

§ 57.6

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the Military Medical Departments, are monitored for compliance with this part in accordance with appendix H of this part.

(10) Provide physical space for the provision of occupational therapy, physical therapy, and psychological services in those DoDDS facilities where EDIS shall provide related services.

(11) Provide physical space for the provision of occupational therapy, physical therapy, psychological services, and therapists' offices in construction of DoDDS facilities at those locations where EDIS shall provide related services. The DoDDS shall determine the specifics of space design in consultation with the responsible Military Department's medical authorities concerned and the Defense Medical Facilities Office, Office of the ASD(HA).

(12) The DoDDS shall provide repair and maintenance support, custodial support, and utilities to the areas described in paragraphs (e)(10) and (e)(11) of this section.

(13) The DoDDS shall maintain operational control of therapy and office space.

(14) Ensure that all newly constructed or renovated DoD school facilities are fully accessible to persons with mobility impairments including those in wheelchairs.

(15) Report not later than July 31 of each year to the DoD-CC on the following:

(i) Number of children with disabilities participating in regular and alternate system-wide assessment.

(ii) Performance of children with disabilities on the regular system-wide assessment and on the alternate system-wide assessment.

(iii) By district, rate of suspension and expulsion of students with disabilities compared to regular education students.

(f) The *Director, Defense Office of Hearings and Appeals* (DOHA), under the *General Counsel of the Department of Defense*, shall ensure impartial due process hearings are provided consistent with appendix G of this part.

§ 57.6 Procedures.

(a) The procedures for EIS for infants and toddlers with disabilities and their

families are prescribed in appendix A of this part.

(b) The procedures for educational programs and services for children with disabilities, ages 3 through 21 years, inclusive, on IEPs are prescribed in appendix B of this part.

(c) The procedures for the provision of related services for DoDDS students with disabilities, ages 3 through 21, inclusive, are prescribed in appendix C of this part.

(d) Procedural safeguards and parent and student rights are prescribed in appendix F of this part.

(e) The procedures for conducting mediation and due process hearings are prescribed in appendix G of this part.

(f) The procedures for conducting compliance monitoring are prescribed in appendix H of this part.

APPENDIX A TO PART 57—PROCEDURES FOR THE PROVISION OF EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

A. IDENTIFICATION AND SCREENING

(1) Each Military Department shall develop and implement in its assigned geographic area a comprehensive child-find public awareness program that focuses on the early identification of children who are eligible to receive EIS under this part. The public awareness program must inform the public about:

(i) The EDIS early intervention program;

(ii) The child-find system, including:

(A) The purpose and scope of the system;

(B) How to make referrals to service providers that includes timelines and provides for participation by primary referral sources; and

(C) How to gain access to a comprehensive, multidisciplinary evaluation and other EIS; and

(D) A central directory that includes a description of the EIS and other relevant resources available in each military community overseas.

(2) EDIS must prepare and disseminate materials for parents on the availability of EIS to all primary referral sources, especially hospitals, physicians, and child development centers.

(3) Upon receipt of a referral, EDIS shall appoint a service coordinator.

(4) Procedures for Identification and Screening. All children referred to the EDIS for EIS shall be screened to determine the appropriateness of the referral and to guide the assessment process.

(i) Screening does not constitute a full evaluation. At a minimum, screening shall include a review of the medical and developmental history of the referred child through a parent interview and/or a review of medical records.

(ii) If screening was conducted prior to the referral, or if there is a substantial or obvious biological risk, screening may not be necessary.

B. ASSESSMENT AND EVALUATION

(1) The assessment and evaluation of each child must:

(i) Be conducted by a multidisciplinary team.

(ii) Be based on informed clinical opinion; and

(iii) Include the following:

(A) A review of pertinent records related to the child's current health status and medical history.

(B) An evaluation of the child's level of functioning in each of the following developmental areas:

(i) Cognitive development.

(ii) Physical development, including vision and hearing.

(iii) Communication development.

(iv) Social or emotional development.

(v) Adaptive development.

(iv) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph B.(1)(iii)(B) of this appendix, including the identification of services appropriate to meet those needs.

(2) *Family Assessment.* (i) Family assessments must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

(ii) Any assessment that is conducted must be voluntary on the part of the family.

(iii) If an assessment of the family is carried out, the assessment must:

(A) Be conducted by personnel trained to utilize appropriate methods and procedures.

(B) Be based on information provided by the family through a personal interview; and

(C) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

(3) *Standards for Assessment Selection and Procedures.* EDIS shall ensure, at a minimum, that:

(i) Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so.

(ii) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory.

(iii) No single procedure is used as the sole criterion for determining a child's eligibility under this part; and

(iv) Evaluations and assessments are conducted by qualified personnel.

(4) With the parent's consent, EIS may begin before the completion of the assessment and evaluation when it has been determined by a multidisciplinary team that the child and/or the child's family needs the service immediately. Although all assessments have not been completed, an IFSP must be developed before the start of services. The remaining assessments must then be completed in a timely manner.

C. ELIGIBILITY

(1) Eligibility shall be determined at an EIS team meeting that includes parents.

(i) The EIS team shall document the basis for eligibility on an eligibility report.

(ii) A copy of the eligibility report shall be provided to the parent at the eligibility meeting.

(2) Children with disabilities from birth through age 2 are eligible for EIS if they meet one of the following criteria:

(i) The child is experiencing a developmental delay as defined in §57.3(r).

(ii) The child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, as defined in §57.3(s).

D. TIMELINES

(1) The initial evaluation and assessment of each child (including the family assessment) must be completed within a timely manner.

(2) The Military Department responsible for providing EIS shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within a timely manner (*e.g.*, if a child is ill), EDIS shall:

(i) Document those circumstances; and

(ii) Develop and implement an interim IFSP, to the extent appropriate and consistent with this part.

E. IFSP

(1) Each Military Department shall ensure that the EDIS develop and implement an IFSP for each child, birth through 2 years of age, who meets the eligibility criteria for EIS in section B of this appendix.

(2) *The IFSP Meeting.* The EDIS shall establish and convene a meeting to develop the IFSP of a child with a disability. That meeting shall be scheduled as soon as possible following a determination by the EDIS that the child is eligible for EIS, but not later than 45 days from the date of the referral for services.

(3) Meetings to develop and review the IFSP must include the following participants:

- (i) The parent or parents of the child.
 - (ii) Other family members, as requested by the parent, if feasible.
 - (iii) An advocate or person outside of the family, if the parent requests that person's participation.
 - (iv) The services coordinator who has worked with the family since the initial referral of the child or who has been designated as responsible for the implementation of the IFSP.
 - (v) The person(s) directly involved in conducting the evaluations and assessments.
 - (vi) As appropriate, persons who shall provide services to the child or family.
- (4) If a person listed in paragraph E.(3) of this appendix is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including the following:
- (i) Participating in a telephone conference call.
 - (ii) Having a knowledgeable, authorized representative attend the meeting.
 - (iii) Making pertinent records available at the meeting.
- (5) The IFSP shall be written in a reasonable time after assessment and shall contain the following:
- (i) A statement of the child's current developmental levels including physical, cognitive, communication, social or emotional, and adaptive behaviors based on professionally acceptable objective criteria.
 - (ii) With the concurrence of the family, a statement of the family's resources, priorities, and concerns about enhancing the child's development.
 - (iii) A statement of the major outcomes expected to be achieved for the child and the family. Additionally, the statement shall contain the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the outcomes and services are necessary.
 - (iv) A statement of the specific EIS necessary to meet the unique needs of the child and the family including the frequency, intensity, and method of delivering services.
 - (v) The projected number of sessions necessary to achieve the outcomes listed in the IFSP.
 - (vi) A statement of the natural environments in which EIS shall be provided, and a justification of the extent, if any, to which the services shall not be provided in a natural environment.
 - (vii) The projected dates for initiation of services and the anticipated duration of those services.
 - (viii) The name of the service coordinator who shall be responsible for the implementa-

tion of the IFSP and coordination with other agencies and persons. In meeting these requirements, EDIS may:

- (A) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP; or
 - (B) Appoint a new service coordinator.
 - (C) Appoint a service coordinator requested by the parents.
- (ix) The steps to be taken supporting the transition of the toddler with a disability to preschool or other services. These steps must include:
- (A) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;
 - (B) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and
 - (C) The transmission of information about the child to the DoD school system, to ensure continuity of services, including evaluation and assessment information, and copies of IFSPs that have been developed and implemented in accordance with this Part.
- (6) The contents of the IFSP shall be explained to the parents and an informed, written consent from the parents shall be obtained before providing EIS described in that plan.
- (7) If a parent does not provide consent for participation in all EIS, the services shall still be provided for those interventions to which a parent does give consent.
- (8) The IFSP shall be evaluated at least once a year and the family shall be provided an opportunity to review the plan at 6-month intervals (or more frequently, based on the child and family needs). The purpose of the periodic review is to determine the following:
- (i) The degree to which progress toward achieving the outcomes is being made; and
 - (ii) Whether modification or revision of the outcomes or services is necessary.
- (9) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

F. MAINTENANCE OF RECORDS

- (1) The EDIS officials shall maintain all EIS records, in accordance with DoD Directive 5400.11.
- (2) The IFSP and the documentation of services delivered in accordance with the IFSP are educational records and shall be maintained accordingly.