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

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).

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 302-283-7140 or in Kent and Sussex Counties at 302-424-7300 or toll free in Kent and Sussex at 800- 752-9393.

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. <u>DEVELOPMENTAL DELAY</u>

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 when compared to age expected level of development in one or more of the following developmental domains: cognition, physical/motor, social-emotional, adaptive;

- A delay of at least 25% in communication (receptive language) without a delay in one of the other developmental domains; children with expressive language delays only are not eligible except based on clinical judgment. Please refer to the "Delaware Guidelines for Young Children with Communication Delays".

- Any delay in communication in conjunction with a 25% delay in one or more of the following developmental domains: cognitive, physical/motor, social-emotional, adaptive;

- At least 1.75 deviation below the mean in any developmental domain when measured by a normed, standardized instrument,

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

Approved by the Department of Health and Social Services and the Interagency Coordinating Council on 4/1994, reviewed on 4/1998, 7/2006, and 1/2010.

*Delaware based its decision to revise eligibility guidelines and implement an enhanced watch and see language enrichment approach as part of the early intervention program utilizing this and other research reviews. Children with expressive language delays only are not eligible except based on clinical judgment. Children with 25% delay in receptive language usually present with other developmental concerns, resulting in being considered eligible.lease refer to the "Delaware Guidelines for Young Children with Communication Delays".

According to Tsybina and Eriks-Brophy, some children acquire new words more slowly and start to combine words into phrases later than their typically developing peers, while having no obvious cognitive or sensory disabilities. These children's language deficits are typically restricted to language production; the receptive language abilities in most, although not all, of these children appear to develop normally. [1]

[1]Tsybina, I., & Eriks-Brophy, A. (2007) Issues in Research on Children with Early Language Delay. *Issues in Communication Science and Disorders, 34,* 118-133. (University of Toronto, Toronto, ON)