IDEIA Tribal Count Data Requirements

**Part C (Birth through 2 years)**

# INSTRUCTIONS

**Instructions for Education Line Officers:** Each Education Line Officer must send the forms to the appropriate Tribe/tribal organization Early Childhood Coordinator for early intervention/early childhood special education services. It is suggested that you also send a copy to the Tribal leader (do not send to official only). A copy of the form may be obtained from the Bureau of Indian Education website, www.bie.edu/home. This form is due to the Bureau of Indian Education, Albuquerque Service Center, Division of Performance & Accountability by January 30, 20XX. Completed forms may be submitted to the Early Childhood Programs office by fax (505) 563-5281. Please call (505) 563-5245 for questions regarding the completion or submission of the forms.

**Instructions to Tribal Representatives:** A form may be obtained from the Educational Line Officer or online at the Bureau of Indian Education website, www.bie.edu/home. The count date is **December 1, 20XX**, with a due date of **January 30, 20XX**. This count will be utilized to determine **funding** for the period July 1, 20XX – June 30, 20XX. Completed forms are to be submitted to the Education Line Officer before January 30, 20XX.

* The count must include all Indian infants and toddlers (all Indian children aged from **birth through age 2 years** as of December 1, 20XX);
* The count must be **unduplicated, i.e., each infant and toddler is represented only once in the sections of Part C Table 1**;
* The Indian infants and toddlers counted **MUST be residing on the reservation**;
* You must use the categories of the State in which the reservation is located;
* You are **requested** to work with the State Lead Agency in the numbers identified, etc., and provide information identifying children counted in the December 1, 20XX count;
* **See attached Flow Chart for additional information**.

**Table 1**

**Section A**: Count by age the TOTAL number of Indian infants and toddlers residing on the reservation.

**Section B** – Count by age the number of Indian infants and toddlers receiving early intervention services from the tribe (screening, follow-up, tracking, etc.). This is determined by actual one to one contact with a child or family. See definition of “Served” – Part C.

**Section C** – Count by age, the number of Indian infants and toddlers who have been identified/ referred and will receive Early Intervention services within 45 days.

**Section D** – ONLY DO THIS SECTION IF THE STATE WHERE THE RESERVATION IS LOCATED HAS SELECTED THIS OPTION (i.e., New Mexico, etc.).

**Certification** – Signed by an authorized tribal official (who is not the Tribal Education Office Director)

**Assurance** – Signed by an authorized tribal official (who is not the Tribal Education Office Director)

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**Definitions**

1. **At-risk Infant or toddler –** An individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual”. 20 U.S.C. § 1432(1).
2. **Child find** – On-going activities designed to facilitate, locate and identify Indian children residing on the reservation, who are aged from birth to age two (0-2) and from age three to age five (3-5) and who may be in need of early intervention and early childhood special education services.
3. **Developmental delay** - Defined by the state and “as measured by appropriate diagnostic instruments and procedures, in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development, or adaptive development.” 20 U.S.C. §1432(5)(A)(i).
4. **Early Intervention Services** – Developmental services that-
   1. Are provided under public supervision:
   2. Are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
   3. Are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family service plan team, in any 1 or more of the following areas-
      1. physical development;
      2. cognitive development;
      3. communication development;
      4. social or emotional development; or
      5. adaptive development”
   4. Meet the standards of the State in which the services are provided, including the requirements of this subchapter;
   5. Include-
      1. Family training, counseling, and home visits;
      2. Special instruction;
      3. Speech-language pathology and audiology services, and sign language and cued lanague services;
      4. Occupational therapy;
      5. Physical therapy;
      6. Psychological services;
      7. Service coordination services;
      8. Medical services only for diagnostic or evaluation purposes;
      9. Early identification, screening, and assessment services;
      10. Health services necessary to enable the infant or toddler to benefit from the other early intervention services;
      11. Social work services;
      12. Vision services;
      13. Assistive technology devices and assistive technology services; and
      14. Transportation and related costs that are necessary to enable an infant or toddler and the infant’s or toddler’s family to receive another service described in this paragraph;
   6. Are provided by qualified personnel, including-
      1. Special educators;
      2. Speech-language pathologists and audiologists;
      3. Occupational therapists;
      4. Physical therapists;
      5. Psychologists;
      6. Social workers;
      7. Nurses;
      8. Registered dietitians;
      9. Family therapists;
      10. Vision specialists, including ophthalmologists and optometrists;
      11. Orientation and mobility specialists; and
      12. Pediatricians and other physicians;
   7. To the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and
   8. Are provided in conformity with an individualized family service plan adopted in accordance with section 1436 of this title. 20 U.S.C. §1432(4).

5**. Infant or Toddler with a disability** – (A) An individual under 3 years of age who needs early intervention services because the individual –

* + - 1. is experiencing development delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or
      2. has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay; and

(B) may also include, at a State’s discretion –

i. at-risk infants and toddlers;

ii. Children with disabilities who are eligible for services under section 1419 of this title and who previously received services under this subchapter until such children enter, or are eligible under State law to enter, kindergarten or elementary school, as appropriate, provided that any programs under this subchapter service such children shall include-

1. An educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills; and
2. A written notification to parents of their rights and responsibilities in determining whether their child will continue to receive services under this subchapter or participate in preschool programs under section 1419 of this title.” 20 U.S.C. §1432(5).

6. **Individualized Education Plan (IEP) –** A written plan developedby a multidisciplinary teamfor a child with a disability that is reviewed, and revised accordingly.

7. **Individualized Family Service Plan (IFSP) –** A written plan for providing early intervention services to an eligible child and the child’s family.

8. **Parent Training –** Training provided to parents supporting the care and education of their child(ren).

9. **Public Awareness Activities –** Those activities which the tribal early intervention program utilizes to get the word out to the community and referral sources about the program.

10. **Related service** -Transportation, corrective and supportive services, i.e., speech, physical and occupational therapy, recreating, social work, counseling, medical services, etc.

11. **Screening -** A quick and basic appraisal of how the child is doing. The screening helps to determine service needs and can be done by most people who work with children from birth to age three.

12. **Served** - A term utilized in determining the level of services provided by a tribe that includes direct related service activities, and/or identification and intervention through screening, assessing through local child find efforts. ‘Served’ should be determined by actual one to one contact with a child or family.

13. **State Lead Agency** - The agency identified by each state that is responsible for providing Early Intervention and Identification services for all children within the state. (IDEA, Part C)

14. **Transition at age** – The IFSP or IEP should address the transition of a child from early intervention services to preschool, preschool to kindergarten or to other services. The focus of transition planning focuses on parent training support, and procedures to prepare the child and family for changes in services delivery, including steps to help the child and family adjust and function in the new setting.

**PART C**

**TABLE 1**

**REPORT OF INDIAN INFANTS AND TODDLERS WITH DISABILITES**

**RESIDING ON RESERVATIONS IN ACCORDANCE WITH PART C OF**

**THE INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT (IDEIA)**

**DECEMBER 1, 20XX**

**Tribe or Tribal Organization: Reservation: New Revised**

**Contact Person: Address:**

**Telephone: Telefax:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age as of December 1, 20XX** | | Age 0 | Age 1 | Age 2 | TOTAL |
| **Section A \*** | Number of Indian Infants and Toddlers Residing on Reservation  on December 1, 20XX |  |  |  |  |
| **Section B** | Number of Indian Infants and Toddlers Residing on  Reservation Receiving Early Intervention Services **from the Tribe** |  |  |  |  |
| **Section C\*\*** | Number of Indian Infants and Toddlers who have been identified/referred and will receive Early Intervention Services within **45 days.** |  |  |  |  |
| **Section D** \*\*\* | Number of Indian Infants and Toddlers Residing on Reservation Who are  At Risk of having a Substantial Developmental Delay and Are Receiving Early Intervention Services (Do NOT count children identified in Sec. B or C) |  |  |  |  |

\* NOTE: - This is All Indian Children Residing on Reservation Aged from Birth through Age 2

\*\* Indian Infants and Toddlers who have been identified/ referred and are to receive Early Intervention services within 45 days

\*\*\* Only complete this section if the State in which the reservation is located has **“AT RISK”** category

**SEE FLOW CHART FOR FURTHER INFORMATION**

**PART C**

**TRIBAL CERTIFICATION**

**I, the authorized Tribal Official for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify this data represents an accurate and unduplicated**

**(Tribe or Tribal Organization)**

**count of Indian Infants and Toddlers residing on Reservation and those contacted receiving early intervention services from the Tribe.**

**Tribal Official’s Name & Title (type or print) Signature Date**

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by 20 USC 1443 (b) (3)

**TRIBAL ASSURANCE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_assures that it has provided the state lead agency in the State(s) in which Indian children**

**(Tribe or Tribal Organization)**

**Reside the child find information (including the names and dates of birth and parent contact information) for infants or toddlers who are included**

**in its December 1, 20XX Child Count report to meet the child find coordination and child count responsibilities in 20 U.S.C. 1443(b)(4).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tribal Official’s Name & Title (type or print) Signature Date**

**PART C FLOW CHART**

