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**Appendix B**  
**State Part C Coordinator**  
**Survey**

# IDEA - NAIS

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## PURPOSE OF THE STUDY

This survey is part of the IDEA National Assessment Implementation Study (NAIS), a new study that is occurring as part of the congressionally mandated National Assessment of Progress under IDEA 2004. The NAIS is sponsored by the U.S. Department of Education (ED), Institute of Education Sciences (IES). The purpose of the study is to determine how state and local agencies are implementing early intervention and special education programs supported under IDEA 2004. The NAIS has important implications for the education of children with disabilities as it will provide critical information to the Department of Education and Congress and inform the next reauthorization of IDEA.

We are requesting you and other state Part C Coordinators complete this questionnaire because you and your staff have the most knowledge about early intervention policies and practices for infants and toddlers identified for services in your state. With your contribution, ED and Congress will gain a more accurate and complete understanding of how IDEA is being implemented for young children at the state level. While we are aware that the regulations for Part C have not been finalized, this survey still provides an opportunity to capture the policies and practices currently in place in states for infants and toddlers identified for early intervention. *Please note that data on state policies and resources/supports may be reported by state.*

Thank you for joining us in our effort to understand the implementation of IDEA 2004. We appreciate your time and cooperation.

### **Please see the next page for definitions for completing this survey.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1800-0011**. The time required to complete this information collection is estimated to average **one** hour (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4537. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Lauren Angelo, U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, N.W., Suite 502H, Washington, D.C. 20208.

If you have any questions, contact:  
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## **Definitions**

**Throughout this questionnaire “children with disabilities” means infants and toddlers (up to 36 months) with an Individualized Family Services Plan (IFSP).**

**“Early intervention” refers specifically to the services being provided to children with IFSPs and their families under Part C of IDEA.**

**The term “Special Educator” as used throughout the survey refers to one of the types of qualified personnel who provide early intervention services as referenced in IDEA, Part C (Sec. 632(4)(F)(i))**

# STATE PART C COORDINATORS QUESTIONNAIRE

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## ORGANIZATION AND SERVICE DELIVERY

### *Lead Agency Responsibilities and Staffing*

1. For the current fiscal year (2009), which state agency is designated as the lead agency for early intervention under IDEA, Part C (e.g., State Department of Health)? Please indicate more than one agency if there are co-leads in your state.

Indicate lead agency below

- 
2. How many times has the lead agency changed since full implementation of Part C in 1991?

➔ If none, enter 0, then skip to Item 4

- 
3. When did your agency become the lead agency?

  
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**4. As the designated Part C coordinator, which of the following best describes the scope of your responsibilities?**

- a. Part C early intervention (children birth to 3) **only**.....
- b. Part C early intervention (children birth to 3) **and** **→ Skip to Item 7**  
Part B-619 preschool (ages 3-5).....
- c. Part C early intervention (children birth to 3) **and**  
**other obligations**, not specified above (indicate below).....

If you checked c please describe other obligations below:

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**5. If your agency does not have responsibility for preschool special education services, how closely do you work with staff from the Part B-619 preschool agency?**

- a. Rarely have contact with them (once or twice a year).....
- b. Moderate amount of contact with them (more than six times per year).....
- c. Work closely with them (at least monthly).....

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**6. What topics do you regularly address when working with the state Part B-619 Coordinator?**

- a. Child Find.....
- b. Transitions.....
- c. Training/professional development .....
- d. Data sharing.....
- e. Disputes.....
- f. State Performance Plans required under IDEA.....
- g. Annual Performance Reports required under IDEA.....
- h. Other.....

If "other" please describe below

**7. Which entities in your state have responsibilities for and provide early intervention services under IDEA Part C? Please do not consider staff with administrative duties. Ongoing service coordination should be reported in the last column (oversee or coordinate direct services). Check all that apply.**

	Responsible for intake	Performs evaluation/eligibility	Oversee or coordinate evaluation/eligibility	Performs initial service coordination	Provides direct services	Oversee or coordinate direct services
<b>State level staff employed by lead agency:</b>						
a. housed at lead agency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. housed at regional agency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. housed at local agency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>State level staff employed by agency other than lead agency:</b>						
d. housed at state agency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. housed at regional agency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. housed at local agency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. regional public agencies/programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. regional private agencies/programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. local public agencies/programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Local private agencies/programs</b>						
j. contracted through state agency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. contracted through regional agency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. contracted through other local entity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Individual service provider contracted with:</b>						
m. state level.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. regional public .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. regional private.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. local public .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. local private .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other agency.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "other" please describe below:

**Service Coordination**

**8. Which model best describes the way on-going service coordination (i.e., post initial IFSP development) is provided in your state?**

- a. Dedicated: individual provides only service coordination and does not provide other Part C early intervention services.....
- b. Blended (dual) role: individual provides service coordination and other EI services.....
- c. Both a and b are used in our state (dedicated and blended or dual role).....
- d. Other.....

If "other" please describe below

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**9. What is the minimal education required of service coordinators? Check one.**

- a. Bachelor's degree.....
- b. Associate's degree.....
- c. High school diploma.....
- d. Other.....

If "other" please specify below:

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**10. What *additional* qualifications are required of service coordinators? Check all that apply.**

- a. Must be licensed social workers.....
- b. Must be certified/credentialed by the state as a service coordinator.....
- c. Must complete mandatory early intervention training.....
- d. No additional qualifications required.....
- e. Other.....

If "other" please specify below:

**Interagency Coordinating Councils (ICC)**

**11. For which age range is the State Interagency Coordinator Council (SICC) responsible?**

- a. Birth to age 3.....
- b. Birth to age 5.....
- c. Birth to age 8.....
- d. Other.....

If "other" please specify below:

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**12. How many staff support the SICC? Please indicate the number in full-time equivalents (FTEs).**

➔ **If the SICC does not have dedicated staff, please enter 0**

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**13. Does your state have local Interagency Coordinating Councils (ICCs) ?**

- Yes.....
- No.....

➔ **Skip to item 16**

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**14. For which age range are the local ICCs responsible? Check one.**

- a. Birth to age 3.....
- b. Birth to age 5.....
- c. Birth to age 8.....
- d. Varies across ICCs.....
- e. Other.....

If "other" please specify below:



**15. What are the roles and responsibilities of the local ICCs? Check all that apply.**

- a. Advisory.....
- b. Local policy development.....
- c. Local policy implementation.....
- d. Child Find/public relations/awareness.....
- e. Hire and supervise local council staff.....
- f. Hire and supervise local intake staff.....
- g. Hire and supervise service coordinators.....
- h. Ensure provision of IFSP services.....
- i. Contract with local providers for IFSP services.....
- j. Provider recruitment.....
- k. Local monitoring.....
- l. Quality assurance.....
- m. Other.....

If "other" please specify below:

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**16. Does your state have regional ICCs?**

Yes.....

No.....

**➔ Skip to item 19**

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**17. For which age range are the regional ICCs responsible? Check one.**

- a. Birth to age 3.....
- b. Birth to age 5.....
- c. Birth to age 8.....
- d. Varies across ICCs.....
- e. Other.....

If "other" please specify below:

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**18. What are the roles and responsibilities of the regional ICCs? Check all that apply.**

- a. Advisory.....
- b. Regional policy development.....
- c. Regional policy implementation.....
- d. Child Find/public relations/awareness.....
- e. Hire and supervise regional council staff.....
- f. Hire and supervise regional intake staff.....
- g. Hire and supervise service coordinators.....
- h. Ensure provision of IFSP services.....
- i. Contract with local providers for IFSP services.....
- j. Provider recruitment.....
- k. Regional monitoring.....
- l. Quality assurance.....
- m. Other.....

If "other" please specify below:

## Part C Funding and Financing

**19. Does the Part C early intervention policy in your state permit the provision of services for children after they turn age 3?**

Yes.....

No.....

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**20. What are the top three funding sources that support Part C early intervention services as required by IFSPs? Please write in the space provided a “1” for the source that provides the largest share of funding, a “2” for the source that provides the next largest share of funding and a “3” for the third largest funding source.**

- a. IDEA, Part C.....
- b. IDEA, Part B.....
- c. CSHCN/Title V.....
- d. Medicaid/Title XIX.....
- e. State early intervention funds.....
- f. State Children’s Health Insurance Program (SCHIP).....
- g. Local municipality or county funds.....
- h. Private insurance.....
- i. Family fees/co-payments/sliding fee.....
- j. Other.....

If “other” please specify below:

**21. For the current fiscal year (2009) what percentage of all sources funding early intervention services came from IDEA, Part C?**

➔ **If percentage is unknown, please enter DK**

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***Family Cost Participation***

The term “family cost participation” (FCP) is a broad and encompassing term used to describe any approach that a state may elect to institute (either by the use of private insurance, developing a family fee system, or both), that results in some degree of cost to a family participating in the Part C system. FCP may mean indirect or direct cost to the family through the use of their private insurance coverage, or the assignment of some sort of financial cost<sup>1</sup> to the family to receive Part C IFSP services.<sup>2</sup>

**22. For the current fiscal year (2009), is there a family cost participation (FCP) policy for Part C early intervention services in place in your state?**

Yes.....

No.....

➔ **Skip to Item 24**

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**23. What does your state’s FCP policy require? Check one.**

a. Private insurance only.....

b. Family fees only.....

c. Both private insurance and family fees.....

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<sup>1</sup> E.g., Sliding Fee Scale, Co-payment, Participation Fee, Cost Share

<sup>2</sup> Mackey-Andrews, S. (2005). A quick overview of Family Cost Participation. 2005 National Early Childhood Conference. Retrieved 5/2/05 from <http://www.nectac.org/~docs/meetings/national2005/DEFININGFAMILYCOSTPARTICIPATION.doc>

## Referral and Identification

### Referrals

24. What are the top three referral sources for Part C early intervention services? Please write in the space provided a “1” for the source providing the most referrals, a “2” for the source that provides the next largest number of referrals, “3” for the source providing the third largest number of referrals.

- a. Private agency.....
- b. Local school district.....
- c. Health department .....
- d. Social service agencies (e.g., Head Start) .....
- e. Regional agencies (e.g., service centers) .....
- f. Families.....
- g. Primary Health Care Providers.....
- h. Other.....

If “other” please specify below:

**25. Which activities does your lead agency conduct to support the identification of children birth to age 3 in need of Part C early intervention services? Check all that apply.**

- a. Child Find screenings.....
- b. Development/dissemination of written materials, (e.g. posters, pamphlets) to pediatricians and other health care providers.....
- c. Development/dissemination of written materials (e.g. posters, pamphlets) for child care centers, nursery schools, and other facilities .....
- d. Workshops for pediatricians and other health care providers.....
- e. Workshops for staff from child care centers, nursery schools, and other facilities....
- f. Outreach to referral sources.....
- g. Web-based information and other electronic materials.....
- h. Outreach through radio, TV, newspapers and other print media to promote awareness of disabilities and services for young children .....
- i. Other .....

If "other" please describe below:

## Interagency/Part B Coordination

26. Does your state have a Preschool Special Education Advisory Council?

Yes.....

No.....

➔ Skip to Item 30

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27. Does your agency have a Part C representative on that Council?

Yes.....

No.....

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28. Which agencies participate in the Part C state-level interagency agreements? Check all that apply.

a. Education.....

b. Health.....

c. Mental health.....

d. Social services.....

e. Head Start/Early Head Start.....

f. Developmental disabilities.....

g. Child care.....

h. Other.....

If "other" please describe below

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29. What areas do these state-level interagency agreements address? Check all that apply.

a. Evaluation/eligibility/assessment.....

b. Cost or resource sharing .....

c. Responsibility for direct services .....

d. Transition to preschool.....



- e. Professional development and/or training.....
- f. Data sharing.....
- g. Other.....

If "other" please describe below

**30. For the current fiscal year (2009), is your agency organizing or funding any collaborative training activities with the following agencies? Check all that apply.**

- a. Education.....
- b. Human services.....
- c. Health.....
- d. Mental health.....
- e. Social services.....
- f. Head Start/Early Head Start.....
- g. Developmental disabilities.....
- h. Child care.....
- i. Other.....

If "other" please describe below:

**Part C Option**

Amendments to the Individuals with Disabilities Education Act in 2004 include a provision that provides the option for states to use Part C funding to provide services for children until they enter kindergarten. This is commonly referred to as the “Part C Option.”

**31. During the current fiscal year (2009), is your state using the Part C Option?**

- Yes.....       ➔ **Skip to Item 33**
- No, but it is under consideration.....
- No.....

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**32. Which issues are affecting (or affected) your decision? Check all that apply.**

- a. Insufficient funding.....
- b. Insufficient lead agency staffing.....
- c. Insufficient provider capacity.....
- d. Part C lead agency is not able to promote school readiness as required.....
- e. Insufficient interagency coordination at the state level.....
- f. Insufficient interagency coordination at the local level.....
- g. Other .....

If “other” please describe below:

**Transitions from Part C to Part B**

**33. For the current fiscal year (2009), in what ways is your agency supporting the transition of children with disabilities from Part C to Part B? Check all that apply.**

- a. Part B preschool funds can be used to provide FAPE (free, appropriate, public education) to children *before* their third birthday.....
- b. Part C funds can be used to provide FAPE for children *past* their third birthday.....
- c. Developed policies on transition from Part C to Part B.....
- d. Provided technical assistance to local providers on transition.....
- e. Developed/disseminated materials for parents on transition from Part C to Part B..
- f. Developed/maintained an electronic database of individual child records to allow children to be followed from Part C to Part B.....
- g. None of the above.....
- h. Other .....

If "other" please describe below:

## Early Learning Guidelines

**Early learning guidelines** describe expectations for young children’s learning and development.

**34. Does your state have general early learning guidelines for infants and toddlers birth to age 3?**

Yes.....

No.....

**➔ Skip to Item 43**

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**35. Which state agency released the early learning guidelines? Check all that apply.**

a. Education.....

b. Human services.....

c. Health.....

d. Mental health.....

e. Social services.....

f. Head Start/Early Head Start.....

g. Developmental disabilities.....

h. Child care.....

i. Other.....

If “other” please describe below:

**36. Which domains are covered by the guidelines? Check all that apply.**

- a. Physical/health.....
- b. Cognitive.....
- c. Approaches to learning.....
- d. Social/Emotional.....
- e. Communication/language.....
- f. Other.....

If "other" please describe below:

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***Standards-Based IFSPs***

**Standards-based IFSPs** are those that align goals for children with disabilities with existing early learning guidelines

**37. For the current fiscal year (2009), does your state provide a *mandated* IFSP with services aligned with the early learning guidelines?**

- Yes.....
- No.....

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**38. For the current fiscal year (2009), does your state provide a *suggested* standards-based IFSP with services aligned with the early learning guidelines?**

- Yes.....
  - No.....
-

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**39. For the current fiscal year (2009), does your state have formal policies in place regarding the alignment of the provision of Part C early intervention services with your early learning guidelines?**

Yes.....

No.....

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**40. During the 2008 and 2009 fiscal years has your state provided any training or professional development on the alignment of early learning guidelines and the provision of Part C early intervention services?**

Yes.....

No.....

**➔ Skip to Item 43**

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**41. Who was the target audience for the training or professional development on the early learning guidelines? Check all that apply.**

a. Part C early intervention providers.....

b. Service coordinators.....

c. Administrators.....

d. Other.....

If "other" please describe below:

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**42. What topics were covered by the professional development? Check all that apply.**

a. Assessment of children's current skills.....

b. Developing standards-based goals for physical/health.....

c. Developing standards-based goals for cognitive skills.....

d. Developing standards-based goals for approaches to learning.....

e. Developing standards-based goals for social/emotional areas.....

f. Developing standards-based goals for communication/learning skills.....

g. Linking assessment to instruction.....

h. Other.....

If "other" please describe below:



## Personnel

**43. Please indicate below the disciplines for which your state has routinely experienced difficulty finding qualified Part C early intervention professionals during the current (2009) or preceding two fiscal years (2007 and 2008). Check all that apply.**

- a. Special Educators.....
- b. Audiologists.....
- c. Speech/language pathologists.....
- d. Occupational therapists.....
- e. Physical therapists.....
- f. Orientation/mobility specialists.....
- g. Nutritionists or dietitians.....
- h. Pediatricians and other physicians.....
- i. Nurses.....
- j. Family therapists.....
- k. Psychologists.....
- l. Social workers.....
- m. Service Coordinators.....
- n. Other .....

If "other" please describe below:



**44. Which state agency is responsible for licensing/certification of Special Educators? Check all that apply.**

- a. Part C, early intervention lead agency.....
- b. State education agency (SEA) (if not lead agency).....
- c. State licensing/certification agency that is not part of the SEA or the early intervention lead agency.....
- d. Other.....

If "other" please describe below:

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**45. How do Special Educators qualify for licensing/certification? Check all that apply.**

- a. Portfolio.....
- b. Exam/Proficiency test .....
- c. Undergraduate or graduate degree program.....
- d. Coursework (not leading to a degree) .....
- e. Other.....

If "other" please describe below:

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**46. For what age range is a Special Educator certification or credential applicable in your state? Check one.**

- a. Birth to age 3.....
- b. Birth to age 5 .....
- c. Birth to age 8.....
- d. Other.....

If "other" please describe below:

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**47. During the current (2009) and past (2008) fiscal years, what strategies has your state routinely used to increase the number of qualified Special Educators? Check all that apply.**

- a. Collaborate with universities to create programs and curricula to ensure that graduates meet standards (e.g., create a task force, fund grants to IHEs for restructuring).....
- b. Pay for tutoring to prepare teachers for certifications tests/licensure exams.....
- c. Provide funding for teachers to participate in professional development opportunities (e.g., IHE tuition, workshop fees).....
- d. Pay fees for tests/licensure exams.....
- e. Provide alternative routes to certification in preschool special education for persons with a special education degree.....
- f. Provide alternative routes to certification in preschool special education for any person with a bachelors.....
- g. Other.....

If "other", please describe below:

## Family Involvement

**48. In what ways and at what level are families involved in the Part C system? Check all that apply.**

- |   | State                    | Region                   | Local                    |
|---|--------------------------|--------------------------|--------------------------|
| a. Providing training to other families.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Providing training to Part C early intervention personnel.....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Employed as Part C early intervention personnel (e.g., service coordinator)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Participating on committees/task forces (other than ICC).....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. State monitoring (e.g., participate on monitoring teams).....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Developing policies and procedures.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Involved in procedural safeguard systems .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Don't know.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Other activity.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If "other" please describe below:

**49. For the current fiscal year (2009), is your agency offering any of the following to early intervention providers to promote the involvement of families of children with IFSPs? Check all that apply.**

- a. Funds to provider agencies to help families participate in IFSP meetings (e.g., transportation, babysitting, translators).....
- b. Technical assistance related to promoting family involvement.....
- c. Written guidelines related to family involvement.....
- d. Workshops or professional development on increasing family involvement.....
- e. Other activity.....

If "other" please describe below:

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**50. For the current fiscal year (2009), does your state have a federally funded Parent Training and Information Center (PTI)?**

Yes.....

No..... → **Skip to Item 52**

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**51. For the current fiscal year (2009), in what ways is your agency collaborating with the PTI?  
Check all that apply.**

- a. Development or delivery of professional development.....
- b. Delivery of technical assistance.....
- c. Dissemination of information regarding each other's services.....
- d. Development of training/guidance materials.....
- e. Family outreach efforts.....
- f. Promotion of alternative dispute resolution models.....
- g. Other activity.....

If "other" please describe below:

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## Dispute Resolution

**52. What regulations does your agency use to resolve disputes related to Part C early intervention for children with disabilities?**

- a. Regulations adopted from Part B.....
  - b. Regulations modified from Part B.....
  - c. Its own Part C regulations.....
- 

**53. During the last fiscal year (2008), how many formal mediations did your state complete for Part C early intervention?**

➔ **If none, enter 0, then skip to Item 56**

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**54. Of the mediations reported in Item 53, how many concerned the following issues? Count mediations more than once if they involved more than one issue.**

- a. Evaluation of children for Part C early intervention services.....
- b. Eligibility of children for Part C early intervention services.....
- c. Part C early intervention services, as set forth in the IFSP.....
- d. Environment/Setting.....
- e. Family cost, including the use of private insurance .....
- f. Procedural safeguards (e.g., prior written notice, confidentiality) .....
- g. Transition.....
- h. Other .....

If "other" please describe below:

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**55. Of the mediations reported in Item 53, how many resulted in a mediation agreement?**

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**56. During the last fiscal year (2008), how many resolution meetings were requested?**

**57. During the last fiscal year (2008), how many impartial due process hearings were requested?**

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**58. Of the number of impartial due process hearings reported in Item 57, how many concerned each of the following issues? Count hearings more than once if they involved more than one issue.**

- a. Evaluation/Assessment of children for Part C early intervention services.....
- b. Eligibility of children for Part C early intervention services.....
- c. Part C early intervention services as set forth in the IFSP.....
- d. Environment/Setting.....
- e. Family cost, including the use of private insurance .....
- f. Procedural safeguards (e.g., prior written notice, confidentiality) .....
- g. Transition.....
- h. Other .....

If "other" please describe below:

**59. Does your agency conduct administrative reviews?**

Yes.....

No..... → Skip to Item 62

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**60. During the last fiscal year (2008), how many state administrative review hearings did your state agency complete for Part C early intervention?**

→ If none, enter 0, then skip to Item 62

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**61. Of the number of state administrative reviews reported in Item 59, how many concerned each of the following issues? Count reviews more than once if they involved more than one issue.**

- a. Evaluation/Assessment of children for Part C early intervention services.....
- b. Eligibility of children for Part C early intervention services.....
- c. Part C early intervention services as set forth in the IFSP.....
- d. Environment.....
- e. Family cost, including the use of private insurance .....
- f. Procedural safeguards (e.g., prior written notice, confidentiality) .....
- g. Transition.....
- h. Other .....

If "other" please describe below:



**62. During the last fiscal year (2008), how many state/federal judicial reviews of hearings did your state complete for Part C early intervention?**

➔ If none, enter 0, then skip to end

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**63. Of the number of state/federal judicial reviews reported in Item 61 how many concerned each of the following issues? Count reviews more than once if they involved more than one issue.**

- a. Evaluation/Assessment of children for Part C early intervention services.....
- b. Eligibility of children for Part C early intervention services.....
- c. Part C early intervention services as set forth in the IFSP.....
- d. Environment/Setting.....
- e. Family cost, including the use of private insurance .....
- f. Procedural safeguards (e.g., prior written notice, confidentiality) .....
- g. Transition.....
- h. Other .....

If "other" please describe below:

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!**

**Please use the space below to add any comments you have.**

## Contact Information

Please provide us with your name, title, address, phone number, fax number and email address in case we need to contact you to clarify responses to any of these questions.

<i>Name</i>	<input type="text"/>
<i>Title</i>	<input type="text"/>
<i>Address</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>Phone</i>	<input type="text"/>
<i>Fax</i>	<input type="text"/>
<i>Email</i>	<input type="text"/>

If more than one person filled out this survey, please indicate their positions below and the section completed.

Position/Section...	<input type="text"/>
Position/Section...	<input type="text"/>
Position/Section...	<input type="text"/>

Please estimate how long it took, in total, to complete this questionnaire.

<input type="text"/>	hours	<input type="text"/>	minutes
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***Thank you for completing this questionnaire.***