

**How is Eligibility for Early Intervention Services determined?**

Eligibility for Early Intervention Services is granted according to the Rules and Regulations developed by the State where the family lives and it applies to children between birth and three years of age, although some states such as PA continues services until they are 5 years old.

The following paragraphs describe the types of eligibility that a family may encounter when accessing Early Intervention Services.

A. Children who have significant delays in one or more areas of development. This is called **Eligibility by Developmental Delay**. The developmental delay can be measured by percentage, meaning a child can be eligible if there are measurable delays that placed them as functioning 25% below their peers in two or more areas of development, or if the delay is measured at 33% below their peers in one single area of development.

If the State uses standardized tools to measure development, the child has to have standard scores (also known as Z-scores) of -1.5 in two or more areas of development or a standard score of -2.0 in one single area of development.

B. Children who have a diagnosis that indicates they will have developmental delays in one or several areas of development. **This is called Eligibility by Diagnosis.**

There are certain diagnoses that are known to create delay, and examples of those diagnoses are Cerebral Palsy, Down syndrome, Spina Bifida and Autism. There are diagnoses that have high probability of producing a delay, such as Congenital Hip Dysplasia, Strabismus and Arnold Chiari Malformation and on those cases, in some stated the family will need a note from their pediatrician to access Early Intervention Services.

C. Children who do not meet criteria by development delay or diagnosis but who have evidence of atypical development which is not measured by the tools used for the test. This is called **Eligibility by Informed Clinical Opinion**. In the cases identified by C, the clinical experience of the Evaluators allows them to clearly identify and describe the presence of neurological, physiological anatomical or behavioral indicators of atypical development and also, to describe how the identified factor will modify the child's developmental curve. Eligibility by Informed Clinical Opinion cannot be based on the absence of one or two skills that are expected to be present in a child within current or future typical developmental competencies.

**How are Early Intervention Services determined?**

Regardless of the type of eligibility, the children who enter the Early Intervention system will have access to the services needed to support the family as the primary factor in advancing their child's development, which will require an on-going trust based communication process.

The services that will be provided to the family and the child will be identified in the Individualized Family Service Program (I.F.S.P.) that is created for every family in the Early Intervention System. This document is created by the

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family and the Early Intervention personnel and it identifies the service(s), the frequency (how often it will happen), the length (how long will each session be) and the duration (for how many months it will be provided). IFSP outcomes/goals are written for six months.

### **Why are children referred to Early Intervention?**

In general, the late acquisition, the slowing down and/or the loss of Communication skills is the most often identified parental and or clinician's concern which prompts a child's referral for Evaluation for Early Intervention Services. These referrals include children as young as 6 months of age and as late as 30 to 32 months of age.

The second reason for referrals has to do with delayed acquisition of motor skills and these referrals involve children as young as two months old and as old as 20 months of age. If there has been a traumatic incident, some children are referred for motor concerns as late as 32 to 34 months of age.

In these cases it is important to know that children who do not have tummy time as infants, will experience a delay in acquisition of independent sitting, crawling and walking. Children who spend extended period of time in exersaucers, jumping seats and swings will also experience delays, because motor skills are achieved when there is a change to learn to move safely and independently, with close adult supervision.

Concerns about feeding (picky eaters), short attention to task, elevated activity, unwillingness to engage with others, lack of eye contact and severe temper tantrums are among the other reasons why a child is referred to Early Intervention.

Parents are the people who know their children best, so if you are a parent and you have a concern regarding your child's development, bring it up to your pediatrician **and** look up the Early Intervention system in your state of residence and follow the directions to secure an evaluation for your child.

These are some resources to help you track your child's development:

In English

[https://www.cdc.gov/ncbddd/actearly/pdf/parents\\_pdfs/TrackChildsDevMilestonesEng.pdf](https://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/TrackChildsDevMilestonesEng.pdf)

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