



# What Docs Should Know About... The Part C Early Intervention Program

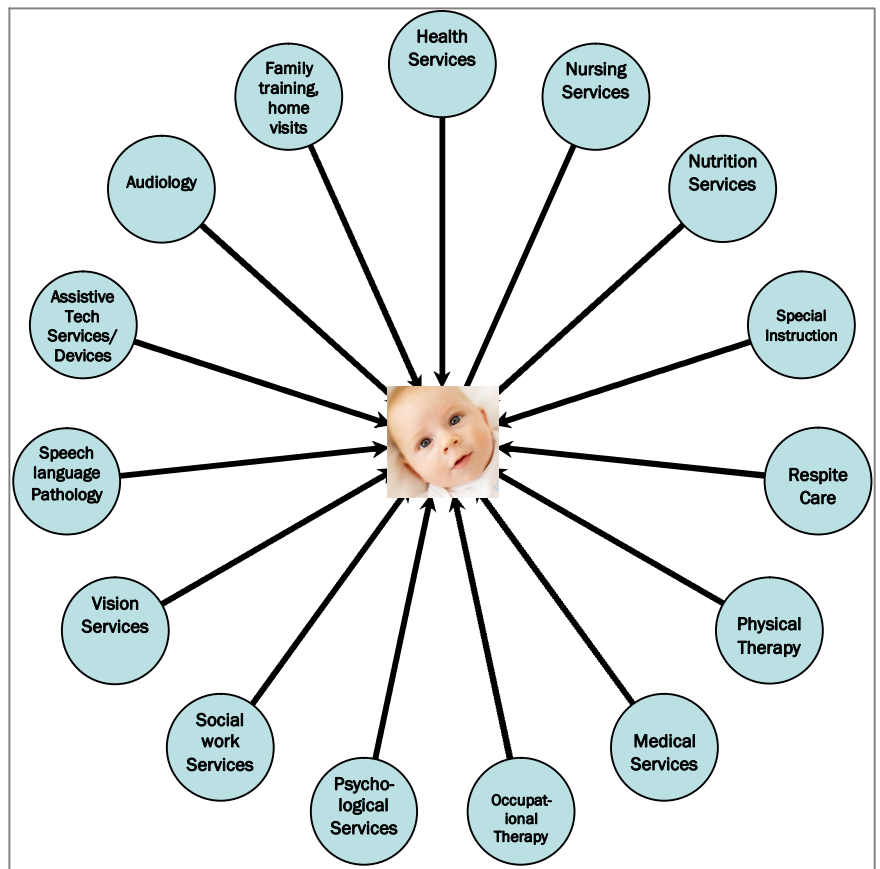
www.DocsForTots.org

**The Part C Early Intervention Program provides family-centered services to infants and toddlers with special needs and their families.**

- While “special education” services for school-age children were first established in 1975, services for infants and toddlers up to age three with special needs were not added until the passage of the Education for the Handicapped Act (EHA) amendments of 1986. EHA was further amended in 1990, and renamed the Individuals with Disabilities Education Act (IDEA).<sup>1</sup>
- IDEA was reauthorized and signed into law in 2004 and put into effect in July 2005. The changes made to provisions in the reauthorized Act include flexibility to make Part C services available to eligible children from age 3 until they enter kindergarten or elementary school.<sup>2</sup>
- The Part C program is designed to assist states in developing comprehensive systems to provide early intervention services to children up to age three with special needs, along with their families. In 2004, 1% of children under age 1, 2.2% of 1-year-olds and 3.7% of 2-year-olds received Part C services.<sup>3</sup>
- The goals of Part C are to enhance the development of infants and toddlers with disabilities; reduce later need for special education services; maximize the possibility of independent living for children with disabilities and their families; and enhance families’ capacities to meet their children’s needs.

**Part C provides a wide range of services to eligible children and their families.**

- Early intervention services are designed to identify and meet the needs of children in the areas of: physical development, cognitive development, communication, social and emotional development, and adaptive development.<sup>4</sup>
- States are required to provide Part C services to two categories of children: children with developmental delays and children with a diagnosed condition that has a high probability of resulting in a developmental delay. At their option, states may also decide to serve children deemed “at risk” of substantial developmental delays.



<sup>1</sup> Zero To Three Policy Center. (2003). Improving Part C Early Intervention: Using what we know about infants and toddlers with disabilities to reauthorize Part C of IDEA. <http://www.zerotothree.org/policy/policybriefs/PartC.pdf>.

<sup>2</sup> Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education. IDEA—Reauthorized Statute. Part C Option: Age 3 to Kindergarten Age. <http://www.ed.gov/policy/speced/guid/idea/tb-partc-opt.pdf>.

<sup>3</sup> United States Government Accountability Office. (2005). Report to the Ranking Minority Member, Committee on Health, Education, Labor, Pensions, U.S. Senate: Individuals with Disabilities Education Act – Education should provide additional guidance to help states smoothly transition children to preschool. <http://www.gao.gov/new.items/d0626.pdf>.

<sup>4</sup> Finding Help For Young Children with Disabilities (Birth-5) Parent Guide. National Dissemination Center for Children with Disabilities. <http://www.nichcy.org/index.html>

- Under IDEA, a range of Part C early intervention services are available to families including assistive technology, audiology, behavior management, family training, health services, medical services, nursing services, nutrition services, occupational therapy, physical therapy, psychological services, respite care, service coordination, social work services, speech/language services, transportation, and vision services. Services are provided at either no cost to families or on a “sliding-scale” fee basis.<sup>5</sup> Frequently, public or private health insurance will also cover services.

### **Early intervention services are designed to be individualized and flexible to meet the specific needs and characteristics of each family.**

- Part C mandates that children receive early intervention services in “natural environments,” defined under the Act as “including the home, and community settings in which children without disabilities participate.”<sup>6</sup>
- The centerpiece of early intervention service provision is the Individualized Family Service Plan (IFSP), which is most effective when created collaboratively by parents and service providers to specifically address families’ concerns, needs and strengths. Families should be considered integral parts of the IFSP team, and must be able to fully understand their options in order to make informed decisions. This means that states must adopt family-friendly, culturally appropriate methods for involving families and sharing information with them.<sup>7</sup>

---

### **Docs can get involved by helping families access Part C services, and by advocating for children with special needs and the Part C Early Intervention Program.**

- IDEA is a discretionary program, which awards grants to states to provide early intervention services. Eligibility for the Part C program varies by state. To find the lead agency in your state, contact the National Information Center for Children and Youth with Disabilities (NICHCY) and request a *State Resource Sheet* at 1-800-695-0285 or online at <http://www.nichcy.org/stateshe/statesheetguide.htm>. Families can request an evaluation and assessment for their child (no referral is necessary), and evaluations and assessments must be provided at no cost to families.<sup>8</sup>
- The American Academy of Pediatrics highlights that pediatricians can play a role in providing or ensuring all young children with disabilities receive: a medical home; screening (for all children), surveillance, and diagnosis; referral to early intervention programs and parent support groups; diagnosis and determination of eligibility; participation by the pediatrician in assessment; counsel and advice to families; assistance with creation of the IFSP; coordinated medical services; and advocacy.<sup>9</sup> Contact Docs For Tots ([dft@DocsForTots.org](mailto:dft@DocsForTots.org)) to become involved in advocating for Part C.

#### **Additional Resources for Docs**

- The National Early Childhood Technical Assistance Center, <http://www.nectac.org/>
- The National Early Intervention Longitudinal Study, <http://www.sri.com/neils/>
- The American Academy of Pediatrics, <http://www.aap.org>

---

<sup>5</sup> Learning Disabilities Association of America. Guidelines for the Individualized Family Service Plan (IFSP) Under Part C of IDEA—Information Sheet. <http://www.ldanatl.org/aboutld/professionals/guidelines.asp>.

<sup>6</sup> Committee on Education and the Workforce – 108<sup>th</sup> Congress. Title I – Part C Infants and Toddlers with Disabilities Findings and Policy. <http://edworkforce.house.gov/issues/108th/education/idea/conferencereport/IDEA%20Part%20C.pdf>.

<sup>7</sup> Hurth, J.L. and Goff, P. (2002). Assuring the family’s role on the early intervention team: Explaining rights and safeguards (2<sup>nd</sup> ed.). Chapel Hill, NC: National Early Childhood Technical Assistance Center. <http://www.nectac.org/~pdfs/pubs/assuring.pdf>.

<sup>8</sup> National Early Childhood Technical Assistance Center, <http://www.nectac.org/>.

<sup>9</sup> American Academy of Pediatrics. (1999). The Pediatrician’s Role in Development and Implementation of an Individual Education Plan (IEP) and/or and Individual Family Service Plan (IFSP). *Pediatrics*, 104, 124-127. <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;104/1/124>.