



DEFINITIONS

Arizona Early Intervention Program

The following are standardized definitions used by the Arizona agencies providing services under IDEA, Part C. Additional definitions specific to a policy are located within the policy chapter.

ADE – Arizona Department of Education

ADHS – Arizona Department of Health Services

AHCCCS – Arizona Health Care Cost Containment System

ARS – Arizona Revised Statutes

ASDB - Arizona State Schools for the Deaf and the Blind

Arizona Early Intervention Program (AzEIP) is Arizona's statewide, interagency system of early intervention services for families of children, birth to three, with disabilities or developmental delays, and governed by Part C of the Individuals with Disabilities Education Act.

Arizona State Schools for the Deaf and the Blind (ASDB) Eligibility - ASDB serves children under the age of three who have:

- A. a hearing impairment, which is a permanent bilateral loss of hearing acuity, as determined by an audiologist; and
- B. a visual impairment, which means a permanent bilateral loss in visual acuity or a loss of visual field, as determined by an ophthalmological evaluation, that interferes with the child's development.

Assessment - the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility and includes the:

- A. assessment of the child; and
- B. assessment of the child's family.

The assessment of the child must include:

- A. A review of the results of the evaluation, if conducted;

- B. Personal observations of the child; and
- C. The identification of the child's needs in each of the developmental areas.

The family-directed assessment is conducted to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's child in early intervention. The family-directed assessment is:

- A. voluntary on the part of each family member participating in the assessment;
- B. be based on the information obtained through the assessment tool and also through an interview with those family members who elect to participate in the assessment; and
- C. include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

AzEIP - Arizona Early Intervention Program - The collective effort of AzEIP participating agencies, private and public programs, and community members involved in providing services and supports to families and children with special needs.

AzEIP Eligibility (a child with a developmental disability) - a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.

- A. A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
 - 1. physical: fine and/or gross motor and sensory (includes vision and hearing);
 - 2. cognitive;
 - 3. language/communication;
 - 4. social or emotional; or
 - 5. adaptive (self-help).
- B. Established conditions that have a high probability of developmental delay include, but are not limited to: chromosomal abnormalities; genetic or congenital disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, severe attachment disorders, and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. Specific examples of established conditions for AzEIP eligibility include neural tube defects (*e.g.*, spinal bifida); intraventricular hemorrhage, grade 3 or 4; periventricular leukomalacia; cerebral palsy; Downs syndrome, and pediatric under-nutrition (failure to thrive).

The state's definition of "eligible child" does not include children who are at risk of having developmental delays if early intervention services are not provided.

AzEIP Participating Agencies - The five state agencies identified in A.R.S. § 8-652 who are responsible for entering into Intergovernmental Agreements and maintaining and implementing a comprehensive, coordinated, interagency system of early intervention services. The five participating state agencies identified in A.R.S. §8-652 are: Arizona Department of Economic Security (DES); Arizona State Schools for the Deaf and the Blind (ASDB); Arizona Department of Health Services (ADHS); the Arizona Health Care Cost Containment System (AHCCCS); and the Arizona Department of Education (ADE).

AzEIP Service Providing Agencies - Those state agencies identified in A.R.S. § 8-652 that provide early intervention services under IDEA, Part C: Arizona Department of Economic Security and the Arizona State Schools for the Deaf and the Blind. The Arizona Department of Economic Security provides early intervention services through the DES, Arizona Early Intervention Program (DES/AzEIP) and the DES, Division of Developmental Disabilities (DES/DDD).

Business Day means Monday through Friday, excluding State holidays.

Calendar Day means all days of the week, including weekends and holidays.

CFR – Code of Federal Regulations

Consent – When a parent:

- A. has been fully informed of all information relevant to the activity for which consent is sought, in the parent’s native language
- B. Understands and agrees in writing to the carrying out of the activity for which the parent’s consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released;
- C. Understands that the granting of the consent is voluntary on the part of the parent and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

Contract - a procurement contract under a grant or subgrant, an award or subaward, and a procurement subcontract under a recipient's or subrecipient's contract.

Core Team - the following constitutes a core team:

- A. occupation therapist;
- B. physical therapist;
- C. speech-language pathologist; and
- D. developmental special instructionist (a.k.a. early interventionist or developmental specialist);

For purposes of Chapter 6, core team includes service coordination.

Day – Calendar day, unless otherwise specified.

DDD – Division of Developmental Disabilities within the Department of Economic Security

DES – Department of Economic Security – the Lead Agency for IDEA, Part C in Arizona.

DES/AzEIP - Arizona Department of Economic Security/Arizona Early Intervention Program - program within the Lead Agency designated to fulfill all lead agency functions and responsibilities.

Destruction - physical destruction of the record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable.

Developmental Delay – occurs when a child has not reached fifty percent (50%) of the development milestones expected at his/her chronological age in one or more of the following developmental domains:

- A. physical, including fine and/or gross motor, sensory;

- B. cognitive;
- C. language/communication;
- D. social or emotional; and
- E. adaptive/self-help.

Disclosure - to permit access to or the release, transfer, or other communication of personally identifiable information contained in education records, to any party, by any means, including oral, written or electronic.

Division of Developmental Disability Eligibility – a child under the age of six may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled as determined by appropriate tests. DDD defines developmental disabilities as cognitive disability, cerebral palsy, epilepsy, or autism. Eligibility for a child from birth to six years of age requires one of the following:

- A. the child has a diagnosis by a qualified professional of cerebral palsy, epilepsy, autism or cognitive disability; or
- B. the child has an established condition which puts him/her “at risk” for one of the four developmental disabilities. “At Risk” conditions that may lead to one of the four developmental disabilities include:
 - 1. Congenital infections such as rubella or CMV;
 - 2. Metabolic diseases with known mental retardation high-risk association, such as maple syrup urine or untreated hypothyroidism with high risk for cognitive disability;
 - 3. The parent or primary caregiver has a developmental disability, and there is a likelihood that without early intervention services, the child will become developmentally disabled;
 - 4. Other syndromes with known mental retardation high-risk association, such as, Cornelia de Lange or Prader-Willi Syndrome;
 - 5. Alcohol or drug-related birth defects, such as Fetal alcohol Syndrome (FAS);
 - 6. Birth weight less than 1000 grams 2.2 LBS with neurological impairment or significant medical involvement;
 - 7. Neonatal seizures (afebrile, i.e., not from a fever);
 - 8. Post natal traumatic brain injury;
 - 9. Hydrocephaly, Microcephaly, Meningitis, Encephalitis;
 - 10. Spina bifida with evidence of hydrocephalus or Arnold-Chiari malformation;
 - 11. Intraventricular Hemorrhage, Grade 3 or 4;
 - 12. Periventricular Leukomalacia; and
 - 13. Chromosomal abnormalities with high risk of leading to a developmental disability, such as Down Syndrome or Fragile X.

The following conditions require a review from DDD of medical records and/or delays documented on a developmental assessment (diagnosis alone is not sufficient):

- A. Fetal Drug Exposure
- B. Fetal Alcohol Effects (FAS)
- C. Developmental Delay
- D. Pervasive Developmental Disorder (PDD)
- E. Failure to Thrive

Have demonstrated a significant developmental delay that indicates the potential for one of the four developmental disabilities. A significant developmental delay that may lead to one of the four developmental disabilities may occur when:

- A. the child has not reached 50 percent (2 standard deviations) of the developmental milestones expected at his/her chronological age in one of the following domains; or
- B. the child has not reached 75 percent of the developmental milestones expected at his/her chronological age in two or more of the following domains:
 1. Physical Development (fine and gross motor skills);
 2. Cognitive Development;
 3. Language/Communication Development;
 4. Self-help/Adaptive Skills; and
 5. Social-Emotional Skills.

Early Intervention Program – an entity designated by DES/AzEIP for reporting required data. See Chapter 2, *General Supervision*, for the specific, regional early intervention programs.

Early Intervention Services - those services identified in IDEA, Part C, which assist families in providing learning opportunities that facilitate their child’s successful engagement in relationships, activities, routines, and events of everyday life. Services are provided in the context of the family’s typical routines and activities so that information is meaningful and directly relevant to supporting the child to fully participate in his or her environment. Early intervention services are:

- A. Are provided under public supervision;
- B. selected in collaboration with the parents;
- C. provided at no cost unless federal or state law provides for a system of payments by families, including a schedule of sliding fees
- D. designed to meet the developmental needs of each child who is AzEIP eligible, and the needs of the family to assist appropriately in the child’s development, as identified by the IFSP team, in any one or more of the following areas: (a) physical development; (b) cognitive development; (c) communication development; (d) social or emotional development; or (e) adaptive development;
- E. meet Arizona standards including the requirements of IDEA, Part C;
- F. include the early intervention services listed below;
- G. provided by qualified personnel, including the individuals listed under “Qualified personnel”;
- H. to the maximum extent appropriate, are provided in a natural environments, including the home and community settings in which infants and toddlers without disabilities participate; and
- I. provided in conformity with the Individualized Family Service Plan.

Early Intervention Services include:

- A. *Assistive technology device and service* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, including a cochlear

implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.

Assistive technology service means the service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive Technology services include:

1. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5. Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
6. Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

B. *Audiology* includes:

1. Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
2. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
3. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
4. Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
5. Provision of services for prevention of hearing loss; and
6. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

C. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible for AzEIP in understanding the special needs of the child and enhancing the child's development.

D. *Health services* means services necessary to enable an AzEIP eligible child to benefit from other early intervention services and as fully described in 34 C.F.R. §303.16. *Health services* does not include services that are related to the implementation, optimization (mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant and includes additional specific provisions.

- E. *Medical services* means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
- F. *Nursing services* includes the:
1. Assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 2. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 3. Administration of medications, treatments, and regimens prescribe by a licensed physician.
- G. *Nutrition services* includes:
1. Conducting individual assessments in:
 - a. Nutritional history and dietary intake;
 - b. Anthropometric, biochemical, and clinical variables;
 - c. Feeding skills and feeding problems; and
 - d. Food habits and food preferences;
 2. Developing and monitoring appropriate plans to address the nutritional needs of children eligible for AzEIP, based on the findings in 1. above; and
 3. Making referrals to appropriate community resources to carry out nutrition goals.
- H. *Occupational therapy* includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:
1. Identification, assessment, and intervention;
 2. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- I. *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
1. Screening, evaluation, and assessment of children to identify movement dysfunction;
 2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 3. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- J. *Psychological services* include:
1. Administering psychological and developmental tests and other assessment procedures;
 2. Interpreting assessment results;

3. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related learning, mental health, and development; and
 4. Planning and managing a program of psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- K. *Service coordination services* means those services to assist and enable a child and the child's family to receive services and rights, including procedural safeguards, required by IDEA, Part C. The AzEIP Team-based early intervention contractor appoints an AzEIP service coordinator upon referral who shall serve as the single point of contact for the family to coordinate all services required under IDEA, Part C across agency lines. Service coordination is an active, ongoing process. Service coordination services include:
- (1) making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
 - (2) ensuring the timely provision of services;
 - (3) conducting follow-up activities to determine that appropriate Part C services are being provided;
 - (4) informing families of their rights and procedural safeguards; and
 - (5) coordinating the funding sources for services required under IDEA Part C;
 - (6) facilitating the development of a transition plan to school, or if appropriate, other services, in addition to preschool, which was in the prior regulations.
 - (7) Coordinating the other services, such as educational and social services, identified on the IFSP that are needed by, or are being provided to, the child and his/her family. Service coordinators are not required to coordinate the funding sources for "other services" (those services listed on the IFSP but not required by Part C).
- L. *Sign language and cued language services* include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.
- M. *Social work services* includes:
1. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
 2. Preparing a social or emotional developmental assessment of the child within the family context;
 3. Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
 4. Working with those problems in the living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

5. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

N. *Special instruction* includes:

1. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
2. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the Individualized Family Service Plan;
3. Providing families with information, skills, and support related to enhancing the skill development of the child; and
4. Working with the child to enhance the child's development.

O. *Speech-language pathology* includes:

1. Identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delay in those skills;
2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in development of communication skills; and
3. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

P. *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible for AzEIP and the child's family to receive early intervention services.

Q. *Vision services* means:

1. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
3. Communication skills training for orientation and mobility training, for all environments, visual training, and additional training necessary to activate visual motor abilities.

Edgar – Education Department General Administrative Regulations.

Education records - those records that are:

- A. Directly related to a child referred to AzEIP and/or enrolled in AzEIP; and
- B. Maintained by AzEIP, an AzEIP Service Providing Agency, and/or their contractor for the purpose of providing early intervention services.

Established Condition - diagnosis by a qualified physician or other qualified personnel, review of medical records, and based on informed clinical opinion, of a physical or mental condition, which has a high probability of resulting in a developmental delay.

Evaluation – means the procedures used by qualified personnel to determine a child’s initial and continuing eligibility for AzEIP. An initial evaluation refers to the child’s evaluation to determine his or her initial eligibility for AzEIP. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child’s eligibility for AzEIP. Procedures include:

- A. administering an evaluation instrument;
- B. taking the child’s history (including interviewing the parent);
- C. Identifying the child’s level of functioning in each of the developmental areas (cognitive development, physical development, including vision and hearing), communication development, social or emotional development, and adaptive development);
- D. gathering information from other sources such as family members, other care-givers, medical providers, social workers and educators, if necessary, to understand the full scope of the child’s unique strengths and needs; and
- E. reviewing medical, educational, or other records.

Evaluation tools used must be interpreted as designed. Generally, two standard deviations below the mean or an age equivalent indicating 50 percent delay meets AzEIP eligibility criteria. Informed clinical opinion must also be utilized in every eligibility determination. Evaluations are conducted (and billed) for two purposes only 1) to determine a child’s initial eligibility for AzEIP, and 2) to re-determine a child’s continuing eligibility for the program.

Fiscal Year - Federal fiscal year, beginning on October 1 and ending on the following September 30 or, for the State of Arizona, beginning on July 1 and ending on the following June 30.

Functional outcomes - outcomes that make day to day life for both the child and family easier, while also promoting the child’s development, engagement, independence, and social relationships. They are identified by the family as a priority, with the support of the IFSP team. These outcomes reflect the discussions of the team about the child’s participation within and across the family, community, and early childhood contexts that are part of the family’s everyday life. The focus of those discussions should be to determine the child’s interests, the family’s interests, and the various activity settings in which the family already participates or is interested.

Grant - award of financial assistance in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient. The term does not include:

- A. technical assistance which provides services instead of money;
- B. assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct appropriations; and
- C. assistance such as a fellowship or other lump sum award for which the grantee is not required to account.

Grantee – a nonprofit corporation or other legal entity to which a grant is awarded and which is accountable to the Federal Government for the use of the funds provided. The grantee is the entire

legal entity even if only a particular component is designated in the award document.

Grant period - period for which funds have been awarded.

Homeless children – as set out in the McKinney-Vento Homeless Assistance Act, as amended, means children lack a fixed, regular, and adequate nighttime residence and includes —

- A. children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- B. children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- C. children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- D. migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

ICC – Interagency Coordinating Council

IDEA - The Individuals with Disabilities Education Improvement Act

IDEA, Part C - The Individuals with Disabilities Education Act, Early Intervention Program for Infants and Toddlers with Disabilities

IFSP – Individualized Family Service Plan

Include; Including – means that the items names are not all of the possible items that are covered, whether like or unlike the ones named.

Initial assessment – refers to the assessment of the child and family assessment conducted prior to the child’s first IFSP meeting.

Initial evaluation – refers to the child’s evaluation to determine his or her initial eligibility for AzEIP.

Individualized Family Service Plan (IFSP) - a written plan developed for providing early intervention services to an infant or toddler with a disability and the child’s family that: (a) is based on the evaluation and assessment, (b) includes parental consent, (c) is implemented as soon as possible once parental consent for early intervention services in the IFSP is obtained, and (d) is developed in accordance with IDEA, Part C and its implementing regulations at 34 C.F.R. §§ 303.342, 303.343 and 303.345,

IFSP Team - the group of individuals who participate in each initial and annual IFSP and must include:

- A. the parent(s) or legal guardian of the child;
- B. other family members, if requested by the parent(s);
- C. an advocate or any other person outside of the family, if requested by the parent(s);
- D. the designated AzEIP service coordinator;
- E. the person(s) directly involved in conducting the assessment/evaluations; and
- F. person(s) who will be providing services, if appropriate.

If a person(s) directly involved in conducting the assessments/evaluations is not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

- A. participating in a telephone conference call;
- B. having a knowledgeable authorized representative attend the meeting; or
- C. making pertinent records available at the meeting.

Infants and Toddlers with Disabilities – individuals, from birth through age two, who need early intervention services because they are

- A. experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas
 1. cognitive development;
 2. physical development, including vision and hearing;
 3. communication development;
 4. social or emotional development; and
 5. adaptive development; or
- B. have a diagnosed physical or mental condition that has a high probability of resulting

Informed Clinical Opinion – the process used by early intervention professionals in the evaluation process in order to make a recommendation as to initial and continuing eligibility for services in AzEIP and in assessment as a basis for planning services to support the child and family. Informed clinical opinion relies on the professional's developmental expertise in the meaningful synthesis and interpretation of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention.

For the purposes of determining eligibility, each multidisciplinary evaluation team member applies his/her own developmental expertise in interpreting observation, interaction, evaluation and assessment, and records and makes a recommendation about the child's eligibility.

Informed clinical opinion may be used as an independent basis to establish a child's eligibility for AzEIP even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish AzEIP eligibility.

Initial Planning Process - the events and activities beginning with referral to AzEIP and include the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment,

identification of family priorities, resources, and interest, and the development of the IFSP. The initial planning process is a seamless experience for families accomplished through relationships with the minimal number of individuals accessing a breadth of expertise. The initial planning process and practices lay the foundation for developing the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.

Initial Referral - the first time a child, birth to three, is referred to the Arizona Early Intervention Program via a AzEIP Team-based model contractor, DES/AzEIP, DDD or ASDB for the purpose of determining if s/he is eligible for AzEIP as a child with a developmental delay or disability and who might need early intervention. The “initial referral” is complete when sufficient contact information is provided to identify and locate the child, e.g. name, address and/or phone number.

Mediation - informal, voluntary, problem-solving process requiring both parties to work toward a solution with the assistance of a trained, impartial mediator. It may not be used to deny or delay the complaint, grievance and appeal process

Multidisciplinary – involvement of two or more disciplines or professions in provision of integrated and coordinated services including evaluation and assessment activities in 34 C.F.R. §303.322 and development of the IFSP In 34 C.F.R. §303.342.

Multidisciplinary Team - as defined in 34 C.F.R. §303.17, the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment. For the purposes of this contract, multidisciplinary evaluation team means two professionals representing physical therapy, occupational therapy, speech language pathology, or developmental special instruction. The multidisciplinary evaluation team cannot be two professionals from the same discipline. Professionals who are part of the multidisciplinary evaluation team should, to the extent possible, be regular members of the core team fulfilling both team lead and other core team roles.

Native language, when used with respect to an individual who is limited English proficiency or LEP means:

- A. the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in B. below;
- B. for evaluations and assessments, the language normally used by the child, if determined developmentally appropriate by qualified personnel conducting the evaluation or assessment.

Native language when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).

Natural Environments - those settings that are natural or typical for a same-aged child without a disability, and may include the home or community settings, such as the park, restaurant, or a child care provider, early intervention services must, to the maximum extent appropriate, be provided in the natural environment. Early intervention services may only be provided in settings other than the

natural environment when determined by the parent and the IFSP team that early intervention services cannot be achieved satisfactorily in a natural environment. A justification must be included on the IFSP.

The Individualized Family Service Plan (IFSP) team may designate other than a natural environment only when the outcomes identified on the IFSP cannot be met providing the service in a natural environment. In the few situations where the team decides that it is impossible for the child to meet an outcome in a natural environment, it must provide justification for its decision and a plan with a timeline to provide the service in a natural environment.

Parent - a parent is defined as:

- (1) a biological or adoptive parent of a child;
- (2) a foster parent, unless Arizona law, regulations, contractual obligations with an Arizona or local entity prohibit a foster parent from acting as a parent;
- (3) a guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State);
- (3) a person acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or a person who is legally responsible for the child's welfare; or
- (4) a surrogate parent who has been appropriately appointed.

Personally Identifiable Information - information includes but is not limited to:

- A. the name of the child, the child's parent or other family member;
- B. the address of the child or family;
- C. a personal identifier, such as the child's or parent's social security number or child number; and/or
- D. a list of personal characteristics or other information, which would make it possible to identify the child with reasonable certainty

Policies - Arizona statutes, regulations, Governor's orders, directives by DES/AzEIP, or other written documents that represent Arizona's position concerning any matter covered under IDEA, Part C. These include:

- A. Arizona's commitment to maintain the statewide system;
- B. Arizona's eligibility criteria and procedures;
- C. the statement that services under this part will be provided at no cost to parents, except where a system of payments is provided under Federal or State law;
- D. Arizona's standards for personnel who provide services to children who are AzEIP eligible and their families;
- E. Arizona's position and procedures related to contracting or making other arrangements with service providers; and
- F. other positions that Arizona has adopted relating to implementing any and all of the requirements under IDEA, Part C.

Primary Agency – a participating agency which accepts responsibility for a child who is AzEIP eligible and the child's family, and for ensuring assignment of one service coordinator.

Procedure - supplements the policy guidelines by outlining the steps and sequences necessary to achieve desired policy results. Procedures are usually more specific and detailed than policies.

Qualified Personnel – having met Arizona-approved or recognized certification, licensing, registration or other comparable requirements that apply to the areas in which a person is conducting evaluations or assessments or providing early intervention services.

Early Intervention Record – means all records regarding a child that are required to be collected, maintained, or used in AzEIP. Records include, but are not limited to, handwriting, print, computer media, video or audio, tape, film, microfilm and microfiche. [k- add to]

Referral - the action taken by any individual or agency to connect a family with the AzEIP system, or to other services or systems.

Scientifically based research – means

(A) research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to early intervention services; and

(B) includes research that —

- (i) employs systematic, empirical methods that draw on observation or experiment;
- (ii) involves rigorous data analyses that are adequate to test the states hypotheses and justify the general conclusions drawn;
- (iii) relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;
- (iv) is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
- (v) ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings; and
- (vi) has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.

Screening – the activities carried out to identify, at the earliest possible age, children suspected of having a developmental delay or disability and in need of early intervention; and includes the administration of appropriate instruments by personnel trained to administer those instruments.

Secretary - Secretary of the United States Department of Education or an official or employee of the Department acting for the Secretary under a delegation of authority.

Service Coordinator - the person responsible for service coordination. Service coordinators may be employed or assigned in any way that is permitted under Arizona law, as long as it is consistent with the requirements of IDEA, Part C. Arizona's policies and procedures for implementing the statewide system of early intervention services are designed and implemented to ensure that service coordinators are able to effectively carry out, on an interagency basis, the functions and services listed above, under "Service Coordination."

Service coordinators must be persons who have demonstrated knowledge and understanding about:

- A. infants and toddlers who are AzEIP eligible;
- B. IDEA, Part C and its regulations; and
- C. the nature and scope of services available under Arizona's early intervention program, the system of payments for services in the State, and other pertinent information.

State – The State of Arizona

State Interagency Team – a group consisting of one representative from each of the AzEIP Participating State Agencies. Each representative has sufficient authority to engage in policy planning and implementation on behalf of her/his agency.

Ward of the State means a child who, as determined by the State where the child resides, is (1) a foster child; (2) a ward of the State; or (3) in the custody of Child Protective Services. Exception: A ward of the State does not include a foster child who has a foster parent that meets the definition of "Parent" above.