency, intensity, and method of delivering the early intervention services; (ii)(A) A statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, consistent with §§303.13(a)(8), 303.26 and 303.126, or, subject to paragraph (d)(1)(ii)(B) of this section, a justification as to why an early intervention service will not be provided in the natural environment. (B) The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment for that infant or toddler with a disability and service, must be-- (1) Made by the IFSP Team (which includes the parent and other team members); (2) Consistent with the provisions in §§303.13(a)(8), 303.26, and 303.126; and (3) Based on the child’s outcomes that are identified by the IFSP Team in paragraph (c) of this section;</p>	<p>The Department explained that early intervention services be based on peer-reviewed research, to the extent practicable, aligned to the statutory language of the Individuals with Disabilities Education Act of 2004. The Department further clarified that using early intervention services based on peer-reviewed research, to the extent practicable, means that, “specific early intervention services should be based on peer-reviewed research to the extent that it is feasible or possible, given the availability of peer-reviewed research on the early intervention services determined to be most appropriate to respond to the child’s needs and strengths identified pursuant to information from the child’s evaluations an assessments under 303.321.” The Department clarified that the regulations, “require the IFSP to include (i) a statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, consistent with §§303.13(a)(8), 303.26 and 303.126, or, subject to §303.344(d)(1)(ii)(B), and (ii) a justification as to why an early intervention service will not be provided in the natural environment.” This clarification was made in response to some questioning language in the proposed regulations which included the phrase “if applicable” regarding the justification needed if a service was not provided in the natural environment.</p>

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<p>§ 303.344 Content of an IFSP. (iii) The location of the services; and (iv) The payment arrangements, if any. (2) As used in paragraph (d)(1)(i) of this section— (i) Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and (ii) Method means how a service is provided. (3) As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service will be provided.</p>	<p>§303.344 Content of an IFSP. (iii) The location of the early intervention services; and (iv) The payment arrangements, if any. (2) As used in paragraph (d)(1)(i) of this section— (i) Frequency and intensity mean the number of days or sessions that a service will be provided, and whether the service is provided on an individual or group basis; (ii) Method means how a service is provided; (iii) Length means the length of time the service is provided during each session of that service (such as an hour or other specified time period); and (iv) Duration means projecting when a given service will no longer be provided (such as when the child is expected to achieve the results or outcomes in his or her IFSP). (3) As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service will be provided. (4) For children who are at least three years of age, the IFSP must include an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills.</p>	<p>The Department stated that the IFSP must include an education component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills, and that this language is aligned with the IDEA statute and Part B regulations (34 CFR 300.323(b)).</p>
<p>§ 303.344 Content of an IFSP. (e) Other services. (1) To the extent appropriate, the IFSP must include— (i) Medical and other services that the child needs, but that are not required under this part; and (ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.</p>	<p>§303.344 Content of an IFSP. (e) Other services. To the extent appropriate, the IFSP also must-- (1) Identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded under this part; and (2) If those services are not currently being provided, include a description of the steps the service coordinator or family may take to assist the</p>	<p>The Department explained that the new Part C regulations, “no longer require the IFSP Team to identify, and service coordinators to coordinate, funding sources for these services (those not required under Part C). [The Department] believe[s] that §303.344(e)(2), with this change, will help families receive additional services, without unduly burdening IFSP Teams and service coordinators who may have limited knowledge about funding for services provided by other</p>

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<p>§ 303.344 Content of an IFSP. (2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and “well-baby” care), unless a child needs those services and the services are not otherwise available or being provided.</p>	<p>§303.344 Content of an IFSP. child and family in securing those other services.</p>	<p>programs.”</p>
<p>§ 303.344 Content of an IFSP. (f) Dates; duration of services. The IFSP must include— (1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in § 303.342; and (2) The anticipated duration of those services.</p>	<p>§303.344 Content of an IFSP. (f) Dates and duration of services. The IFSP must include-- (1) The projected date for the initiation of each early intervention service in paragraph (d)(1) of this section, which date must be as soon as possible after the parent consents to the service, as required in §§303.342(e) and 303.420(a)(3); and (2) The anticipated duration of each service.</p>	<p>The Department clarified, similar to revisions in 303.342(e), that the timeline of services begin “as soon as possible” after parental consent (instead of “a soon as possible” after the IFSP meeting, as is in the 1999 Part C Regulations)</p>
<p>§ 303.344 Content of an IFSP. (g) Service coordinator. (1) The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child’s or family’s needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.</p>	<p>§303.344 Content of an IFSP. (g) Service coordinator. (1) The IFSP must include the name of the service coordinator from the profession most relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for implementing the early intervention services identified in a child’s IFSP, including transition services, and coordination with other agencies and persons.</p>	
<p>§ 303.344 Content of an IFSP. (2) In meeting the requirements in paragraph (g)(1) of this section, the public agency may— (i) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child’s and family’s IFSP; or</p>	<p>§303.344 Content of an IFSP. (2) In meeting the requirements in paragraph (g)(1) of this section, the term "profession" includes "service coordination."</p>	

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<p>§ 303.344 Content of an IFSP. (ii) Appoint a new service coordinator. (3) As used in paragraph (g)(1) of this section, the term profession includes “service coordination.”</p>		
<p>§ 303.344 Content of an IFSP. (h) Transition from Part C services. (1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with § 303.148, to— (i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or (ii) Other services that may be available, if appropriate. (2) The steps required in paragraph (h)(1) of this section include— (i) Discussions with, and training of, parents regarding future placements and other matters related to the child’s transition; (ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and</p>	<p>§303.344 Content of an IFSP. (h) Transition from Part C services. (1) The IFSP must include the steps and services to be taken to support the smooth transition of the child, in accordance with §§303.209 and 303.211(b)(6), from Part C services to— (i) Preschool services under Part B of the Act, to the extent that those services are appropriate; (ii) Part C services under §303.211; or (iii) Other appropriate services. (2) The steps required in paragraph (h)(1) of this section must include-- (i) Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child’s transition; (ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;</p>	<p>The Department clarified that to be consistent with the statutory language of IDEA 2004, “the IFSP must include not only transition steps but transition services needed to support the smooth transition of a child who is exiting the Part C program.” To demonstrate this change, the Department added the phrase “and services” after the word “steps” to §303.344(h)(1).</p>
<p>§ 303.344 Content of an IFSP. (iii) With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in § 303.322, and copies of IFSPs that have been developed and implemented in accordance with §§ 303.340 through 303.346.</p>	<p>§303.344 Content of an IFSP. (iii) Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency, in accordance with §303.209(b) (and any policy adopted by the State under §303.401(e)) and, with parental consent if required under §303.414, transmission of additional information needed by the LEA to ensure continuity of services from the Part C program to the Part B program, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed in</p>	<p>The Department clarified that, “transition steps and services in the IFSP must include confirmation that child find information was transmitted to the LEA or other relevant agency.” Additionally, the Department clarified that, “parental consent must be obtained if personally identifiable information is disclosed as required under §303.414. Given that personally identifiable information is discussed at the IFSP meeting to develop a transition plan, if the LEA representative is from an LEA that is not a participating agency under §303.403(c) or if attendance is required of other individuals who are</p>

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	<p>§303.344 Content of an IFSP. accordance with §§303.340 through 303.345; and (iv) Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.</p>	<p>not employees or representatives of participating agencies, parental consent is required under §303.414 for the lead agency to be able to disclose personally identifiable information to these individuals at the meeting.” Lastly, the Department also clarified that the, “additional information to be provided to the LEA to ensure continuity of services includes a copy of the most recent evaluation and assessments of the child and family and the most recent IFSP.”</p>
<p>§ 303.344 Content of an IFSP. NOTE 1: With respect to the requirements in paragraph (d) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting— during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to the needs of the child.</p>		
<p>§ 303.344 Content of an IFSP. NOTE 2: Throughout the process of developing and implementing IFSPs for an eligible child and the child’s family, it is important for agencies to recognize the variety of roles that family members play in enhancing the child’s development. It also is important that the degree to which the needs of the family are addressed in the IFSP process is determined in a collaborative manner with the full agreement and participation of the parents of the child. Parents retain the ultimate decision in determining whether they, their child, or other</p>		

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<p>§ 303.344 Content of an IFSP. family members will accept or decline services under this part.</p>		
<p>§ 303.344 Content of an IFSP. NOTE 3: The early intervention services in paragraph (d) of this section are those services that a State is required to provide to a child in accordance with § 303.12. The “other services” in paragraph (e) of this section are services that a child or family needs, but that are neither required nor covered under this part. While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child’s family and the service coordinator, for the following reasons: First, the IFSP would provide a comprehensive picture of the child’s total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by (1) determining if there is a public agency that could provide financial assistance, if needed, (2) assisting in the preparation of eligibility claims or insurance claims, if needed, and (3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services). Thus, to the extent appropriate, it is important for a State’s procedures under this part to provide for ensuring that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed, including determining (1) who will provide each service, and when,</p>		

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<p><u>§ 303.344 Content of an IFSP.</u> where, and how it will be provided, and (2) how the service will be paid for (e.g., through private insurance, an existing Federal-State funding source, such as Medicaid or EPSDT, or some other funding arrangement).</p>		
<p><u>§ 303.344 Content of an IFSP.</u> NOTE 4: Although the IFSP must include information about each of the items in paragraphs (b) through (h) of this section, this does not mean that the IFSP must be a detailed, lengthy document. It might be a brief outline, with appropriate attachments that address each of the points in the paragraphs under this section. It is important for the IFSP itself to be clear about (a) what services are to be provided, (b) the actions that are to be taken by the service coordinator in initiating those services, and (c) what actions will be taken by the parents.</p>		
<p><u>§ 303.345 Provision of services before evaluation and assessment are completed.</u> Early intervention services for an eligible child and the child’s family may commence before the completion of the evaluation and assessment in § 303.322, 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 implementation of the interim IFSP and coordination 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.</p>	<p><u>§303.345 Interim IFSPs--Provision of services before evaluations and assessments are completed.</u> 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</p>	

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<p><u>§ 303.345 Provision of services before evaluation and assessment are completed.</u> (c) The evaluation and assessment are completed within the time period required in § 303.322(e).</p>	<p><u>§303.345 Interim IFSPs--Provision of Services Before Evaluations and Assessments are Completed.</u> and the child's family. (c) Evaluations and assessments are completed within the 45-day timeline in §303.310.</p>	
<p><u>§ 303.345 Provision of services before evaluation and assessment are completed.</u> NOTE: This section is intended to accomplish two specific purposes: (1) To facilitate the provision of services in the event that a child has obvious immediate needs that are identified, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible), and (2) to ensure that the requirements for the timely evaluation and assessment are not circumvented.</p>		
<p><u>§ 303.346 Responsibility and accountability.</u> Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, part C of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.</p>	<p><u>§303.346 Responsibility and accountability.</u> Each public agency or EIS provider who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C of the Act does not require that any public agency or EIS provider be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.</p>	
<p><u>§ 303.360 Comprehensive system of personnel development.</u> (a) Each system must include a comprehensive system of personnel development. (b) The personnel development system under this part must— (1) Be consistent with the comprehensive system of</p>	<p><u>NOTE: This regulation now appears under Subpart B in §303.118 Comprehensive system of personnel development (CSPD).</u></p>	

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<p><u>§ 303.360 Comprehensive system of personnel development.</u> personnel development required under part B of the Act (34 CFR 300.380 through 300.387); (2) Provide for preservice and inservice training to be conducted on an interdisciplinary basis, to the extent appropriate; (3) Provide for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators; and (4) Ensure that the training provided relates specifically to— (i) Understanding the basic components of early intervention services available in the State; (ii) Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children under this part; and (iii) Assisting families in enhancing the development of their children, and in participating fully in the development and implementation of IFSPs.</p>		
<p><u>§ 303.360 Comprehensive system of personnel development.</u> (c) A personnel development system under this part may include— (1) Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers; (2) Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part;</p>	<p><u>NOTE: This regulation now appears under Subpart B in §303.118 Comprehensive system of personnel development (CSPD).</u></p>	

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1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p><u>§ 303.360 Comprehensive system of personnel development.</u> (3) Training personnel to work in rural and inner-city areas; and (4) Training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program under this part to a preschool program under part B of the Act or to other preschool or other appropriate services.</p>		
<p><u>§ 303.361 Personnel standards.</u> (a) As used in this part— (1) Appropriate professional requirements in the State means entry level requirements that— (i) Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and (ii) Establish suitable qualifications for personnel providing early intervention services under this part to eligible children and their families who are served by State, local, and private agencies. (2) Highest requirements in the State applicable to a specific profession or discipline means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline. (3) Profession or discipline means a specific occupational category that— (i) Provides early intervention services to children eligible under this part and their families; (ii) Has been established or designated by the State; and</p>	<p>NOTE: This regulation now appears under Subpart B in <u>§303.119 Personnel Standards.</u></p>	

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p><u>§ 303.361 Personnel standards.</u> (iii) Has a required scope of responsibility and degree of supervision. (4) State approved or recognized certification, licensing, registration, or other comparable requirements means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in that State.</p>		
<p><u>§ 303.361 Personnel standards.</u> (b)(1) Each statewide system must have policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained. (2) The policies and procedures required in paragraph (b)(1) of this section must provide for the establishment and maintenance of standards that are consistent with any State-approved or State recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services.</p>	<p>NOTE: This regulation now appears under Subpart B in <u>§303.119 Personnel Standards.</u></p>	
<p><u>§ 303.361 Personnel standards.</u> (c) To the extent that a State’s standards for a profession or discipline, including standards for temporary or emergency certification, are not based on the highest requirements in the State applicable to a specific profession or discipline, the State’s application for assistance under this part must include the steps the State is taking, the procedures for notifying public agencies and personnel of those steps, and the timelines it has established for</p>	<p>NOTE: This regulation now appears under Subpart B in <u>§303.119 Personnel Standards.</u></p>	

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1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p>§ 303.361 Personnel standards. the retraining or hiring of personnel that meet appropriate professional requirements in the State.</p>		
<p>§ 303.361 Personnel standards. (d)(1) In meeting the requirements in paragraphs (b) and (c) of this section, a determination must be made about the status of personnel standards in the State. That determination must be based on current information that accurately describes, for each profession or discipline in which personnel are providing early intervention services, whether the applicable standards are consistent with the highest requirements in the State for that profession or discipline. (2) The information required in paragraph (d)(1) of this section must be on file in the lead agency, and available to the public.</p>	<p>NOTE: This regulation now appears under Subpart B in §303.119 Personnel Standards.</p>	
<p>§ 303.361 Personnel standards. (e) In identifying the “highest requirements in the State” for purposes of this section, the requirements of all State statutes and the rules of all State agencies applicable to serving children eligible under this part and their families must be considered.</p>	<p>NOTE: This regulation now appears under Subpart B in §303.119 Personnel Standards.</p>	
<p>§ 303.361 Personnel standards. (f) A State may allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to eligible children under this part.</p>	<p>NOTE: This regulation now appears under Subpart B in §303.119 Personnel Standards.</p>	
<p>§ 303.361 Personnel standards. (g) In implementing this section, a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and</p>	<p>NOTE: This regulation now appears under Subpart B in §303.119 Personnel Standards.</p>	

SUBPART D- PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

1999 Part C Regulations	2011 Part C Regulations	U.S. Department of Education Selected Analysis of Comments and Changes
<p>§ 303.361 Personnel standards. adequately trained personnel to provide early intervention services to eligible children, including, in a geographic area of the State where there is a shortage of personnel that meet these qualifications, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraph (b)(2) of this section, consistent with State law, within 3 years.</p>		
<p>§ 303.361 Personnel standards. NOTE: This section requires that a State use its own existing highest requirements to determine the standards appropriate to personnel who provide early intervention services under this part. The regulations do not require States to set any specified training standard, such as a master’s degree, for employment of personnel who provide services under this part. The regulations permit each State to determine the specific occupational categories required to provide early intervention services to children eligible under this part and their families, and to revise or expand these categories as needed. The professions or disciplines need not be limited to traditional occupational categories.</p>	<p>NOTE: This regulation now appears under Subpart B in §303.119 Personnel Standards.</p>	