



**DEFINITIONS FOR ELIGIBLE INFANTS AND TODDLERS TO BE SERVED
UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION
IMPROVEMENT ACT OF 2004 IN DELAWARE**

Proposed as of July 2006 from the Delaware Statewide Interagency Coordinating Council

The population eligible for early intervention services in Delaware under Part C of the Individuals with Disabilities Education Improvement Act of 2004 includes infants and toddlers with established conditions (disabilities) and/or developmental delays.

To establish Part C eligibility, the presence of an established condition must be confirmed by a licensed professional. A multidisciplinary assessment including available current evaluations, is required to develop the Individualized Family Service Plan (IFSP).

Entitlement under the definition of established condition continues as long as the specific established condition exists (within the Part C age limits). If at the time of a follow-up evaluation, it is found that the risk of developmental delay associated with the established condition has been eliminated, Part C entitlement based on that definition would end. Such a child may be entitled to Part C under the developmental delay criteria or a different established condition. This would require a new eligibility determination.

Certain established conditions are life-long and do not change over time. An example of such a condition is Down syndrome. It is the responsibility of the service coordinator to work closely with the family and the multidisciplinary assessment team to determine which early intervention services is needed on an individual basis. It is possible that a specific child with an established condition is developing appropriately and there is no early intervention services needed at that time. An IFSP would be developed reflecting this with a review scheduled in 6 months.

Established conditions are outlined below. A complete list is documented in a centralized data base and can be accessed as necessary through the Child Development Watch Clinic Managers in New Castle County at 302-995-8617 or in Kent and Sussex Counties at 302-424-7300.

1. ESTABLISHED CONDITIONS

An established condition is one with a high probability of developmental delay including, but not limited to, the following examples:

A. CHROMOSOMAL DISORDERS

Such as Down syndrome, trisomy 18, trisomy 13 and chromosomal deletions and duplications.

B. GENETIC DISORDERS

Neuromuscular disorders such as muscular dystrophy, myotonic dystrophy and spinal muscular atrophy (Werdnig-Hoffman).

Inborn errors of metabolism such as phenylketonuria, galactosemia, thalassemia, Tay Sachs and Gaucher disease.

C. SEVERE INFECTIOUS DISEASES

Prenatally acquired-Such as toxoplasmosis, cytomegalovirus, rubella and syphilis.

Perinatally acquired-Such as varicella and human immunodeficiency virus.

Postnatally acquired-Such as meningitis and encephalitis.

D. NEUROLOGIC DISORDERS

Perinatal conditions with a known risk of leading to developmental and neurological impairment such as cerebral palsy, epilepsy, degenerative encephalopathies, grade III or IV intraventricular hemorrhage, asphyxia.

E. CONGENITAL ANOMALIES

Major anomalies such as spinal bifida, hydrocephalus, cleft palate, omphalocele, limb deficiencies and complex cardiac anomalies.

F. SENSORY DISORDERS

Such as moderate to severe hearing and/or visual impairment.

G. SEVERE ADJUSTMENT, SOCIO-AFFECTIVE AND OTHER ATYPICAL DISORDERS

Such as autism spectrum disorders and psychiatric disorders.

H. EFFECTS OF TOXIC EXPOSURE

Effect on child from prenatal exposure to substances such as alcohol, cocaine, phenytoin or coumadin.

Lead poisoning with elevated blood levels requiring chelation.

I. MEDICALLY FRAGILE

Such as technology dependent children.

J. CHRONIC MEDICAL ILLNESS

Disorders such as malignancy, cystic fibrosis and chronic disorders of various organ systems. Bronchopulmonary dysplasia (BPD) with home oxygen therapy required.

K. LOW BIRTH WEIGHT/SMALL FOR GESTATIONAL AGE

Birth weight less than 1000 grams.

L. SEVERE PROTEIN- CALORIE MALNUTRITION

2. DEVELOPMENTAL DELAY

Developmental delay is a term applied to a child (from birth to 36 months of age) who exhibits a significant delay in one or more of the following developmental domains: cognition, physical/motor, communication, social-emotional or adaptive.

Developmental delay shall be determined by a multidisciplinary team. Eligibility criteria will be based on substantiation of a significant difference between age expected level of development (based on gestational age) and current level of functioning. Multiple sources of information will be used in the determination of eligibility for service provision. These sources would include, but not be limited to, a developmental history as reported by the family or primary caregiver and an observation of the child's abilities and behavior. In addition, a diagnostic review would include the results from appropriate, valid assessment instruments and the clinical evaluation of the multidisciplinary team.

Infants and toddlers may be classified as developmentally delayed using any one or more of the following criteria.

- A 25% delay in one or more of the following developmental domains: cognition, physical/motor, social-emotional, adaptive, or communication. For communication delays only, children with expressive language delays only or children with 25-30% delay in both receptive and expressive language are not eligible except based on clinical judgment. Please refer to the "Delaware Guidelines for Young Children with Communication Delays", section on eligibility guidelines. (July 2004)

and/or

- Clinical judgment by the multidisciplinary team which utilizes qualitative and quantitative information. This process is clearly documented in the multidisciplinary team report

and/or

- Standardized test scores (when available) of 1.75 or more standard deviations below the mean.

Approved by the Department of Health and Social Services and the Interagency Coordinating Council on 4/94, reviewed on 4/98 and reviewed on 7/06.