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ABSTRACT

This paper discusses how the 50 states and 7 jurisdictions that participate in the Part H program under the Individuals with Disabilities Education Act (IDEA) for infants and toddlers define "developmental delay." A table summarizes all the states' and jurisdictions' definitions and their approaches to serving children at risk of having substantial developmental delay. It identifies three categories of risk for adverse developmental outcomes used by many states: established risk, biological/medical risk, and environmental risk. It notes that many definitions address effects of multiple risk factors. The summary table lists the following for each state: level of developmental delay required for eligibility; whether at-risk infants and toddlers are served; and comments. (Contains 10 references.) (DB)

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State and Jurisdictional Eligibility Definitions for Infants and Toddlers With Disabilities Under IDEA¹

by
Jo Shackelford

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A major challenge to state and jurisdictional policy makers in implementing the Early Intervention Program for Infants and Toddlers with Disabilities (Part H, to be renamed Part C on July 1, 1998) under the Individuals with Disabilities Education Act (IDEA) is determining definitions of developmental delay and criteria of eligibility for services to young children, birth through 2 years of age, and their families. Under Part H, participating states and jurisdictions must provide services to two groups of children: those who are experiencing developmental delays, and those who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay. In addition, states may choose to serve children who are at risk of having substantial developmental delays if early intervention services are not provided. *(See Figure 1 on page 2 for the statutory language relating to eligibility that will take effect on July 1, 1998, under Part C of the IDEA Amendments of 1997.)*

The task of defining the eligible population has been a challenge for states. Eligibility criteria influence the numbers and types of children needing or receiving services, the types of services provided, and ultimately the cost of the early intervention system. A few states have revised their definitions in an attempt to reduce the number of children eligible for services, especially if the state has experienced financial difficulties. Soon after the creation of the Part H program under IDEA, many states indicated that they would serve children at risk, but this number decreased as concerns increased about costs. Several states that are not serving children at risk under their definition indicate that they will monitor the development of these children and refer them for early intervention services as delays are manifested.

This paper discusses how the 50 states and 7 jurisdictions that participate in the Part H program define developmental delay and, as applicable, at risk in

¹ The information in this paper reflects the provisions of federal statute and regulations that had been adopted at the time of publication. These are the IDEA Amendments of 1997, which, for the Program for Infants and Toddlers With Disabilities, become effective on July 1, 1998; and the 1993 regulations from the U.S. Department of Education, which were developed under the preceding IDEA statute and which are effective through June 30, 1998.

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their definition of eligibility for services. Table 1 displays a summary of states' and jurisdictions' definitions of developmental delay and, as applicable, their approaches to serving children who are at risk of having substantial developmental delay.

Criteria for Definitions of Developmental Delay

Although the regulations under Part H specify the developmental areas that are to be included in states' definitions of developmental delay (U. S. Department of Education (USDE), 1993; see 34 CFR §303.16(a)(1)), states must identify appropriate diagnostic instruments, procedures (including the use of informed clinical opinion), and levels of functioning or other criteria that will be used to determine eligibility. A review of state eligibility definitions under Part H reveals that states are expressing criteria for delay quantitatively — such as (a) the difference between chronological age and actual performance level expressed as a percentage of chronological age, (b) delay expressed as performance at a certain number of months below chronological age, or (c) delay as indicated by standard deviation below the mean on a norm referenced instrument — and qualitatively — such as delay

indicated by atypical development or observed atypical behaviors. A few states have developed a matrix of criteria for delay, differentiating the amount of delay according to the age of the child in months. The rationale for this is that a 25% delay in a 1-year-old's development, for example, is quite different from a 25% delay in a 3-year-old's development (Harbin, Gallagher, & Terry, 1991; Shonkoff & Meisels, 1991).

There is wide variability in the type of quantitative criteria states use to describe developmental delay, and there also is a wide range in the level of delay states require for eligibility. Common measurements of level of delay are 25% delay or 2 standard deviations (SD) below the mean in one or more developmental areas, or 20% delay or 1.5 SD in two or more areas. Traditional assessment instruments, yielding scores in standard deviations or developmental age in months, may not adequately address some developmental domains, or may not be comparable across developmental domains or across age levels (Benn, 1994; Meisels, 1991). For this reason, some states have included qualitative criteria for determining developmental delay. This type of criterion includes findings of atypical behavior.

Because there are an insufficient number of reliable and valid instruments for the birth-through-2 age group and questionable predictive validity for available instruments, determining delay by traditional assessment can be problematic (Benn, 1994; Shonkoff & Meisels, 1991). For that reason, the Part H regulations require that informed clinical opinion be included for eligibility determination (USDE, 1993; see 34 CFR §303.322(c)(2)). Informed clinical opinion relies on qualitative and quantitative information to determine the need for early intervention services, and typically is derived from the consensus of a multidisciplinary team that includes parents and information from multiple sources (Benn, 1994; Biro, Daulton, & Szanton, 1991; Harbin et al., 1991). Several states determine eligibility only through informed clinical opinion.

Figure 1 Definitions Related to Eligibility Under Part C of the IDEA Amendments of 1997

Under Part C of IDEA, states *must provide* services to any child “under 3 years of age who needs early intervention services” (20 U.S.C. §1432(5)(A)) because the child:

“(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay” (20 U.S.C. §1432(5)(A)).

A state also *may provide* services, at its discretion, to at-risk infants and toddlers. An at-risk infant or toddler is defined under Part C as “an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual” (20 U.S.C. §1432(1)).

Inclusion of Risk Factors

Three categories of risk for adverse developmental outcomes that are frequently described by states are established risk, biological/medical risk, and environmental risk. Children with an established physical or mental condition with a high probability of resulting in developmental delay are, under IDEA, eligible for

services. If a state decides to include in its eligibility definition children with other risk factors, it must delineate the criteria and procedures (including the use of informed clinical opinion) that will be used to identify those children. The IDEA Amendments of 1997 encourage states "to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services" (20 U.S.C. §1431(b)(4)). The Amendments also allow states that do not serve infants and toddlers who are at risk to use IDEA funds to identify, evaluate, refer, and conduct periodic follow-up on each referral to determine any changes in eligibility status (see 20 U.S.C. §1438(4)).

Established Risk. IDEA requires states to provide services to children who have conditions of established risk. A condition of established risk is defined as a "diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)(ii)). These conditions include, but are not limited to, "chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; in-born errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders" (USDE, 1993; see 34 CFR §303.16, Note 1). Children in this category are eligible for services under Part H of IDEA by virtue of their diagnosis, regardless of whether a measurable delay is present.

Although many states have mirrored the Part H regulatory language in listing diagnosed conditions in their eligibility definitions, several states have included many other conditions in their eligibility definitions. This may be because there is less agreement among professionals about what other conditions might be included in this category versus the biological/medical risk category. Accompanying their list of diagnosed conditions, many states use the phrase "but is not limited to the following" to allow flexibility for other conditions to be accepted for eligibility.

Biological/medical risk. Children with a history of significant biological or medical conditions or events have a greater chance of developing a delay or a disability than children in the general population. Examples

of biological/medical risk conditions that states have listed include low birthweight, intraventricular hemorrhage at birth, chronic lung disease, and failure to thrive.

Biological/medical risk conditions do not invariably lead to developmental delay, and many children who have a history of biological events will do well developmentally with or without services (Shonkoff & Meisels, 1991). Therefore, a comprehensive child and family evaluation by a multidisciplinary team (MDT) is necessary to determine (a) eligibility and (b) the appropriate intervention services (Shonkoff & Meisels, 1991).

Environmental Risk. Children at environmental risk include those whose caregiving circumstances and current family situation place them at greater risk for delay than the general population. Examples of environmental risk factors which states have listed include parental substance abuse, family social disorganization, poverty, parental developmental disability, parental age, parental educational attainment, and child abuse or neglect.

As with children at biological/medical risk, environmental risk factors do not invariably result in delay or disability. Therefore, an MDT's comprehensive evaluation is essential to determining eligibility and appropriate services.

Single vs. Multiple Risk Factors. No single event or risk factor reliably predicts developmental outcome. The greater the number of both biological/medical and/or environmental risk factors, the greater the developmental risk. Research shows, however, that there can be factors in a child's caregiving environment that may mediate the impact of risk factors. These may include temperament of the child, high self-esteem, good emotional relationship with at least one parent, and successful learning experiences (Benn, 1991; Knudtson et al., 1990). Assessments should address multiple and cumulative risk criteria, both biological and environmental, and consider the resilience or protective factors, within a context of change over time (Kochanek, Kabacoff & Lipsitt, 1990; Shonkoff & Meisels, 1991).

Some states that serve at-risk children under Part H use a multiple risk model with a range of three to five risk factors required for eligibility for services. A few states require less delay for eligibility when envi-

ronmental and/or biological/medical risk factors also are present.

Summary of Part H Definitions

Table 1, at the end of this paper, summarizes the policies of states and other governing jurisdictions regarding the definition of developmental delay for Part H eligibility and the provision of services for at-risk children. The author gathered this information from the most recent copy of states' Part H applications provided to NEC*TAS by the Office of Special Education Programs (OSEP) or by the state Part H program coordinators, and from personal communication with Part H coordinators. The Table is divided into four categories: Source, Level of Developmental Delay Required for Eligibility, Serving At-Risk, and Comments.

Source. Source indicates the fiscal year of the state's Part H application from which the eligibility data has been obtained. Some states have submitted a 3-year application for participation; for these states, the 3-year period is noted along with the corresponding fiscal year period. Some other states submitted a mid-cycle report as part of their 3-year application.

Level of Developmental Delay Required for Eligibility. State criteria for delay are indicated in different ways. Those measured by assessment instruments are expressed in standard deviation (SD), percent delay, delay in months, or developmental quotient (DQ). Other determinants include informed clinical opinion or the judgment of an MDT. Areas refer to the five developmental areas cited in the law: "cognitive development, physical development, communication development, social or emotional development, and adaptive development" (20 U.S.C. §1432(5)(A)(i)).

Serving At-Risk. Whether or not a state has elected to serve at-risk children under its Part H program is indicated. If a state is serving only particular categories of at-risk (e.g., biological/medical risk), the eligible category as identified by the state is indicated.

Comments. This column provides several kinds of information. For those states that have elected not to serve at-risk under Part H, the intent to track, screen, or monitor this population or to study the feasibility of serving at-risk is described if the state has so indicated. Other relevant observations about a state's eligi-

bility criteria also are included, such as state-developed lists of risk factors or established conditions.

State definitions are current as of publication date, but may change as states redefine their eligible population. NEC*TAS maintains files on states' Part H eligibility criteria and can provide updated information on request.

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Table 1
State and Jurisdictional Eligibility Definitions Under Part H of IDEA

State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
Alabama	FY97	25% delay in one or more areas	NO	Considering additional studies of serving at-risk.
Alaska	FY97	50% delay or equivalent standard deviation (SD) below the norm in one area; multidisciplinary team (MDT) clinical opinion to document atypical development	NO	List of established conditions titled "Disabling Conditions."
American Samoa	FY96	25% delay in one area; or 25% age delay as follows: 6 months: delay of 1.5 months or more 1 year: delay of 3 months or more 1-1/2 years: delay of 4-1/2 months or more 3 years: delay of 9 months or more or professional judgment	NO	Will provide follow-up to at-risk.
Arizona	FY96-98	50% delay in one or more areas	NO	Provides developmental tracking of at-risk.
Arkansas	FY95	2 SD or 35% delay in months in one area for birth to 18 months; 2 SD in one area, 1.5 SD in two areas, or 25% delay in months for age 18-36 months	YES (Medical/Biological)	At-risk includes children who have medical conditions known to increase statistical risk for long-term medical and developmental problems including "medical conditions resulting from environmental problems like failure to thrive or child abuse."
California	FY94-96	Significant difference between expected level of development and current level of functioning as determined by qualified MDT, including parents; atypical development determined by informed clinical opinion	YES (Biomedical)	Risk due to a combination of biomedical factors diagnosed by qualified clinicians.
Colorado	FY95-97	Significant delay in one or more domains	NO	Part H will coordinate with other state and local efforts to assist children at risk.
Connecticut	FY96	Greater than 2 SD in one area; greater than 1.5 SD in two areas; or informed clinical opinion	NO	Track, monitor, and refer children found not eligible.

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.



State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
Delaware	FY95-97	25% delay in one area; and/or MDT clinical judgment; and/or standardized test scores (when available) of 1.75 SD below the mean.	NO	List of established conditions.
Department of the Interior — Receives Part H allocation which then is distributed by the Department to tribes.				
District of Columbia	FY94-96	50% delay in one or more areas	NO	Will refer and track at-risk.
Florida	FY95-97	Corrected for gestational age for first 24 months of age; 1.5 SD in one area or 25% delay in months in one area; atypical functioning documented by qualified professionals from two or more disciplines	NO	
Georgia	FY96	2 SD in one area; 1.5 SD in two areas; or informed clinical opinion only when no appropriate standardized measure is available	NO	List of established conditions, including atypical development and severe attachment disorders.
Guam	FY92-94	2 SD in one area; 1.5 SD in two areas; atypical development	YES (Biological and Environmental)	Extensive list of established physical, mental conditions. Examples of atypical developmental disorders. List of environmental risk conditions; eligibility requires five or more environmental risk factors.
Hawaii	FY95-97	MDT consensus; no level of SD or % delay specified	YES (Biological and Environmental)	Documented biological risk. Environmental risk is documented by interim care coordinator.
Idaho	FY95-97	30% below age norm or 6 months delay, whichever is less, or 2 SD in one area; 1.5 SD in two areas; informed clinical opinion	NO	Screens and tracks at-risk. These children may be eligible "based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly possible." Extensive list of established conditions.
Illinois	FY96-98	40% below mean in one area as measured by an appropriate diagnostic instrument specific to the area of delay, or 50% below the mean as measured by a global assessment instrument that assesses multiple areas of delay, or informed clinical opinion.	NO	

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.

2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
Indiana	FY97	1.5 SD in one area or 20% below chronological age; 1 SD in two areas or 15% below chronological age in two areas; informed clinical opinion	YES (Biological)	Seven biological risk factors defined. Only one risk factor necessary for eligibility..
Iowa	FY96-98	25% below age in one or more areas; professional judgment of an MDT	NO	Children at high risk are served by partnering agencies and services in local communities..
Kansas	FY94-96	25% delay or 1.5 SD in one or more areas; 20% delay or 1 SD in two areas; clinical judgment	NO	Tracking, monitoring, and serving at-risk are based on local discretion and funding.
Kentucky	FY97	2 SD in one area; 1.5 SD in two areas or equal to or less than 75% Developmental Quotient (DQ) in one area; or clinical judgment if atypical development or in absence of standardized measures	NO	List of established conditions.
Louisiana	FY97	Delay in one or more areas, determined by MDT, including family, based on multisource data; team decision-making process described	NO	List of established conditions; will continue to consider serving at-risk; currently considering redefining eligibility criteria to incorporate young children, ages birth through 9 years, including at-risk factors..
Maine	FY94-96	For birth through 2 years, significant difference between age-expected level of development and current level of functioning as determined by parents and professionals on MDT.	NO	Lists of established conditions and biological factors. Biological factors (two or more) trigger evaluation for developmental delay..
Marshall Islands	Not currently eligible for this federal program.			
Maryland	FY95	25% delay in one area; atypical development/behavior; professional judgment	NO	Track and refer at-risk.
Massachusetts	FY97	Guideline: Developmental delay in one or more area: Age 6 months — 1.5 months delay Age 12 months — 3 months delay Age 18 months — 4 months delay Age 24 months — 6 months delay Age 30 months — 6 months delay	YES (Biological and Environmental)	Eligibility requires presence of five or more risk factors from either of two lists of child or family characteristics (operationally, presence of four risk factors required for eligibility).

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2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.



State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
Michigan	FY97-99	Informed clinical judgment of MDT and parents; multiple sources of information including developmental history, observational assessment, recent health status appraisal, and an appropriate formal assessment measure (standardized developmental test, inventory, or behavioral checklist).	NO	At-risk not entitled to services under Part H, but local service areas may choose to serve this population. Biological and environmental risk factors described; children are considered at risk for substantial developmental delay based on parental and/or professional judgment and presence of four or more risk factors.
Micronesia — The Federated States of Micronesia is not currently eligible for this federal program.				
Minnesota	FY94-96	Substantial delay in one or more of the following developmental areas with the following criteria: <i>Cognitive:</i> total score of 1.5 SD below the mean <i>Communication:</i> 2.0 SD below the mean <i>Physical Development:</i> Motor: 2.0 SD below mean for children birth-18 months Physically Impaired: 1.0 SD below mean Hearing: medical documentation and informed clinical opinion Vision: medical documentation and informed clinical opinion <i>Social or Emotional:</i> informed clinical opinion <i>Adaptive Development:</i> informed clinical opinion <i>Noncategorical criteria:</i> delay in overall development demonstrated by a composite score of 1.5 SD below the mean	NO	State adopted the early childhood special education eligibility criteria as eligibility definition under Part H.
Mississippi	FY94-96	1.5 SD or 25% delay in one or more areas; informed clinical opinion	NO	Will track and refer at-risk children.
Missouri	FY97	50% delay in one area or atypical development; professional judgment	NO	Extensive list of established conditions.
Montana	FY96-98	50% delay in one area or 25% delay in two areas; informed clinical opinion	NO	Lists professionals qualified to assess each developmental area. Children at-risk are served under the state-funded Family and Education Support discretionary program.

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
Nebraska	FY94-96	<p>1. "Cognitive" <i>Mental Handicap</i> — 2.0 SD deficit in intellectual functioning with 1.3 SD deficit in adaptive behavior, or 2.0 SD deficit in adaptive behavior with 1.3 SD deficit in intellectual functioning; or medical condition or syndrome which can be expected to produce such delay later.</p> <p>2. "Communication" Significant difficulty in one or more of the following areas: <i>Language</i> — 2.0 SD below mean on comprehensive language test; <i>Articulation</i> — Significantly disordered speech production; <i>Voice</i> — Chronic voice deviance; and <i>Fluency</i> — Disfluency with adverse affect on development or educational performance.</p> <p>3. "Adaptive" <i>Autism</i> — Severe developmental and educational problems exhibited in atypical behavior.</p> <p>4. "Physical" (including vision and hearing) <i>Visual Impairment</i> — Verified in one of three categories: blind, legally blind, or partially sighted <i>Hearing Impairments</i> — Documentation by audiologist of hearing loss that has or can be expected to result in significant delays, i.e., 1.3 SD below the mean in one or more areas: receptive/expressive language, speech production or cognition, or social/behavior disability. <i>Deaf Blindness</i> — Meets verification criteria for both hearing and visual impairments.</p> <p style="text-align: right;"><i>Continued</i></p>	NO	State adopted the early childhood special education eligibility criteria as eligibility definition under Part H.

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
 2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.



State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
Nebraska, <i>cont'd</i>		<p>4. "Physical," <i>cont'd</i> <i>Orthopedic Impairments</i> — Physician documentation of muscular or neuromotor impairment or skeletal deformity that limits ability to move about, maintain postures, manipulate materials required for learning, or perform activities of daily living.</p> <p>5. "Social or Emotional" <i>Autism</i> — As described above <i>Behavior Disorder</i> — Situationally appropriate behavior deviates substantially from age group with frequency, intensity, and duration; demonstrates deficit of 1.3 SD in one or more of the following areas: intellectual functioning, communication, or at least one component of adaptive behavior.</p> <p>6. "Other" <i>Multiple Impairments</i> — Mental handicap and one or more additional disabilities. <i>Traumatic Brain Injury</i> — Medical documentation and evidence of impaired functioning in one or more areas: cognition, sensory, motor, or behavior. <i>Other Health Impairment</i> — Physician report; limited strength, vitality, or alertness due to a chronic or acute health impairment that adversely affects development or educational performance.</p>		
Nevada	FY96	50% delay in one or more areas adjusted for gestational age less than 36 weeks	NO	
New Hampshire	FY96-98	Atypical behaviors documented by qualified personnel and the family; or 25% delay in one or more areas	YES	At risk means child is experiencing five or more conditions, events, or circumstances affecting the child or parent. List included.
New Jersey	FY95-97	33% delay in one area; 25% delay in two or more areas based on corrected age for infants born before 38 weeks gestation and applying until age 24 months	NO	

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.

2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
New Mexico	FY94-97	25% delay in one area or score that indicates significant delay as defined by that instrument; for less than 12 months of age, clinical judgment only can be used to determine eligibility	YES	Biological/medical and environmental at-risk.
New York	FY96-99	1) 12 month delay in one area, or 2) 33% delay in one area or 25% delay in two areas, or 3) 2 SD in one area or 1.5 SD in two areas, or 4) informed clinical opinion by MDT	NO	
North Carolina	FY96-98	1.5 SD in one area or 20% delay in months for birth to 36 months; atypical development	YES (Biological and Environmental)	At-risk called High Risk Potential and requires three risk indicators. Atypical development defined, including "substantiated physical, sexual abuse, and other environmental situations that raise significant concern regarding a child's emotional well-being."
North Dakota	FY95	50% delay in one area; 25% delay in two or more areas; informed clinical opinion.	NO	
Northern Marianas — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981.				
Ohio	FY95-97	Child has not reached developmental milestones for chronological age in one or more areas — a "measurable delay" (at least two standardized tools or measures); or informed clinical opinion	NO	List of established, biological, and environmental risk factors. Children at risk served through Ohio Early Start, an initiative of Ohio Family and Children First.
Oklahoma	FY97	50% delay in one area; 25% delay in two or more areas	NO	List of established conditions; child is eligible if condition appears on list; if condition is not on list, child is evaluated for developmental delay; if child does not exhibit delay consistent with eligibility criteria, decision is referred to state-level medical review committee.
Oregon	FY96-98	2 SD in one area; 1.5 SD in two or more areas.	NO	
Palau — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981.				
1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here. 2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.				

State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
Pennsylvania	FY95-97	25% delay or 1.5 SD in one area; informed clinical opinion	NO	Children at risk are eligible for tracking and periodic screening. Defines at risk.
Puerto Rico	FY96-98	Quantitative and qualitative criteria listed for each area. <i>Growth development deviations:</i> percentiles specified <i>Motor skills:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays <i>Visual and hearing impairment:</i> clinical judgment <i>Cognitive:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; developmental index between 1-2.0 SD plus consistent delays in other areas; informed clinical opinion based on atypical development or observed behaviors <i>Communication:</i> 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; informed clinical opinion <i>Social-Emotional:</i> informed clinical opinion <i>Adaptive:</i> informed clinical opinion	NO	Tracking children at risk and periodic follow-up at at-risk-clinics; mostly medical (biological) risk factors.
Rhode Island	FY96-98	25% delay and/or 2.0 SD in one or more areas; 1.5 SD in two areas; or clinical opinion — significant and observable atypical behaviors	NO	Describes single and multiple established conditions. Single conditions involve diagnoses which are known to result in developmental delay. Multiple established conditions include all diagnoses, events, and circumstances which, in combination, are known to result in developmental delay. Definition does not include children who are at risk. List of child- and parent-centered conditions. Four or more positive findings are considered sufficient for eligibility.
South Carolina	FY97-99	2.0 SD or 30% delay in one area; 1.5 SD or 22% delay in two areas; informed clinical opinion; correction for prematurity for infants born at less than 38 weeks gestation made until age 2 years	NO	Table of established conditions with diagnostic criteria for eligibility.

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
South Dakota	FY96-98	25% below normal age range or 6-month delay, or demonstrating at least a 1.5 SD delay in one or more areas	NO	
Tennessee	FY95-97	25% delay in two or more areas; 40% delay in one area; informed clinical opinion	NO	List of established conditions.
Texas	FY96-99	Delay in one or more areas, specific level of delay determined by test performance; ages 2 months or less, documented atypical behaviors; ages 2-12 months, delay of 2 months in one area; 13-24 months, delay of 3 months in one area; 25-36 months, delay of 4 months in one area; atypical development	NO	Adjustment for prematurity up to 12 months; may not adjust for more than 2 months prematurity; criteria for atypical development included.
Utah	FY95-97	More than 2.0 SD or below 2nd percentile in one area; more than 1.5 SD or below 7th percentile in two areas; more than 1.0 SD or below 16th percentile in three areas; clinical opinion	NO	Tracking and monitoring at-risk.
Vermont	FY97-99	Clearly observable and measurable delay in one or more areas at the level that child's future success in home, school, or community cannot be assured without provision of early intervention services; clinical judgment including family input	NO	List of conditions at high probability for developmental delay. Exit criteria listed.
Virgin Islands — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981.				
Virginia	FY97	25% delay in one area or atypical development	NO	Tracking system for infants at high risk is in place in four regional perinatal centers and health districts; evaluating for possible statewide expansion. Atypical development defined. List of established conditions.
Washington	FY94-96	1.5 SD or 25% delay in one area; informed clinical opinion by MDT	NO	Provides family resources coordination (FRC) for all families referred from the time a concern is identified through completion of evaluation/assessments. If this child is determined not to be eligible, FRC services are no longer continued..

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State	Source ¹	Level of Developmental Delay Required for Eligibility ²	Serving At-Risk	Comments
West Virginia	FY96-99	A developmental delay or atypical development in one or more areas, determined by a MDT including the family, and supported by observation, measurement, and/or clinical judgment.	YES (Biological and Environmental)	List of established conditions; at-risk category requires at least four risk factors; list of risk factors included; tracking system for children who have not met eligibility criteria, or if families desire follow-up screening, or if families choose not to participate but desire follow-up information.
Wisconsin	FY95	25% delay or 1.3 SD in one area; or clinical opinion — MDT decision; or atypical development	NO	Atypical development defined. List of established conditions, including "addiction at birth." Will continue to seek funding to study and identify the needs and resources required to serve the at-risk population.
Wyoming	FY95-97	1.5 SD or 25% delay in one or more areas; clinical opinion	NO	

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