

## EARLY INTERVENTION SERVICES

### Introduction

The goal of early intervention services is to:

- assist infants and toddlers to attain age-appropriate developmental levels;
- enhance the capacity of infants and toddlers with developmental delays or disabilities to reach their maximum potential;
- recognize the significant brain development that occurs during a child's first three years of life;
- enhance the capacities of families to meet the special needs of their infants and toddlers;
- minimize the potential for developmental delay;
- reduce educational costs to society by minimizing the need for special education and related services at school age; and
- maximize the potential for independent living in society.

Early intervention services for the child with developmental delays and/or disabilities are to be family-guided in order to meet the unique strengths and developmental needs of each child and the family's needs relative to the child's development.

In Kansas, early intervention services are coordinated through community-based networks of providers and parents. These networks, known as Infant-Toddler Services/tiny-k, work collaboratively to ensure that early intervention services are available with a variety of service delivery options.

#### **I. Identification and Delivery of Early Intervention Services [20 USC 1432; 20 USC 1436; 34 CFR 303.12; 34 CFR 303.344]**

- A. Early intervention services are designed to support the outcomes on the Individualized Family Service Plan (IFSP). The services assist in meeting the developmental needs of an infant or toddler with a developmental delay/disability and the needs of the family as related to enhancing the child's development (as requested by the family). Early intervention services as identified by the IFSP team support the infant's or toddler's development, in one or more of the following areas:
- physical development (health, nutrition, motor, vision and hearing);
  - cognitive development;
  - communication development;
  - social or emotional development; or
  - adaptive (self-help) development.
- B. Early intervention services must be family-centered. The family is to be a partner in the decision-making and in all aspects of service delivery; "services are selected in collaboration with the parents." Early intervention services are provided at no cost to families.

- C. 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.
- D. Early intervention services must be provided in natural environments to the maximum extent appropriate, including the home and community settings in which children without disabilities participate. The decision is made by the IFSP team based on the child's outcomes identified in the IFSP. The family should be informed of all options so that they can make an informed decision. Examples of natural environment settings include, but are not limited to, the home, childcare centers, and other community settings.

***Early intervention services may be provided elsewhere only when early intervention services cannot be provided satisfactorily for the infant-toddler in a natural environment as determined by the parent and the IFSP team. A justification of the extent to which an early intervention service will not be provided in a natural environment must be provided.***

- E. The dates for the initiation (as soon as possible after the IFSP meeting) and anticipated duration of the services are to be identified by the IFSP team as well as
- the frequency (number of days or sessions) of services is to reflect the needs of the child and family and is to be determined in collaboration with the family. Severity of the developmental delay/disability is only one of the factors influencing this decision;
  - the intensity of the service indicates the length of each session and whether the services is provided on an individual or group basis; and
  - length of sessions (i.e., the amount of time per session of service) is to be based on the needs of the child and family and may vary across time as those needs change.
- F. No single service delivery model/method is appropriate to meet the needs of all infants-toddlers and their families. The delivery mode is to be selected in collaboration with the family to meet the needs of the child and family. Services can be direct, indirect, multidisciplinary, transdisciplinary, consultative, etc. The service delivery model should be individualized and not be selected based solely on the usual practice of a program.
- G. The number of children and families seen by a service provider (caseload) cannot follow a rigid schedule because the frequency of services, length of sessions, and service delivery model vary according to the individual needs of each child/family unit. For example, a service provider who works in rural Kansas may see several children in their homes, which involves travel time. Another service provider may work with small groups of toddlers and families and also consult with families and other professionals. Still another service provider may be responsible for family service coordination. Therefore, the Kansas Department of Health and Environment (KDHE) has not established a minimum, maximum, or range of numbers of children

and families with whom each service provider must work. However, meeting the individualized needs of children and families is a factor in program monitoring.

**Federal Statute 2004**

**20 U.S.C. 1432. DEFINITIONS.**

(4) EARLY INTERVENTION SERVICES.—The term ‘early intervention services’ means developmental services that—

- (A) are provided under public supervision;
- (B) 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;
- (C) are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family service plan team, in any 1 or more of the following areas:
  - (i) physical development;
  - (ii) cognitive development;
  - (iii) communication development;
  - (iv) social or emotional development; or
  - (v) adaptive development;
- (D) meet the standards of the State in which the services are provided, including the requirements of this part;

**20 U.S.C. 1436. INDIVIDUALIZED FAMILY SERVICE PLAN.**

(d) CONTENT OF PLAN.—The individualized family service plan shall be in writing and contain—

- (1) a statement of the infant’s or toddler’s present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;
- (2) a statement of the family’s resources, priorities, and concerns relating to enhancing the development of the family’s infant or toddler with a disability;
- (3) a statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary;
- (4) a statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;
- (5) a statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
- (6) the projected dates for initiation of services and the anticipated length, duration, and frequency of the services;
- (7) the identification of the service coordinator from the profession most immediately relevant to the infant’s or toddler’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 plan and coordination with other agencies and persons, including transition services; and
- (8) the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

**Federal Regulations 1997**

**34 C.F.R. 303.12 Early intervention services.**

(a) General. As used in this part, early intervention services means services that—

- (1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child’s development;
  - (2) Are selected in collaboration with the parents;
  - (3) Are provided—
    - (i) Under public supervision;
    - (ii) By qualified personnel, as defined in Sec. 303.21, including the types of personnel listed in paragraph (e) of this section;
    - (iii) In conformity with an individualized family service plan; and
    - (iv) At no cost, unless, subject to Sec. 303.520(b)(3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and
  - (4) Meet the standards of the State, including the requirements of this part.
- (b) Natural environments. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.
- (c) General role of service providers. To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—
- (1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
  - (2) Training parents and others regarding the provision of those services; and
  - (3) Participating in the multidisciplinary team’s assessment of a child and the child’s family, and in the development of integrated goals and outcomes for the individualized family service plan.

**34 C.F.R. 303.344 Content of an IFSP.**

(d) Early intervention services. (1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of 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 Sec. 303.12(b), and

Sec. 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;

(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.

(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.

(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.

(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 Sec. 303.342; and

(2) The anticipated duration of those services.

## **II. Early Intervention Services Provided by Qualified Personnel (See Section XVIII)**

Qualification standards for personnel providing early intervention services must be consistent with any state-approved or state-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services.

### **A. General Role of Service Providers [34 C.F.R. 303.12(c)]**

An early intervention service provider is an entity (whether public, private, or nonprofit) or an individual who provides early intervention services for children and families eligible for Part C services, whether or not the entity or individual receives federal funds under Part C.

To the extent appropriate, service providers are responsible for:

1. providing early intervention services in accordance with the IFSP of a child with a developmental delay/disability;
2. consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services described in the IFSP;
3. training/support for parents and others regarding the provision of those services; and
4. participating in the multidisciplinary team's assessment of a child, and a family-directed assessment of the resources, priorities, and concerns of the child's family, as related to the needs of the child, in the development of integrated goals and outcomes for the IFSP.

#### Federal Regulations 1997

##### 34 C.F.R. 303.12 Early intervention services.

(c) General role of service providers. To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—

- (1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
- (2) Training parents and others regarding the provision of those services; and
- (3) Participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan.

##### 34 C.F.R. 303.22 Qualified.

As used in this part, qualified means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

(Authority: 20 U.S.C. 1432(4))

Note: These regulations contain the following provisions relating to a State's responsibility to ensure that personnel are qualified to provide early intervention services:

1. Section 303.12(a)(4) provides that early intervention services must meet State standards. This provision implements a requirement that is similar to a longstanding provision under part B of the Act (i.e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services).
2. Section 303.12(a)(3)(ii) provides that early intervention services must be provided by qualified personnel.
3. Section 303.361(b) requires statewide systems to have policies and procedures relating to personnel standards.

#### Kansas Regulations 1997

##### KAR 28-4-564. Personnel standards.

(a) Early intervention services shall be provided by qualified personnel.

(b) Qualified personnel shall meet state-approved or state-recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

### III. Early Intervention Services [20 U.S.C. 1432(4); 34 C.F.R. 303.12(d)]

The following list of early intervention services is not intended to comprise an exhaustive list of the types of services that may be provided to an infant or toddler with a disability and his or her family. For example, nursing services or nutrition services could be identified as early intervention services if they are provided by qualified personnel and are identified by the IFSP team as a necessary service.

#### A. *Assistive technology devices and services* are defined as follows:

1. Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability.
2. Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes
  - a. the evaluation of the needs of an infant or toddler with a disability, including a functional evaluation in the child's customary environment;
  - b. purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;
  - c. selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

- d. coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- e. training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
- f. training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

B. *Audiology services* includes

- 1. identification of children with auditory impairment, using at-risk criteria and appropriate audiological screening techniques;
- 2. determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
- 3. referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment;
- 4. provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
- 5. provision of services for prevention of hearing loss; and
- 6. determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of such devices.

C. *Family service coordination services* means

Services provided by a family service coordinator to assist and enable an infant or toddler with a developmental delay/disability and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under Part C, including

- (a) coordinating all services required under this part across agency lines;
- (b) assisting parents of infants and toddlers with disabilities in gaining access to and coordinating the provision of the early intervention services and coordinating other services identified in the IFSP under § 303.344(e) that are needed or are being provided to the infant or toddler with a disability and that child's family; and
- (c) serving as the single point of contact for carrying out the following activities:
  - (i) coordinating the performance of evaluations and assessments;
  - (ii) facilitating and participating in the development, review, and evaluation of IFSPs;
  - (iii) assisting families in identifying available EIS providers;
  - (iv) coordinating and monitoring the delivery of services required under this part;
  - (v) informing families of their rights and procedural safeguards, as set forth in Subpart E of this part and related resources;
  - (vi) coordinating the funding sources for services required under this part; and
  - (vii) facilitating the development of a transition plan to preschool, or other services, if appropriate.

D. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant

or toddler with a disability in understanding the special needs of the child and enhancing the child's development.

E. *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 eligible to receive other early intervention services.

1. The term includes

- a. such services as clean intermittent catheterization, tracheostomy 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 infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.

2. The term does not include

- 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 medicine or drugs for any purpose).
- b. devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) 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.

F. *Medical services* means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

G. *Nursing services* includes

1. 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;
2. provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
3. administration of medications, treatments, and regimens prescribed by a licensed physician.

H. *Nutrition services* includes

1. 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;
2. developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings from the assessments; and
3. making referrals to appropriate community resources to carry out nutrition goals.

I. *Occupational therapy* includes services to address the functional needs of an infant or toddler with a disability 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

1. identification, assessment, and intervention;
2. 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
3. prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

J. *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

1. screening, evaluation, and assessment of children to identify movement dysfunction;
2. obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
3. providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

K. *Psychological services* includes

1. administering psychological and developmental tests and other assessment procedures;
2. interpreting assessment results;
3. obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
4. 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.

L. *Social work services* includes

1. making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
2. preparing a social or emotional developmental assessment of the infant or toddler within the family context;
3. providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents;
4. working with problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and
5. identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

M. *Special instruction* includes

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

N. *Speech-language pathology services* includes

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

O. *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by common carrier or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.

P. *Vision services* means

1. evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
2. referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
3. 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.

Q. *Other Services*

The services and personnel identified in this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing prohibits the identification on the IFSP of another type of service as an early intervention service provided that the service meets the criteria of this section or of another type of personnel that may provide early intervention services provided such personnel are qualified.

Federal Statute 2004

20 U.S.C. 1432. DEFINITIONS.

(4) EARLY INTERVENTION SERVICES.—The term 'early intervention services' means developmental services that—

(A) are provided under public supervision;

(B) 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;

(C) are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family

service plan team, in any 1 or more of the following areas:

- (i) physical development;
  - (ii) cognitive development;
  - (iii) communication development;
  - (iv) social or emotional development; or
  - (v) adaptive development;
- (D) meet the standards of the State in which the services are provided, including the requirements of this part;
- (E) include—
- (i) family training, counseling, and home visits;
  - (ii) special instruction;
  - (iii) speech-language pathology and audiology services, and sign language and cued language services;
  - (iv) occupational therapy;
  - (v) physical therapy;
  - (vi) psychological services;
  - (vii) service coordination services;
  - (viii) medical services only for diagnostic or evaluation purposes;
  - (ix) early identification, screening, and assessment services;
  - (x) health services necessary to enable the infant or toddler to benefit from the other early intervention services;
  - (xi) social work services;
  - (xii) vision services;
  - (xiii) assistive technology devices and assistive technology services; and
  - (xiv) transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this paragraph;
- (F) are provided by qualified personnel, including—
- (i) special educators;
  - (ii) speech-language pathologists and audiologists;
  - (iii) occupational therapists;
  - (iv) physical therapists;
  - (v) psychologists;
  - (vi) social workers;
  - (vii) nurses;
  - (viii) registered dietitians;
  - (ix) family therapists;
  - (x) vision specialists, including ophthalmologists and optometrists;
  - (xi) orientation and mobility specialists; and
  - (xii) pediatricians and other physicians;
- (G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and
- (H) are provided in conformity with an individualized family service plan adopted in accordance with section 636.

#### **Federal Regulations 1997**

##### **34 C.F.R. 303.12 Early intervention services.**

(d) Types of services; definitions. Following are types of services included under "early intervention services," and, if appropriate, definitions of those services:

(1) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include—

- (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
- (vi) 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 individuals with disabilities.

(2) Audiology includes—

- (i) Identification of children with auditory impairment, using at risk criteria and appropriate audiological screening techniques;
- (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

- (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- (v) Provision of services for prevention of hearing loss; and
- (vi) 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, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
- (4) Health services (See Sec. 303.13).
- (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 includes—
  - (i) 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;
  - (ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
  - (iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.
- (7) Nutrition services includes—
  - (i) 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;
  - (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
  - (iii) 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—
  - (i) Identification, assessment, and intervention;
  - (ii) 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
  - (iii) 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—
  - (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
  - (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
  - (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- (10) Psychological services includes—
  - (i) Administering psychological and developmental tests and other assessment procedures;
  - (ii) Interpreting assessment results;
  - (iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
  - (iv) 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) Service coordination services means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under Sec. 303.23.
- (12) Social work services includes—
  - (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
  - (ii) Preparing a social or emotional developmental assessment of the child within the family context;
  - (iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
  - (iv) 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
  - (v) 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—
  - (i) 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;

(ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and

(iv) Working with the child to enhance the child's development.

(14) Speech-language pathology includes—

(i) 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;

(ii) 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

(iii) 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 includes 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 a child eligible under this part and the child's family to receive early intervention services.

(16) Vision services means—

(i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and

(iii) 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.

(e) Qualified personnel. Early intervention services must be provided by qualified personnel, including—

(1) Audiologists;

(2) Family therapists;

(3) Nurses;

(4) Nutritionists;

(5) Occupational therapists;

(6) Orientation and mobility specialists;

(7) Pediatricians and other physicians;

(8) Physical therapists;

(9) Psychologists;

(10) Social workers;

(11) Special educators; and

(12) Speech and language pathologists.

(Authority: 20 U.S.C. 1401(1) and (2); 1432(4))

Note: The lists of services in paragraph (d) and qualified personnel in paragraph (e) of this section are not exhaustive. Early intervention services may include such services as the provision of respite and other family support services. Qualified personnel may include such personnel as vision specialists, paraprofessionals, and parent-to-parent support personnel.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998; 64 FR 12535, Mar. 12, 1999]

#### **34 C.F.R. 303.13 Health services.**

(a) As used in this part, 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.

(b) The term includes—

(1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and

(2) 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.

(c) The term does not include the following:

(1) 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 medicine or drugs for any purpose).

(2) Devices necessary to control or treat a medical condition.

(3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(Authority: 20 U.S.C. 1432(4))

Note: The definition in this section distinguishes between the health services that are required under this part and the medical-health services that are not required. The IFSP requirements in subpart D of this part provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not

impose an obligation to provide the services if they are otherwise not required to be provided under this part. (See Sec. 303.344(e) and the note 3 following that section.)