## Appendix B

### General Provisions of IDEA Part C and Part B

<table>
<thead>
<tr>
<th>Part C</th>
<th>Part B</th>
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<tbody>
<tr>
<td><strong>Infants &amp; Toddlers</strong>&lt;br&gt;<strong>Birth – 2 years</strong></td>
<td><strong>Children with Disabilities</strong>&lt;br&gt;<strong>3-21 years or graduation</strong></td>
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<td><strong>Responsible State Agencies</strong></td>
<td>Agency varies by state</td>
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<tr>
<td><strong>Governing Laws</strong></td>
<td>IDEA/Part B, P.L. 108-446; The Individuals With Disabilities Education Improvement Act (2004)</td>
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<td><strong>Ages</strong></td>
<td>Children, ages birth through two, inclusive.</td>
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<td><strong>Child Find</strong></td>
<td>LEA has the responsibility to design a process to inform the public and to identify locate, and evaluate children ages birth –21 who may be eligible to receive special education services. Once a child is identified, a referral must be made to the local Part C agency within 2 working days. In most states, a community-wide, interagency process is often used to meet this requirement.</td>
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<td><strong>Referral &amp; Timelines</strong></td>
<td>Referral may be initiated directly by a parent or other interested persons; professionals must refer within 7 days of identified concern; Timelines: upon receipt of any referral by the state lead agency or early intervention service provider, the initial evaluation and initial IFSP meeting must be completed within 45 days (an “as soon as possible” exception exists for parents who have not provided consent despite documented repeated attempts).</td>
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<tr>
<td>Evaluation</td>
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<td>A multidisciplinary team of qualified professionals completes the evaluation which must include comprehensive, formal and informal information from multiple sources in the following domains: cognitive, physical, communication, social/emotional, adaptive and family-directed voluntary assessment of resources, priorities and concerns, and must be conducted in the family's native language.</td>
<td>A multidisciplinary team of qualified professionals completes the evaluation which must include formal and informal measures from multiple sources in the following domains: cognitive, physical, communication, social/emotional, and educational and must be conducted in a family's native language.</td>
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<tr>
<th>Eligibility</th>
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<td>An eligible child is one who is under age 3 who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided.</td>
<td>An eligible child is one who is 3 through 21 and by reason of one or more of the following conditions, is unable to receive reasonable educational benefit from regular education: mental retardation, hearing impairment including deafness, speech or language impairment, vision impairment (including blindness), serious emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairment, specific learning disability, deaf-blindness, multiple disabilities.</td>
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<td>Developmental delay is evidenced from one of the following domains: physical, cognitive, communication, social-emotional, adaptive; OR based on a diagnosed condition that has a high probability of resulting in developmental delay.</td>
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<tr>
<th>Family Involvement</th>
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<td>Families must be involved in the IFSP process. An IFSP meeting may not be held without the parent or surrogate parent's participation. Written parental consent is necessary for a child's evaluation and delivery of services. An assessment of the family's resources, priorities and concerns are a voluntary part of the evaluation/assessment process. Parents may refuse any service offered and maintain their right to any services they choose.</td>
<td>Part B of IDEA advocates strengthening the role of parents in the special education process and ensuring that parents of eligible children have meaningful opportunities to participate in the education of their children at school and at home. Families must be involved in the IEP process. The LEA must take steps to ensure that they are afforded the opportunity to participate. Written parental consent is necessary for a child's evaluation and delivery of services. LEAs must ensure that the parents are regularly informed of their child's progress towards annual goals.</td>
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Type of Plan

An Individual Family Service Plan (IFSP) is a written plan developed to document desired outcomes for the infant or toddler’s developmental growth and learning and the services to be provided to the eligible child and family. IFSPs are reviewed at least once every six months with the service coordinator and rewritten annually. IFSPs must include a statement of the child’s present level of development, statement of the family’s resources, priorities and concerns, a statement of the major outcomes expected and the criteria, procedures, and timelines used, a statement of necessary early intervention services, a statement of the natural environments in which services will be provided, the projected dates for initiation and anticipated duration, the identification of the service coordinator, and the steps to be taken to support the transition of child to preschool or other appropriate services.

An Individual Education Program (IEP) is a written plan that includes a statement of the child’s present levels of educational performance, a statement of measurable annual goals, including benchmarks or short term objectives, a statement of the special education and related services to be provided, a statement of program modification or supports, an explanation of the extent to which the child will not participate in the regular class, the projected date for beginning services, anticipated frequency and duration, statement of how the child’s progress towards the goals will be measured and how the child’s parents will be regularly informed of the child’s progress. The IEP must also contain a completed transition plan if applicable.

Service Coordination

Each eligible infant or toddler and their family must be provided with one service coordinator. The designated service coordinator should be the person who is most immediately relevant to the infant or toddler’s or family’s needs. That person is responsible for: assisting the parents to gain access to and coordinating services across agency lines, facilitating connections between families and potential supports and serving as the single point of contact in helping parents obtain the services and assistance they need.

Service coordination is an active, on-going process that involves assisting parents of eligible children in gaining access to the early intervention services and supports, coordinating the provision of services and supports, facilitating the timely delivery of services and continuously seeking all services and supports necessary to benefit each child’s development.

Under special education law, there is no requirement that a service coordinator be designated for a child and their family. As listed in IDEA, child find coordination includes many components which are a part of service coordination. These are planning and development in the areas of: public awareness, community referral systems, screening and evaluation, service coordination and staff development. Also listed are coordination and implementation in the areas of: interagency collaboration, screening procedures, including vision and hearing, and referral procedures for parents and children about all public and private resources that can meet identified needs.
### Service Delivery

Early intervention services and supports are to be provided in the child and family's natural environments, to the maximum extent appropriate, including home and community locations where infants and toddlers without disabilities participate. Services are developed in conjunction with the family to meet their own identified needs and priorities and are respectful of their unique culture, customs and daily routines, and are delivered in the family's native language.

In special education, to the maximum extent appropriate, children with disabilities are educated with children who are not disabled. Special classes or other settings are permitted only when special education within regular education cannot be achieved satisfactorily.

Preschool service opportunities vary as to location and characteristics, which impacts the intensity of services and level of personnel involvement.

### Transition Services

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<tr>
<th>Part C to Part B</th>
<th>From Part B to Post-School</th>
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<td><strong>IDEA</strong> requires that schools must inform parents of all children receiving Part C services regardless of potential Part B eligibility about their preschool program options not fewer than 90 days prior to the toddler's 3rd birthday. However, transition planning should begin at least six months prior to the child's third birthday for all children eligible under Part C or begins as soon as possible for children who are newly identified and are over age two. The process needs to include parents and personnel from the child's current, past and future settings or service providers, including representatives from the LEA, if the child is transitioning into LEA services. If a child is not eligible for Part B/preschool or other services, the transition team will discuss options of other appropriate services with the family including ADA and 504.</td>
<td><strong>IDEA</strong> requires a coordinated set of activities designed to facilitate the student's movement from school to post-school that are based on the student's individual needs including strengths, preferences, and interests. Transition services must begin no later than age 16.</td>
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**NOTE:** In the case of a child with a disability, age 3 through 5, LEA may choose to have the IFSP serve as the IEP. (See IDEA P.L. 105-17 Section 636 and Federal Register 34CFR Part B, Section 300.342.)
Services

These services are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family related to enhancing their child’s development in the areas of physical, cognitive, communication, social or emotional, and adaptive development. They are provided in collaboration with the parents at no cost except where federal and state law provide for a system of payments, by qualified personnel in conformity with the IFSP and to the maximum extent appropriate are provided in natural environments, including the home and community settings where children without disabilities participate.

Services included are:
- Assistive technology devices and services
- Audiology services
- Family training, counseling and home visits
- Health services (necessary to enable the child to benefit from early intervention)
- Medical services (for diagnostic and evaluation purposes only)
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination services
- Sign language and cued language services
- Social work services
- Special instruction
- Speech and language pathology services
- Transportation and related costs
- Vision services

Special education means specially designed instruction to meet the unique needs of a child; related services means developmental and other supportive services required to assist a child with a disability to benefit from special and regular education.

Services included are:
- Assistive technology devices and services
- Audiology
- Counseling services
- Early identification and assessment
- Medical services (for diagnosis and evaluation)
- Occupational therapy
- Orientation and Mobility
- Physical therapy
- Psychology services
- Recreation
- School health and school nurse services
- Social work services
- Speech language pathology
- Transportation