

TABLE 2

REPORT OF PROGRAM SETTINGS WHERE EARLY INTERVENTION
SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH
DISABILITIES 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 1820-0557. The time required to complete this information collection is estimated to average 19 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 setting, enter the number of infants, toddlers, or families receiving services according to an individualized family service plan (IFSP) on December 1, 2004. *Report program settings for 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 developmental delays if early intervention services are not provided, include the children who were considered at risk in the table counts.
3. The count must be unduplicated (i.e., each infant and toddler is represented only once in the table).
4. Determination of primary setting should be based on the IFSP in place on December 1, 2004. For example, if the IFSP says that the child will receive 1 hour of physical therapy services in their home each week, then the home is the primary setting.
5. Special circumstances to consider:
 - If a child is receiving services in more than one setting, count the child in the setting in which he or she receives the most hours of early intervention service, *i.e., the primary setting*. For example, a toddler who receives 1 hour of home-based service a month and 4 hours of service per month in a clinic (a service provider location) would be counted under the category “service provider location.”
 - *If services are delivered to a child and family members, count the child only under the primary setting (as defined above) in which the child is being served.*
 - *If services are delivered only to family members, i.e., no services are delivered to a child, count the child in Row 7 (“other”).*
6. All totals must represent the sum of the successive rows or columns.
7. If no child or family received services in a given setting, place a zero (0) in the cell.

Specific Row Instructions for Section A

- Children are to be counted according to the type of program being received at a location, not the type of location. For example, children in a program designed for children with developmental delays or disabilities operated at a hospital should be counted under “program designed for children with developmental delays or disabilities.” Children who receive physical therapy at a hospital or on an outpatient basis should be counted under service provider location.” Children who are patients in a hospital should be counted under “hospital.”
- Data for each discrete age and the age grouping birth through 2 years are required. Children should be reported based on their age on December 1, 2004.
- Service settings are defined as follows:
 1. Program Designed for Children with Developmental Delays or Disabilities. This setting refers to an organized program of at least 1 hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental child care programs.

2. Program Designed for Typically Developing Children. Services are provided in a program regularly attended by a group of children. Most of the children in this setting do not have disabilities. For example, this includes children served in regular nursery schools and child care centers.
3. Home. Services are provided in the principal residence of the child's family or caregivers.
4. Hospital (inpatient). Hospital refers to a residential medical facility. Child must be receiving services on an inpatient basis.
5. Residential Facility. Residential facility refers to a treatment facility which is not primarily medical in nature, where the infant or toddler currently resides.
6. Service Provider Location. Services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services. These services may be delivered individually or to a small group of children.
7. Other Setting. Any service setting not included in the settings or programs listed above. For example, if the only component of the infant's early intervention services is parent counseling during which the child is not present, and the child receives no direct service, count as "other."

Instructions for Section B

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 served in each setting. 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 year.

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.

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DECEMBER 1, 2004

STATE:

Section A: Report by Individual Age Year

AGE GROUP AS OF DECEMBER 1				
PROGRAM SETTING	Total	Birth-1 (0 to <12 months)	1-2 (≥12 and < 24 months)	2-3 (≥24 and <36 months)
TOTAL (ROWS 1-7)				
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES				
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN				
3. HOME				
4. HOSPITAL (INPATIENT)				
5. RESIDENTIAL FACILITY				
6. SERVICE PROVIDER LOCATION				
7. OTHER SETTING*				

* Please list the Other Settings included:

ORIGINAL SUBMISSION/REVISION (Circle one)

CURRENT DATE: _____

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STATE:

Section B: Report by Race/Ethnicity

AGE GROUP AS OF DECEMBER 1: BIRTH THROUGH 2						
PROGRAM SETTING	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
TOTAL (ROWS 1-7)						
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES						
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN						
3. HOME						
4. HOSPITAL (INPATIENT)						
5. RESIDENTIAL FACILITY						
6. SERVICE PROVIDER LOCATION						
7. OTHER SETTING*						

* Please list the Other Settings included:

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CURRENT DATE: _____