

TABLE 4

REPORT OF EARLY INTERVENTION SERVICES ON IFSPS PROVIDED
TO INFANTS AND TODDLERS AND THEIR FAMILIES
IN ACCORDANCE WITH PART C

December 1, 2004

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0556. The time required to complete this information collection is estimated to average 27 hours per State response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Special Education Programs, U.S. Department of Education, 600 Independence Avenue, SW, Washington, D.C. 20202-4651.

Instructions

Authorization: 20 U.S.C. 1418(a)(2) and 20 U.S.C. 1418(b)

Due Date: **November 1, 2005**

Sampling Allowed: Yes

Send Form to: Stephanie S. Lee, Director
Office of Special Education
Part C Data Reports
Program Support Services Group
Mail stop 2600
550 12th Street, S.W.
Washington, D.C. 20202
Attn: Cheryl Broady

General Instructions

1. For each early intervention service, enter the number of infants, toddlers, or families receiving that service according to an individualized family service plan (IFSP) on December 1, 2004. *Include services provided to all children from birth through age 2, as reported in Section A, Table 1, Report of Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C for December 1, 2004 (i.e., the total number of infants and toddlers receiving early intervention services).*

2. If your State has elected to serve children who are at risk of having substantial delays if early intervention services are not provided, include the children who were considered at risk in the table counts.
3. Early intervention services:
 - a. are provided in conformity with an IFSP;
 - b. are provided under public supervision (i.e., Federal, State, or local funds are used in connection with the provision of services. This includes children receiving services through a program funded by public monies as well as children receiving services from a private provider but whose services are supervised or paid for by a public agency);
 - c. are provided at no cost except where Federal or State law provides for a system of payments by families including a schedule of sliding fees;
 - d. are designed to meet the developmental needs of infants or toddlers with disabilities and the needs of the family;
 - e. meet the standards of the State; and
 - f. are provided, to the maximum extent appropriate, in natural environments.

More detailed information about the definition of early intervention services can be found in 20 U.S.C. 1432 (4) and 34 CFR 303.12 and 303.13.

4. An infant, toddler, or family need not be receiving a service precisely on December 1, 2004, to be counted; rather, the service must be included on an IFSP in effect on December 1, 2004. For example, if a family is receiving a home visit once a month in accordance with their IFSP, the home visit should be counted even though it is not actually provided on December 1.
5. Infants, toddlers, and their families must be counted under each type of service they are receiving. Do not count a child or family more than once within a service category. The only exception would be a family receiving services for two or more children. *The number reported for any service cannot be more than the sum of infants and toddlers served in your State on December 1, 2004, as reported in Section A, Table 1, Report of Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C for December 1, 2004 (i.e., the total number of infants and toddlers receiving early intervention services).*
6. Do not count a single service in more than one row. If a service could be described by two categories, use the category most related to the professional license of the individual delivering the service.
7. Service coordination is not included in the services list because all eligible infants and toddlers are entitled to receive service coordination at no cost to the family. Do not count service coordination in this data collection.

8. If no child received a service, place a zero (0) in the cell.
9. If any of the service categories are not used in the State, please indicate by entering (-9).

Specific Row Instructions

Services are defined as follows:

1. Assistive Technology Services include services that directly assist a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include--
 - the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
 - purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
 - selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 - training or technical assistance for a child with disabilities, or, if appropriate, that child's family; and
 - training or technical assistance for professionals, including individuals providing early intervention services or other individuals who provide services to or are otherwise substantially involved in the major life functions of that child.

Assistive Technology Devices are any items, pieces of equipment, or product systems, whether acquired commercially off the shelf, modified, or customized, that are used to increase, maintain, or improve functional capabilities of children with disabilities.

2. Audiology includes:
 - identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;
 - determination of the range, nature, and degree of hearing loss, and communication functions, by use of audiological evaluation procedures;
 - referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairments;
 - provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;

- provision of services for prevention of hearing loss; and
 - determination of the child’s need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
3. “Family Training, Counseling, and Home Visits” means:
- services provided by social workers, psychologists, or other qualified personnel to assist the family in understanding the special needs of the child and enhancing the child’s development.
 - Note: Services provided by specialists (such as medical services, nursing services, occupational therapy, and physical therapy) for a specific function should be counted under the appropriate service category, even if the services were delivered in the home.
4. Health Services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.
- The term includes:
 - a. such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
 - b. consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.
 - The term *does not* include the following:
 - a. services that are
 - (i) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
 - (ii) purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicines or drugs for any purpose).
 - b. devices necessary to control or treat a medical condition.
 - c. medical-health services (such as immunizations and regular well baby care) that are routinely recommended for all children.

5. Medical Services only for Diagnostic or Evaluation Purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.
6. Nursing Services include:
 - the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 - administration of medications, treatments, and regimens prescribed by a licensed physician.
7. Nutrition Services include:
 - conducting individual assessments in:
 - a. nutritional history and dietary intake;
 - b. anthropometric, biochemical, and clinical variables;
 - c. feeding skills and feeding problems; and
 - d. food habits and food preferences.
 - developing and monitoring appropriate plans to address nutritional needs; and
 - making referrals to appropriate community resources to carry out nutrition goals.
8. Occupational Therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play; and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:
 - identification, assessment, and intervention;
 - adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 - prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

9. Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
 - screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
 - obtaining, interpreting, and integrating information appropriate to program planning, to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
10. Psychological Services include:
 - administering psychological and developmental tests and other assessment procedures;
 - interpreting assessment results;
 - obtaining, integrating, and interpreting information about child behavior and conditions relating to learning, mental health, and development; and
 - planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
11. Respite Care includes temporary child care services that are short-term and non-medical in nature, provided either in or out of the home. These services are designed to provide temporary relief to the primary caregiver.
12. Social Work Services include:
 - making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
 - preparing a psychosocial developmental assessment of the child within the family context;
 - providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parents;
 - working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

- identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

13. Special Instruction includes:

- the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's IFSP;
- providing families with information, skills, and support related to enhancing the skill development of the child; and
- working with the child to enhance the child's development.

14. Speech-Language Pathology includes:

- identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

15. Transportation and related costs include the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable infants and toddlers with disabilities and their families to receive early intervention services. For example, if the child and family were provided transportation to an audiologist, then the service should be counted under transportation, *NOT* audiology.

16. Vision Services include:

- evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

17. Other Early Intervention Services include early intervention services which are not specified on this report.

Specific Row Instructions

Race/Ethnicity Reporting

STATES MUST REPORT ON THE RACE/ETHNICITY OF THE CHILD, NOT THE FAMILY. FOR EACH OF THE RACE/ETHNICITY CATEGORIES, ENTER AN UNDUPLICATED COUNT OF ALL CHILDREN SERVED UNDER IDEA, PART C.

In November 1997, OMB announced its decision concerning the revision of Race and Ethnic Standards for Federal Statistics and Administrative Reporting. In that announcement, OMB reported that there would be five racial categories -- American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White -- and one ethnic category -- Hispanic or Latino. Additionally, OMB announced that individuals would be allowed to select as many race/ethnicity categories as were applicable. Under the new reporting requirements a single, multi-racial category cannot be used. **OSEP is actively working with other offices within the Department of Education (ED) to determine what categories will be used for reporting aggregated data and anticipates that final decisions on reporting these data will be made soon. Until aggregate reporting categories are implemented, data should be reported using the five racial categories described below.**

The race/ethnicity categories are defined as follows:

American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, Hawaii, Guam, and Samoa.
Black (not Hispanic)	A person having origins in any of the Black racial groups of Africa.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
White (not Hispanic)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Total	The unduplicated total across the race/ethnicity designations.

Note that children can only be reported in one race/ethnicity category.

Sampling Guidelines

States may use sampling to obtain data from State and local service agencies on the number of infants and toddlers with disabilities and their families receiving each service. When sampling is used, a description of the sampling methodology outlining how the design will yield valid and reliable estimates must be submitted to OSEP for approval. The level of precision of the estimates to be obtained must be specified in this description. States *must* submit sampling plans to OSEP for approval by **September 1** of the reporting period.

OSEP will evaluate the validity of the sampling plan using the following guidelines:

1. The sampling framework may include all programs or service units or a sample of those programs or units. If a State chooses to sample, programs or service units for the most populous areas in the State must be included.
2. States that serve at-risk infants and toddlers must collect data separately for eligible infants and toddlers and at-risk infants and toddlers.

States that use sampling will provide OSEP with weighted rather than unweighted data. A description of the final sample sizes and the weights used must be provided at the time the data are submitted.

TABLE 4

REPORT OF EARLY INTERVENTION SERVICES ON IFSPS PROVIDED
 TO INFANTS, TODDLERS, AND THEIR FAMILIES
 IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: _____

EARLY INTERVENTION SERVICES	NUMBER OF INFANTS AND TODDLERS (BIRTH THROUGH 2) AND THEIR FAMILIES RECEIVING SERVICES					
	Total	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
1. ASSISTIVE TECHNOLOGY SERVICES/DEVICES						
2. AUDIOLOGY						
3. FAMILY TRAINING, COUNSELING, HOME VISITS, AND OTHER SUPPORT						
4. HEALTH SERVICES						
5. MEDICAL SERVICES (for diagnostic or evaluation purposes)						
6. NURSING SERVICES						
7. NUTRITION SERVICES						
8. OCCUPATIONAL THERAPY						
9. PHYSICAL THERAPY						
10. PSYCHOLOGICAL SERVICES						
11. RESPITE CARE						
12. SOCIAL WORK SERVICES						
13. SPECIAL INSTRUCTION						
14. SPEECH-LANGUAGE PATHOLOGY						
15. TRANSPORTATION AND RELATED COSTS						
16. VISION SERVICES						
17. OTHER EARLY INTERVENTION SERVICES*						

* Please list the Other Early Intervention Services included: _____

ORIGINAL SUBMISSION/REVISION (Circle one)

CURRENT DATE: _____