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The Individuals with Disabilities Education Act (IDEA)

State and Local Implementation Study 2019

STATE PART C

DRAFT

August 2019

**Paperwork Reduction Act of 1995**

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. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit(Education Department General Administrative Regulations Section, 34 C.F.R. § 76.591). If you have comments or concerns regarding the status of your individual submission of this survey, please contact the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4537 or email ICDocketMgr@ed.gov directly. [Note: Please do not return the completed survey to this address.]

**Notice of Confidentiality**

Responses to this data collection will be used only for statistical purposes. All information that would permit identification of the state or individual respondent will be kept confidential (per The Education Sciences Reform Act of 2002), will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purpose except as required by law. Study reports may present information by state.

**PURPOSE OF THE STUDY**

This Individuals with Disabilities Education Act (IDEA) State and Local Implementation Study 2019, sponsored by the U.S. Department of Education (ED), is an important study that will develop a national picture of state, district, and school implementation of IDEA. It will provide (1) the Department of Education, Congress, and other stakeholders with knowledge that can inform how early intervention services are provided to children, and (2) states, districts, and schools with an understanding of how others are implementing IDEA.

The IDEA State and Local Implementation Study is not a compliance study, nor a study of the results of effectiveness of IDEA.

We are requesting you 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 and their families. If there are questions you are not able to answer, please feel free to draw on the expertise and knowledge of others within your department. As grantees under IDEA, state agencies are expected to participate in this data collection (34 C.F.R. § 76.591). With your contribution, ED and Congress will gain a more accurate and complete understanding of how IDEA is being implemented for young children and their families at the state level.

*Please note that data may be reported by state. Thus, while personally identifiable information about individual respondents will not be released, data displayed by state could be attributed to the state agency or possibly to an individual respondent.*

Thank you for joining us in our effort to understand the current implementation of IDEA.

We appreciate your time and cooperation.

**Please see the next pages for Instructions for completing this survey, as well as a set of Key Definitions and Frequently Asked Questions (FAQs).**

If you have any questions, contact:

Lisbeth Goble, 833-238-7224

email: [IDEA@mathematica-mpr.com](mailto:IDEA@mathematica-mpr.com)

**Before you answer the questions, please carefully read the Instructions, Key Definitions, and Frequently Asked Questions (FAQs):**

**INSTRUCTIONS**

* All items request information pertaining to the 2020 fiscal year unless otherwise specified.
* The primary respondent for this survey is intended to be the person most knowledgeable about early intervention policies and practices in your state. In most cases, the primary respondent will be the Part C Coordinator.
* Certain questions may require the help of other staff, such as other staff in the Part C lead agency or any partner agencies. If you need input from other staff, you may either share your unique survey hyperlink which will give them full access to the survey, or you can print off specific questions for them to answer on paper and fill in the online responses yourself.
* There may be questions where the local providers are also doing work in a given area. Unless otherwise specified, please indicate **only** the activities the lead agency initiates or engages in.
* Items on this survey cover the following topics: Lead Agency; Identification for Early Intervention Services; IFSP Development and Quality; Access to Early Intervention Services; Addressing Linguistic and Cultural Diversity; Collection and Use of Outcome Data; Collaboration and Coordination; Support for Transitions; Family Engagement; Special Educator Credentials; Staffing; Funding Allocation; and Evidence from Research

**KEY DEFINITIONS**

**Children with disabilities** is used to reflect infants and toddlers (birth through age 2) 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.

**Fiscal year**refers to the definition of fiscal year used by your state, not to the federal fiscal year.

**Early intervention service provider** 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)).

**Local early intervention program** refers to the local provider of early intervention services for infants and toddlers with disabilities, ages birth through age 2, and their families.

**Professional development** includes a range of learning and support activities designed to prepare individuals for work with and on behalf of children and their families, as well as ongoing experiences to enhance this work. Professional development encompasses education, training, and technical assistance.

**Training** is a learning experience, or series of experiences, specific to an area of inquiry and related set of skills, delivered by a professional(s) with subject matter and adult learning knowledge and skills. This could include seminars, workshops, or courses about specific topics or key concepts.

**Technical Assistance (TA)** is the provision of targeted and customized supports by a professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients.This could include coaching, consulting, or other ongoing support.

**FREQUENTLY ASKED QUESTIONS (FAQs)**

***How do I navigate the survey?*** You can access the survey by clicking on the unique hyperlink we provided to you via email. Once you have started the survey, you can navigate through it by answering each question and clicking the “NEXT” button at the bottom of the page. To go back to a previous page, click the “BACK” button. Do not use your internet browser back/forward buttons to move through the survey.

***Do I have to complete the survey all at one time?*** No. You can revisit the website as many times as needed to complete the survey. However, if you need to stop before finishing the survey, **please be sure to click on the “NEXT” button before closing out so that your responses(s) on that page will be saved**. You will resume at the next unanswered question when you return to the survey. Once you have finished and submitted your survey, you will no longer have access to it. **Please note that each session will time out after 30 minutes of inactivity**.

***Can I complete the survey on my tablet or smartphone?*** Yes. The survey has been optimized to run on desktop computers, tablets, or smart phones. The survey is best viewed in the latest versions of Chrome, Safari, Firefox, or Internet Explorer (IE 11 or Edge).

***How long does the survey take?*** About 60 minutes. You can preview the questions and are not required to complete the survey all at once. The data you provide each time you log in will be securely stored and available when you return to complete the survey.

***Do I have to answer all the questions?*** Please try to answer all questions that are relevant for your state, so the U.S. Department of Education can gain a more accurate and complete understanding of how IDEA is being implemented. You will automatically be skipped past some questions that do not apply to your situation, depending upon your answer to an earlier question. You may choose to skip any question in the survey that you cannot or do not wish to answer. To skip a question, leave the question blank and then click the “NEXT” button to proceed.

***Can I have my staff complete some of the questions instead of me?*** Yes. Certain questions may require the help of other staff. You may either share your unique survey hyperlink with these individuals, which will give them full access to the survey, or you can print off specific questions and fill in the responses yourself at a later time.

***Can multiple people work on completing the survey at the same time?*** No. If multiple people are logged into the same survey at the same time, responses may not be recorded correctly. Only one person on one computer should be completing the survey at any given time.

***Can I print individual questions?*** Yes. You may print an individual page at any time by using your computer’s usual method of printing.

***Can I print a copy of the questionnaire when I am finished?*** Yes. Once you have completed the survey, you will have the option to print a copy of your responses before submitting the survey.

***Can I obtain a paper version of the questionnaire?*** Yes. If you would like to see a paper version for reference purposes, you can download a PDF version by clicking the link at the top of the page that says “Download blank PDF of survey.”

***Will my answers be kept confidential?*** Yes. All information that would permit identification of the district, school, or individual respondent will be kept confidential (per The Education Sciences Reform Act of 2002), will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purpose except as required by law. Study reports may present information by state.

***Who should I contact if I have a question?*** If you have any questions, please contact Lisbeth Goble at 833-238-7224 or at [IDEA@mathematica-mpr.com](mailto:IDEA@mathematica-mpr.com). When sending emails, in addition to the question, please be sure to include your name and a phone number where you can be reached.

**CONTACT INFORMATION**

**Please enter the contact information of the primary respondent below in case we need to contact your agency to clarify responses to any questions.**

First Name:

Last Name:

Title/Position:

Lead Agency Name:

Phone: | | | | - | | | | - | | | | |

E-mail Address:

State Name:

Best days and times to reach you (in case of questions):

A. LEAD AGENCY

A1. For the current fiscal year, which state agency is designated as the lead agency for early intervention under IDEA, Part C (e.g., State Department of Health)? (2009 IDEA-NAIS State Part C Questionnaire, Q1)

*Please indicate more than one agency if there are co-leads in your state.*

NO RESPONSE M

A2. As the designated early intervention coordinator, which of the following best describes the population for which you have responsibility?

*Please indicate any other responsibilities or obligations in the ‘other’ response options*

*Select all that apply*

🞏 Children, birth through age 2, with disabilities 1

🞏 Preschool-age children with disabilities 2

🞏 School-age children with disabilities 3

🞏 Children, birth through age 2, *without* disabilities 4

🞏 Preschool-age children *without* disabilities 5

🞏 School-age children *without* disabilities 6

🞏 Other responsibilities or obligations *(Please specify)* 7

NO RESPONSE M

B. IDENTIFICATION FOR EARLY INTERVENTION SERVICES

*The next questions focus on eligibility criteria and the identification of infants and toddlers for Part C early intervention services.*

B1. Please enter the web address where we may view your state’s current eligibility criteria for Part C early intervention services.

If this information is not available on a website, please check the box below and scan and email a hardcopy to IDEA@mathematica-mpr.com. (New)

🞏 Information not available on a website 0

NO RESPONSE M

B2. How does your lead agency coordinate identification and determine eligibility of infants and toddlers suspected of having a disability with each of the following state or local agencies? (New)

Select all that apply per row

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Home visiting agencies | Child care providers | Early head start | Pre-K schools | Social service agencies | Public health agencies | N/A |
| a. Have occasional or regular conversations about identification and screening | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 | 6 🞏 | 6🔾 |
| b. Jointly develop or share guidance for personnel | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 | 6 🞏 | 6🔾 |
| c. Hold joint professional development for personnel | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 | 6 🞏 | 6🔾 |
| d. Share identification and screening data | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 | 6🞏 | 6🔾 |
| e. Establish interagency agreements | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 | 6 🞏 | 6🔾 |
| f. Other *(Please specify)* | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 5 🞏 | 6 🞏 | 6🔾 |
|  |  |  |  |  |  |  |  |

The next set of questions focuses on the Part C Screening Procedures Option.

B3. Which of the following best describes the status of your state’s adoption of the screening procedures option made available in the 2011 Part C regulations? (New)

*The screening procedures option refers to § 303.320 of the 2011 IDEA Part C Rules and Regulations and specifies that lead agencies may adopt procedures to screen children under the age of three who have been referred to the Part C program to determine whether they are suspected of having a disability.*

*Select one only*

We adopted the screening procedures option and:

🔾 Require ALL local early intervention programs to screen ALL children referred 1

🔾 Require ALL local early intervention programs to screen, but ONLY for certain referral sources or populations of children 2

🔾 Give local early intervention programs discretion around BOTH whether to use the option AND which referral sources or populations of children are screened 3

🔾 Give local early intervention programs discretion ONLY as to whether they use the option or not 4

🔾 Give local early intervention programs discretion ONLY as to which referral sources or populations of children are screened 5

🞏 Not applicable; we did not adopt the screening policy option 6

NO RESPONSE M

|  |
| --- |
| IF RESPONSE TO B3 = 1-5, THEN ASK B4 |

B4. Which of the following statements describe your experiences in using the screening procedures option? (New)

*Select all that apply*

🞏 Our data suggest that using the screening policy is cost-effective 1

🞏 Our data suggest that using the screening policy is appropriate for children 2

🞏 Our state has experienced challenges with identifying appropriate screening tools 3

🞏 Our state has experienced challenges with having enough personnel qualified in the use of appropriate screening tools 4

🞏 Our state has found many parents/guardians want an evaluation conducted even when screening results suggest it is not necessary 5

🞏 Based on the state’s experiences, we are considering eliminating this policy 6

🞏 Our state has not yet evaluated the impact of this policy 7

🞏 Other *(Please specify)* 8

NO RESPONSE M

|  |
| --- |
| IF RESPONSE TO B3 = 6, THEN ASK B5 |

B5. Which of the following statements best describes your *primary* reason for NOT adopting the screening procedures option? (New)

*Select one only*

🔾 Concern with being able to meet the 45-day timeline requirement if screening is added 1

🔾 Limited usefulness because evaluation is required if requested by the parent/guardian 2

🔾 Limited resources and capacity for establishing screening tools 3

🔾 Limited resources and capacity for having qualified staff to conduct screenings 4

🔾 Limited usefulness because all infants and toddlers who are referred should receive a comprehensive evaluation 5

🔾 Other *(Please specify)* 6

NO RESPONSE M

**B6. Which activities does your lead agency conduct to support the identification of infants and toddlers in need early intervention services? (Q25, 2009 IDEA-NAIS State Part C)**

*Please do not include activities initiated at the local level.*

*Select all that apply*

🞏 Child Find screenings 1

🞏 Development/dissemination of written materials (such as posters, pamphlets) to pediatricians and other health care providers 2

🞏 Development/dissemination of written materials (such as posters, pamphlets) to child care centers, nursery schools, and other facilities 3

🞏 Workshops for pediatricians and other health care providers 4

🞏 Workshops for staff from child care centers, nursery schools, and other facilities 5

🞏 Outreach to referral sources 6

🞏 Web-based information and other electronic materials 7

🞏 Outreach through radio, TV, newspapers, and other print media to promote awareness of disabilities and services for young children 8

🞏 Other *(Please specify)* 9

🔾 None of the above 10

NO RESPONSE M

B7. What are the top three *referral sources* for Part C early intervention services? (2009 IDEA-NAIS State Part C Questionnaire, Q24)

*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, and a “3” for the source providing the third largest of referrals.*

|  | *Rank referral sources 1, 2, and 3. Use each number only once.* |
| --- | --- |
|  |
| a. Local school district | | | |
| b. Health department | | | |
| c. Social service agencies (for example, child welfare, mental health) | | | |
| d. Parents | | | |
| e. Health care providers or hospitals | | | |
| f. Child care | | | |
| g. Early Head Start | | | |
| h. Early Hearing Detection and Intervention (EHDI) systems | | | |
| i. Other *(please specify)* | | | |
|  |  |

B8. How does your lead agency work with other state or local agencies and programs (such as home visiting, Early Head Start, public health, substance abuse treatment, mental health, social services) to identify and determine eligibility of infants and toddlers who have experienced the following emerging health concerns? (New)

Select all that apply

|  | Have occasional or regular conversations | Jointly develop or share guidance for personnel | Hold joint professional development for personnel | Share identification and screening data | Establish interagency agreements | Don’t work with other agencies/programs on this condition |
| --- | --- | --- | --- | --- | --- | --- |
| a. Adverse childhood experiences (ACES) | 1🞏 | 2🞏 | 3🞏 | 4🞏 | 5🞏 | 6🔾 |
| b. Fetal alcohol spectrum disorders | 1🞏 | 2🞏 | 3🞏 | 4🞏 | 5🞏 | 6🔾 |
| c. Lead or other heavy metal poisoning | 1🞏 | 2🞏 | 3🞏 | 4🞏 | 5🞏 | 6🔾 |
| d. Neonatal abstinence syndrome | 1🞏 | 2🞏 | 3🞏 | 4🞏 | 5🞏 | 6🔾 |
| e. Opioid addiction | 1🞏 | 2🞏 | 3🞏 | 4🞏 | 5🞏 | 6🔾 |
| f. Prenatal substance use | 1🞏 | 2🞏 | 3🞏 | 4🞏 | 5🞏 | 6🔾 |
| g. Zika virus | 1🞏 | 2🞏 | 3🞏 | 4🞏 | 5🞏 | 6🔾 |

C. IFSP DEVELOPMENT AND QUALITY

*This section focuses on early learning guidelines and the development and content of Individualized Family Service Plans (IFSPs).*

C1. Does your state have general early learning guidelines for infants and toddlers birth through age 2? (2009 IDEA-NAIS State Part C Questionnaire, Q35)

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

🔾 Yes 1

🔾 No 0

NO RESPONSE M

C2. Which domains are covered by your state’s early learning guidelines? (2009 IDEA-NAIS State Part C Questionnaire, Q37; Options 6 and 7 are NEW)

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

*Hyperlink definition of* ***adaptive behavior*** *will be provided: Adaptive behavior refers to behavior that enables a person to get along in his or her environment with greatest success and least conflict with others*

*Select all that apply*

🞏 Physical health 1

🞏 Cognitive 2

🞏 Approaches to learning 3

🞏 Social/emotional 4

🞏 Communication/language 5

🞏 Adaptive behavior 6

🞏 Motor development 7

🞏 Other *(Please specify)* 8

🔾 None of the above 9

NO RESPONSE M

C3. For the current fiscal year (2020), 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? (2009 IDEA-NAIS State Part C Questionnaire, Q40)

*Hyperlink definition of* ***early learning guidelines*** *will be provided: Early learning guidelines describe expectations for young children’s learning and development*

🔾 Yes 1

🔾 No 0

NO RESPONSE M

C4. During the 2019 and 2020 fiscal years, has your lead agency provided any training or professional development on the alignment of early learning guidelines and the provision of Part C early intervention services? (2009 IDEA-NAIS State Part C Questionnaire, Q41)

🔾 Yes 1

🔾 No 0

NO RESPONSE M

C5. Does your lead agency provide *professional development* on any of the following to promote the quality of the IFSP process? (New)

*Professional development can occur either in-person or online.*

*Select all that apply*

🞏 Setting developmentally appropriate IFSP outcomes 1

🞏 Setting high-quality functional IFSP outcomes 2

🞏 Identifying appropriate early intervention services to meet IFSP outcomes 3

🞏 Engaging families in the IFSP process 4

🞏 Engaging staff from local community agencies or programs (for example, Pre-K, Early Head Start or childcare staff) in the IFSP process 5

🞏 Monitoring progress towards achieving IFSP outcomes, including through use of data 6

🞏 Other training or professional development *(Please specify)* 7

🔾 None of the above 8

NO RESPONSE M

C6. Does your lead agency provide any of the following written policy or guidelines on the following to promote the quality of the IFSP process? (New)

*Select all that apply*

🞏 Setting developmentally appropriate IFSP outcomes 1

🞏 Setting high-quality functional IFSP outcomes 2

🞏 Identifying appropriate early intervention services to meet IFSP outcomes 3

🞏 Engaging families in the IFSP process 4

🞏 Engaging staff from local community agencies or programs (for example, Pre-K, Early Head Start or childcare staff) in the IFSP process 5

🞏 Monitoring progress towards achieving IFSP outcomes, including through use of data 6

🞏 Other written policies or guidelines *(Please specify)* 7

🔾 None of the above 8

NO RESPONSE M

C7. Does your lead agency provide any of the following *resources* to promote the quality of the IFSP process? (New)

*Select all that apply*

🞏 A *mandated* IFSP form or template 1

🞏 A *suggested* IFSP form or template 2

🞏 A rubric or other resource describing features of quality IFSPs 3

🞏 Coach, mentor, or IFSP facilitator to assist with writing the IFSP 4

🞏 Other resources *(Please specify)* 5

🔾 None of the above 6

NO RESPONSE M

C8. How does your lead agency monitor local early intervention programs to ensure IFSP teams appropriate identify IFSP outcomes? (New)

*Select all that apply*

🞏 Reviews data from state data system (for example, data on planned and delivered IFSP services) 1

🞏 Conducts on-site monitoring visits of local early intervention providers (for example, stakeholder interviews or observation of IFSP meetings) 2

🞏 Reviews a selection of IFSPs from local early intervention providers 3

🞏 Surveys parents/guardians about IFSP outcomes or services 4

🞏 Other *(Please specify)* 5

🔾 None of the above 6

NO RESPONSE M

C9. How does your lead agency monitor local early intervention programs to ensure *service* *decisions* are delivered in accordance with the IFSP? (New)

*Select all that apply*

🞏 Reviews data from state data system (for example, data on planned and delivered IFSP services) 1

🞏 Conducts on-site monitoring visits of local early intervention providers (for example, stakeholder interviews or observation of IFSP meetings) 2

🞏 Reviews a selection of IFSPs from local early intervention providers 3

🞏 Surveys parents/guardians about IFSP outcomes or services 4

🞏 Other *(Please specify)* 5

🔾 None of the above 6

NO RESPONSE M

D. EARLY INTERVENTION SERVICES

*Questions in this section focus on efforts to support infants and toddlers with disabilities and their families.*

D1. For the current fiscal year (2020), is your lead agency offering any of the following to local early intervention programs to promote the provision of services in natural environments? (Based on 2009 IDEA-NAIS State Part C Questionnaire, Q50; question and response options were modified from involvement of families to services in natural environments; other modifications reflect updates to practice)

*Consider only services that aim to enable participation in daily routines and activities and allow the child to make progress in developmental areas.*

*Select all that apply*

🞏 Technical assistance 1

🞏 Written guidelines 2

🞏 Workshops or professional development 3

🞏 Mentors or coaches 4

🞏 Virtual opportunities including webinars or communities of practice 5

🞏 Other *(Please specify)* 6

🔾 None of the above 7

NO RESPONSE M

D2. For the current fiscal year (2020), what strategies is your lead agency using to support local programs in developing social-emotional skills and addressing challenging behaviors or mental health concerns for infants and toddlers with disabilities? (New)

*Select all that apply*

🞏 Provide guidelines for how to assess social-emotional development and address challenging behaviors or mental health concerns as part of IFSP development 1

🞏 Provide professional development or technical assistance on social-emotional development, challenging behaviors, or mental health concerns 2

🞏 Review or monitor decisions of local IFSP teams to ensure appropriate services related to social-emotional development, challenging behaviors, or mental health concerns are included 3

🞏 Provide designated funding to local programs to support social-emotional development and address challenging behaviors or mental health concerns 4

🞏 Provide coaches to local programs to support social-emotional development and address challenging behaviors or mental health concerns 5

🞏 Other *(Please specify)* 6

NO RESPONSE M

**D3. What strategies does your lead agency use to support local early intervention programs in addressing the needs of infants and toddlers who have experienced *emerging health concerns*? (New)**

Examples of emerging health concerns include conditions and experiences such as: adverse childhood experiences (ACES), fetal alcohol spectrum disorders, neonatal abstinence syndrome, perinatal substance use, toxic stress due to violence, toxic stress due to poverty, and Zika virus.

*Select all that apply*

🞏 Technical assistance 1

🞏 Written guidelines 2

🞏 Workshops or professional development 3

🞏 Mentors or coaches 4

🞏 Virtual opportunities including webinars or communities or practice 5

🞏 Other *(Please specify)* 6

🔾 None of the above 7

NO RESPONSE M

D4. What does your lead agency do to support local early intervention programs’ use of individualized assistive technology (AT) for serving infants and toddlers with disabilities and their families? (New)

*Select all that apply*

🞏 Offer information about AT, such as through AT fairs 1

🞏 Provide designated funding to support AT devices and use 2

🞏 Provide lists of AT devices to providers for consideration 3

🞏 Provide guidelines for how to assess AT needs as part of IFSP development 4

🞏 Provide specific guidelines for AT use 5

🞏 Provide professional development to *early intervention service providers* on use of AT 6

🞏 Review or monitor IFSPs to determine extent of AT use 7

🞏 Provide or lend AT devices or software to local providers 8

🞏 Monitor use of AT to ensure effective implementation 9

🞏 Hire or contract with AT experts to promote effective implementation strategies 10

🔾 None of the above 11

NO RESPONSE M

**D5. During the current fiscal year (2020), is your state using the Extended Part C option, approved by the Office of Special Education Programs (OSEP)? (2009 IDEA-NAIS State Part C Questionnaire, Q31; OSEP-approved has been added)**

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 “Extended Part C Option.”

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| IF RESPONSE TO D5 = 0, THEN ASK D6 |

**D6. Which issues are affecting (or have affected) your decision? (2009 IDEA-NAIS State Part C Questionnaire, Q32)**

*Select all that apply*

🞏 Insufficient funding 1

🞏 Insufficient lead agency staff 2

🞏 Part C lead agency is not able to promote school readiness as required 3

🞏 Insufficient interagency coordination at the state level 4

🞏 Insufficient interagency coordination at the local level 5

🞏 Shortages of staff at the local level 6

🞏 Other *(Please specify)* 7

🔾 None of the above 8

NO RESPONSE M

E. ADDRESSING LINGUISTIC AND CULTURAL DIVERSITY

*Questions in this section focus on efforts made to address the linguistic and cultural diversity among families and infants and toddlers with disabilities.*

E1. Does your lead agency do any of the following to ensure *non-English speaking parents/guardians* understand their role in the referral and evaluation processes and in early intervention services? (New)

*Select all that apply. Please select anything the state does* ***or*** *requires local early intervention providers to do.*

*Do not include activities that are initiated at the local level*

🞏 Parents/guardians are asked to state their primary language as part of standard procedure at intake. 1

🞏 An interpreter is provided for parents/guardians during early intervention services or meetings as needed 2

🞏 Parents/guardians are encouraged to bring someone who can interpret for them 3

🞏 Parents/guardians are provided with translated written resources 4

🞏 A toll-free phone number staffed by early intervention multi-lingual staff is provided for non-English-speaking parents/guardians 5

🞏 A toll-free vendor interpreter service is used as needed 6

🞏 Other *(Please specify)* 7

NO RESPONSE M

E2. Does your lead agency do any of the following to help ensure that *referrals and evaluations* are linguistically and culturally competent?

Linguistically and culturally competent practices include understanding and honoring differences in customs, beliefs, values, and language preferences among families from different ethnic, socioeconomic, religious, cultural, or linguistic groups.

Select all that apply.

🞏 Provide professional development on culturally competent practices 1

🞏 Include parents/guardians on state advisory committees, task forces, or work groups representing diverse populations 2

🞏 Solicit periodic feedback from stakeholders and families representing diverse populations 3

🞏 Monitor how interpreters and translators are used 4

🞏 Monitor the use of culturally competent practices 5

🞏 Provide guidance specifically designed to support the use of linguistically and culturally competent practices (for example, written guidance or webinars) 6

🞏 Work with the state’s Parent Training and Information Center(s) to ensure materials and processes are appropriate 7

NO RESPONSE M

E3. Does your lead agency do any of the following to help ensure that *services* are linguistically and culturally competent?

Select all that apply

🞏 Provide professional development on culturally competent practices 1

🞏 Include parents/guardians on state advisory committees, task forces, or work groups representing diverse populations 2

🞏 Solicit periodic feedback from stakeholders and families representing diverse populations 3

🞏 Monitor how interpreters and translators are used 4

🞏 Monitor the use of culturally competent practices 5

🞏 Provide guidance specifically designed to support the use of linguistically and culturally competent practices (for example, written guidance or webinars) 6

🞏 Work with the state’s Parent Training and Information Center(s) to ensure materials and processes are appropriate 7

NO RESPONSE M

E4. What challenges has your state experienced in ensuring that *referrals and evaluations* are linguistically and culturally competent? (New)

*Select all that apply*

🞏 Addressing family reluctance to engage with professionals around early intervention services 1

🞏 Addressing family reluctance to engage with professionals due to concerns about legal status 2

🞏 Having an insufficient number of multilingual professionals 3

🞏 Having an insufficient number of interpreters 4

🞏 Having limited resources for staff training on linguistically and culturally competent processes 5

🞏 Having assessments for evaluation that are not normed for other languages 6

🞏 Difficulty determining if eligibility for services is due to lack of skills in native language, rather than a disability 7

🞏 Other *(Please specify)* 8

🔾 None of the above 9

NO RESPONSE M

E5. What challenges has your state experienced in ensuring that *services* are linguistically and culturally competent? (New)

*Select all that apply*

🞏 Addressing family reluctance to engage with professionals around early intervention services 1

🞏 Addressing family reluctance to engage with professionals due to concerns about legal status 2

🞏 Having an insufficient number of multilingual professionals 3

🞏 Having an insufficient number of interpreters 4

🞏 Having limited resources for staff training on linguistically and culturally competent processes 5

🞏 Other *(Please specify)* 6

🔾 None of the above 7

NO RESPONSE M

F. COLLECTION AND USE OF OUTCOME DATA

*Questions in this section focus on the data your state collects and uses to measure child outcomes.*

States receiving funds to implement the Individuals with Disabilities Education Act (IDEA) must develop a State Performance Plan (SPP) that describes their efforts to meet the requirements and purposes of IDEA, as well as an Annual Performance Report (APR) that reports on their performance.

Indicator 3 measures the percent of infants and toddlers with IFSPs who demonstrate improved a) positive social-emotional skills; b) acquisition and use of knowledge and skills; and c) use of appropriate behaviors to meet their needs.

F1. For the child outcomes data collected under State Performance Plans (SPP)/Annual Performance Reports (APR) Part C Indicator 3, does your lead agency examine the data by any of the following? (New)

*Select all that apply*

🞏 Demographic characteristics 1

🞏 Setting in which services are provided (for example, by home, childcare, community setting) 2

🞏 Service provider (for example, by particular agency, type of staff) 3

🞏 Services received (for example, speech and language therapy; physical or occupational therapy; psychological services; home visits; medical, nursing, or nutrition services; hearing or visions services; social work services; transportation) 4

🞏 Reason for early intervention services (for example, due to developmental delay or due to specific health condition that could lead to a delay) 5

**F2. Which of the following has your lead agency done in response to your examination of these outcome data for infants and toddlers with disabilities? (New)**

*Select all that apply*

🞏 Provide data analysis (for example, reports) for local use 1

🞏 Provide training and support to local providers on how to analyze and use their data 2

🞏 Provide individualized training and support to local providers based on results of the data analysis 3

🞏 Develop written procedures and guidance in response to findings from the data 4

🞏 Coordinate with state Part B colleagues to review findings and discuss an appropriate course of action 5

🞏 Provided families with materials, training, or other resources 6

🞏 Other *(Please specify)* 7

🔾 Not applicable 8

NO RESPONSE M

G. COLLABORATION AND COORDINATION

*Questions in this section focus on how your lead agency collaborates and coordinates with other agencies and programs in addressing the needs of infants and toddlers with disabilities.*

**G1. How closely do you work with staff from the state Part B 619 preschool agency? (2009 IDEA-NAIS State Part C Questionnaire, Q5)**

*Select one only*

🔾 Rarely have contact with them (once or twice a year) 1

🔾 Sometimes have contact with them (between three and six times per year) 2

🔾 Moderate amount of contact with them (between seven and eleven times per year) 3

🔾 Work closely with them (at least monthly) 4

🔾 Not applicable – Part C staff also coordinate the Part B 619 preschool program 5

NO RESPONSE M

|  |
| --- |
| IF RESPONSE TO G1 = 2-4, THEN ASK G2 |

G2. What topics do you regularly address when working with the state Part B 619 coordinator? (2009 IDEA-NAIS State Part C Questionnaire, Q6; Option 8 is NEW)

*Select all that apply*

🞏 Child Find 1

🞏 Transitions 2

🞏 Training/professional development 3

🞏 Data sharing 4

🞏 Disputes 5

🞏 State Performance Plans/Annual Performance Reports required under IDEA 6

🞏 State Systemic Improvement Plan (SSIP) 7

🞏 Other *(Please specify)* 8

🔾 None of the above 9

NO RESPONSE M

**G3. How are early intervention data shared with your state preschool special education program? (Modified from Q27, 2015 ITCA Data Survey)**

*If data are shared using more than one method, please select the method by which most data are shared.*

*Select one only*

🔾 There is an integrated, longitudinal data system for storing data 1

🔾 Separate data systems are linked as needed using a common identifier or other matching process 2

🔾 Individual level data from separate data systems are shared but cannot be linked 3

🔾 Aggregate data from separate data systems are shared 4

🔾 The state does not share data but some local providers do 5

🔾 Other *(Please specify)* 6

NO RESPONSE M

H. SUPPORT FOR TRANSITIONS

This section focuses on issues related to the transition of infants and toddlers with disabilities from Part C early intervention services.

**H1. How does your lead agency ensure the quality of transition plans within individualized family service plans (IFSPs)? (New)**

*Select all that apply*

🞏 Conducts on-site monitoring visits of local early intervention programs (for example stakeholder interviews or observations of IFSP meetings) 1

🞏 Identifies local early intervention programs needing to improve transition processes 2

🞏 Provides technical assistance to local early intervention programs 3

🞏 Recommends or requires that local early intervention programs needing improvement implement a quality improvement plan 4

🞏 Recommends or requires that local early intervention programs use a transition planning rubric or guidance on best practices for compliance and quality 5

🞏 Recommends or requires that local early intervention programs use a transition procedures manual 6

🞏 Reviews data on student outcomes by local early intervention programs 7

🞏 Reviews a selection of IFSPs from local early intervention programs 8

🞏 Surveys parents/guardians about IFSP transition outcomes or supports 9

🞏 Identifies local early intervention programs that need to improve 10

🔾 None of the above 11

NO RESPONSE M

**H2. For the current fiscal year (2020), in what ways is your lead agency supporting the transition of children with disabilities from early intervention services to preschool? (2009 IDEA-NAIS State Part C Questionnaire, Q34)**

*Select all that apply*

🞏 Part B preschool funds can be used to provide FAPE (free appropriate

public education) to children *before* their third birthday 1

🞏 Part C funds can be used to provide FAPE (free appropriate public education) for children *past* their third birthday 2

🞏 Developed or maintained *agreements* on transition from early intervention services to preschool special education 3

🞏 Developed or maintained *policies* on transition from early intervention services to preschool special education 4

🞏 Provided professional development or technical assistance to local early intervention providers on transition 5

🞏 Developed or disseminated materials for parents/guardians on transition from early intervention services to preschool special education 6

🞏 Developed or maintained an electronic database of individual child records to allow children to be followed from early intervention services to preschool special education 7

🞏 Other *(Please specify)* 8

🔾 None of the above 9

NO RESPONSE M

**H3. Does your lead agency collect data on children with disabilities after their transition from early intervention services?**

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| IF RESPONSE TO H3 = 1 ASK H4 |

**H4. What types of data does your state agency access on children with disabilities after their transition from early intervention services? (New)**

*Select all that apply*

🞏 Whether child *receives services* through the Part B special education program 1

🞏 The setting in which preschool-age special education services are received 2

🞏 Whether the child participates in early learning programs such as Head Start or Pre-K 3

🞏 Preschool exit data on child outcomes: positive social-emotional skills 4

🞏 Preschool exit data on child outcomes: acquisition and use of knowledge and skills 5

🞏 Preschool exit data on child outcomes: the use of appropriate behaviors to meet their needs 6

🞏 Information on family satisfaction with the transition process 7

🞏 Other *(Please specify)* 8

NO RESPONSE M

|  |
| --- |
| IF RESPONSE TO H3 = 1 THEN ASK H5 |

**H5. How does your lead agency obtain data on the result of the transition from early intervention services to preschool-age special education services? (New)**

*Select all that apply*

🞏 District reported data about students in preschool-age special education services 1

🞏 Surveys of families 2

🞏 Surveys of staff at agencies serving children who have transitioned from the Part C early intervention program 3

🞏 State longitudinal data systems 4

🞏 State early intervention data system 5

🞏 Multiple data systems that are linked as needed using a common identifier or other matching process 6

🞏 Other *(Please specify)* 7

NO RESPONSE M

**H6. During the current (2020) or preceding two fiscal years (2018 and 2019), what actions has your lead agency taken to change transition policies, procedures, and practices for infants and toddlers with disabilities? (New)**

*Select all that apply*

🞏 Revised or developed MOUs and collaboration agreements with other agencies, such as early head start, social service agencies or public health 1

🞏 Provided targeted professional development, including materials and funds, to local Part C early intervention programs with below target outcomes 2

🞏 Updated guidance to local early intervention programs on Part C transition procedures for families receiving Part C services 3

🞏 Revised policies or requirements of local early intervention programs related to transition supports offered to families 4

🞏 Increased coordination with state Part B colleagues to assist local programs in improving transition 5

🞏 Other *(Please specify)* 6

🔾 None of the above 7

NO RESPONSE M

**H7. How does your lead agency collaborate with the state preschool special education program to support local programs in the transition of children with disabilities from Part C to Part B? (New)**

*Select all that apply*

🞏 We issue joint policies or guidance 1

🞏 We provide joint trainings for personnel from both programs 2

🞏 We work together to provide workshops for families approaching transition 3

🞏 Other *(Please specify)* 4

NO RESPONSE M

I. FAMILY ENGAGEMENT

*Questions in this section focus on engaging families of infants and toddlers with disabilities in the early intervention system for infants and toddlers.*

**I1. Does your state require local early intervention providers to provide parents with information about the Parent Training and Information Center when a referral is made? (New)**

🔾 Yes 1

🔾 No 0

NO RESPONSE M

I2. In what ways and at what level (state, region, or local) are families involved in the Part C system? (2009 IDEA-NAIS State Part C Questionnaire, Q49)

Select all that apply on each row

|  | State | Region | Local |
| --- | --- | --- | --- |
| a. Providing training to other families | 1 🞏 | 2 🞏 | 3 🞏 |
| b. Providing training to Part C early intervention personnel | 1 🞏 | 2 🞏 | 3 🞏 |
| c. Employed as Part C early intervention personnel (for example, service coordinator) | 1 🞏 | 2 🞏 | 3 🞏 |
| d. Participating on committees/task forces (other than interagency coordinating councils) | 1 🞏 | 2 🞏 | 3 🞏 |
| e. State monitoring (for example, participate on monitoring teams) | 1 🞏 | 2 🞏 | 3 🞏 |
| f. Developing policies and procedures | 1 🞏 | 2 🞏 | 3 🞏 |
| g. Involved in procedural safeguard system | 1 🞏 | 2 🞏 | 3 🞏 |
| h. Don’t know | 1 🞏 | 2 🞏 | 3 🞏 |
| i. Other activity *(Please specify)* | 1 🞏 | 2 🞏 | 3 🞏 |
|  |  |  |  |

I3. For the current fiscal year (2020), is your lead agency offering any of the following to local early intervention programs to promote the involvement of families of children with IFSPs? (2009 IDEA-NAIS State Part C Questionnaire, Q50)

*Select all that apply*

🞏 Funds to provider agencies to help families participate in IFSP meetings (for example, funds for transportation, child care, translators) 1

🞏 Training on increasing parent/guardian involvement 2

🞏 Technical assistance related to promoting family involvement 3

🞏 Written guidelines related to family involvement 4

🞏 Other *(Please specify)* 5

🔾 None of the above 6

NO RESPONSE M

I4. For the current fiscal year (2020), in what ways are lead agency staff collaborating with the Parent Training and Information Center (PTI)? (Based on 2009 IDEA-NAIS State Part C Questionnaire Q52; added response options 7-9)

*Indicator C4 requires states to collect information on the percent of families participating in Part C who report that early intervention services have helped the family a) know their rights; b) effectively communicate their children’s needs; and c) help their children develop and learn.*

*Select all that apply*

🞏 Development or delivery of trainings 1

🞏 Delivery of technical assistance 2

🞏 Dissemination of information regarding each other’s services 3

🞏 Development of training/guidance materials 4

🞏 Family outreach efforts (for example, parents/guardians and siblings) 5

🞏 Promotion of alternative dispute resolution models 6

🞏 Involvement in the development of the State Performance Plan (SPP)/Annual Performance Report (APR) 7

🞏 Implementation of the State Systemic Improvement Plan (SSIP) 8

🞏 Assisting with conducting the required parent survey (Indicator C4 in the SPP/APR) 9

🞏 Other *(Please specify)* 10

🔾 None of the above 11

NO RESPONSE M

**I5. For the 2019-2020 school year, in what ways is the lead agency *supporting* the PTI?**

*Select all that apply*

🞏 Staff from the lead agency meet with PTI staff on a regular basis 1

🞏 Lead agency and PTI have joint planning sessions to coordinate services provided 2

🞏 Lead agency and PTI offer joint professional development 3

🞏 Lead agency provides financial support for events or services 4

🞏 Other *(Please specify)* 5

NO RESPONSE M

J. SPECIAL EDUCATOR CREDENTIALS

*Questions in this section focus on the qualification and credentialing criteria for early intervention service providers.*

J1. Which state agency is responsible for licensing/certification of early intervention service providers? (2009 IDEA-NAIS State Part C Questionnaire, Q45)

*Select all that apply*

🞏 Part C early intervention lead agency 1

🞏 State education agency (SEA) (if not lead agency) 2

🞏 State licensing/certification agency that is not part of the SEA or the early intervention lead agency (Please specify) 3

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other *(Please specify)* 4

NO RESPONSE M

J2. How do early intervention service providers qualify for licensing/certification? (2009 IDEA-NAIS State Part C Questionnaire, Q46; Options 5 and 6 are NEW)

*Select all that apply*

🞏 Portfolio 1

🞏 Exam/proficiency test 2

🞏 Undergraduate or graduate degree program 3

🞏 Coursework (not leading to a degree) 4

🞏 Background check 5

🞏 Certification transfer from reciprocating state 6

🞏 Other *(Please specify)* 7

🔾 None of the above 8

NO RESPONSE M

J3. For what age range is a special educator (early intervention service provider) certification or credential applicable in your state? (2009 IDEA-NAIS State Part C Questionnaire, Q47)

*Select one only*

🔾 Birth to age 3 1

🔾 Birth to age 5 2

🔾 Birth to age 8 3

🔾 Other *(Please specify)* 4

NO RESPONSE M

K. STAFFING

*Questions in this section focus on the availability of staff to provide services to infants and toddlers with disabilities.*

K1. Please indicate below the disciplines for which your statewide early intervention system has experienced *difficulty finding* *qualified Part C early intervention professionals* during the current (2020) or preceding two fiscal years (2018 and 2019). (2009 IDEA-NAIS State Part C Questionnaire, Q44; Options 13, 14, & 15 are NEW)

*Select all that apply*

🞏 Audiologists 1

🞏 Behavioral analysts or experts 2

🞏 Family therapists 3

🞏 Nurses 4

🞏 Occupational therapists 5

🞏 Orientation/mobility specialists 6

🞏 Pediatricians and other physicians 7

🞏 Physical therapists 8

🞏 Psychologists 9

🞏 Registered dietitians 10

🞏 Service coordinators 11

🞏 Social workers 12

🞏 Special instructors 13

🞏 Speech/language pathologists 14

🞏 Vision Specialists including Ophthalmologists and Optometrists 15

🞏 Other *(Please specify)* 16

🔾 None of the above 17

NO RESPONSE M

K2. Please indicate below the disciplines for which your statewide early intervention system has experienced difficulty *retaining qualified Part C early intervention professionals* during the current (2020) or preceding two fiscal years (2018 and 2019). (Based on 2009 IDEA-NAIS State Part C Questionnaire, Q44; revised to focus on retaining rather than finding)

*Select all that apply*

🞏 Audiologists 1

🞏 Behavioral analysts or experts 2

🞏 Family therapists 3

🞏 Nurses 4

🞏 Occupational therapists 5

🞏 Orientation/mobility specialists 6

🞏 Pediatricians and other physicians 7

🞏 Physical therapists 8

🞏 Psychologists 9

🞏 Registered dietitians 10

🞏 Service coordinators 11

🞏 Social workers 12

🞏 Special instructors 13

🞏 Speech/language pathologists 14

🞏 Vision Specialists including Ophthalmologists and Optometrists 15

🞏 Other *(Please specify)* 16

🔾 None of the above 17

NO RESPONSE M

K3. During the current (2020) and past (2019) fiscal years, what strategies has your state used to *increase the number of qualified Part C early intervention professionals*? (Based on 2009 IDEA-NAIS State Part C Questionnaire, Q48; Option 6 is NEW; other response options edited to replace “teachers” with more appropriate language for Part C)

*Please do not include strategies that are initiated at the local level*

*Select all that apply*

🞏 Collaborated with universities to develop programs and curricula to prepare providers in specific shortage areas 1

🞏 Paid fees for tests/licensure exams 2

🞏 Paid for tutoring to prepare individual providers for certification tests/licensure exams 3

🞏 Provided time or funding for individual providers to participate in professional development opportunities (for example, institute of higher education tuition, workshop fees) 4

🞏 Provided alternative routes to certification for *any person with a bachelor’s degree* 5

🞏 Provided alternative routes to certification for *persons with an early childhood or general education degree* 6

🞏 Provided alternative routes to certification for *persons with a special education degree* 7

🞏 Other *(Please specify)* 8

🔾 None of the above 9

NO RESPONSE M

K4. During the current (2020) and past (2019) fiscal years, what initiatives or incentives has your state used to *retain* qualified Part C professionals? (New)

*Please do not include initiatives or incentives that are initiated at the local level*

*Hyperlink definition of* ***tuition “pay back”*** *will be provided: For every year of tuition, educators owe the district a year of service.*

*Select all that apply*

🞏 Covered continuing education costs to get a higher degree 1

🞏 Covered continuing education costs to maintain certification 2

🞏 Provided mentoring or induction programs 3

🞏 Offered full time positions 4

🞏 Offered part time positions 5

🞏 Offered same salary levels as Pre-K-12 educators 6

🞏 Provided smaller caseloads 7

🞏 Offered student loan forgiveness 8

🞏 Offered tuition “pay back” or partial reimbursement 9

🞏 Other *(Please specify)* 10

🔾 None of the above 11

NO RESPONSE M

L. FUNDING ALLOCATION

*Questions in this section focus on funding for Part C early intervention services.*

L1. What does your state’s System of Payments policy include? (2009 IDEA-NAIS State Part C Questionnaire, Q20)

*Select one only*

🔾 Private insurance only 1

🔾 Family fees only (for example, sliding fee scale, co-payment, participation fee, cost share) 2

🔾 Both private insurance and family fees 3

🔾 None of the above 4

NO RESPONSE M

**L2. What funding sources support Part C early intervention services as required by IFSPs? (Based on 2009 IDEA-NAIS State Part C Questionnaire, Q20; includes additional response options)**

*In column A, please select* ***any funding sources*** *that support Part C early intervention services.*

*In column B, please write in the space provided a “1” for the source that provides the largest sharing 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.**  *Used to support Part C services*  *Select all that apply* | **B.**  *Rank 1, 2, and 3 by share of funding. Use each number only once.* |
| --- | --- | --- |
|  |
| a. IDEA, Part B | 1 □ | | | |
| b. IDEA, Part C (infants and toddlers) | 2 □ | | | |
| c. State early intervention funds | 3 □ | | | |
| d. Local municipality or county funds | 4 □ | | | |
| e. Family fees/co-payments/sliding fee | 5 □ | | | |
| f. Head Start | 6 □ | | | |
| g. Children with Special Health Care Needs/Title V | 7 □ | | | |
| h. Medicaid/Title XIX | 8 □ | | | |
| i. Private insurance | 9 □ | | | |
| j. State Children’s Health Insurance Program (SCHIP) | 10 □ | | | |
| k.     Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | 11 □ | | | |
| l.     Temporary Assistance for Needy Families (TANF) | 12 □ | | | |
| m.   TRICARE (formerly CHAMPUS, Civilian Health and Medical Program of the Uniformed Services) | 13 □ | | | |
| n. Other federal funding sources (Please specify) | 14 □ | | | |
|  |  |  |
| o. Other state funding sources *(Please specify)* | 15 □ | | | |
|  |  |  |
| p. Other local funding sources *(Please specify)* | 16 □ | | | |
|  |  |  |

NO RESPONSE M

**L3. *In the last three fiscal years,* has your lead agency taken any steps to help meet the costs of continued participation in the Part C program? (New. Some features from 2017 IDEA Infant and Toddler Coordinators Association Tipping Points Survey Q8-Q9)**

*Select all that apply*

🞏 Reduced provider reimbursements 1

🞏 Reduced administrative staff at the state level 2

🞏 Use of data management systems, communication systems, or other technologies to reduce costs 3

🞏 Changed processes to reduce administrative costs 4

🞏 Changed eligibility criteria to be more restrictive 5

🞏 Changed State Medicaid Plan to increase Medicaid coverage for early intervention services 6

🞏 Changed regulations or legislation to increase private insurance coverage for early intervention services 7

🞏 Increased State funding for early intervention services 8

🞏 Increased State Children’s Health Insurance Program (SCHIP) coverage for early intervention services 9

🞏 Increased reliance on local municipality or county funds for early intervention services 10

🞏 Increased reliance on private donations including money from foundations, United Way or other fundraising 11

🞏 Increased use of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for early intervention services 12

🞏 Increased use of Temporary Assistance for Needy Families (TANF) for early intervention services 13

🞏 Other *(Please specify)* 14

🞏 Other *(Please specify)* 15

🔾 Not applicable. 16

NO RESPONSE M

**L4. Which of the following are used to determine how funding is allocated to local programs in your state that provide early intervention services to infants and toddlers? (New. Some features from 2017 IDEA Infant and Toddler Coordinators Association Finance Survey)**

*Select all that apply*

🞏 A state central vendor system that pays individual providers by a calculated fee per service 1

🞏 A fixed amount based on children aged birth through 2 serviced in the area 2

🞏 A fixed amount based children and families served in a previous year 3

🞏 A fixed amount based on birth rate in the area 4

🞏 Pre-determined amounts based on birth rate in the area, depending on risk factors such as registered defects, premature birth, or birth to a teen mother 5

🞏 A formula based on past changes in the number of children served per year 6

🞏 A formula based on a measure of local poverty 7

🞏 A formula based on the area's geography (for example, urban or rural) 8

🞏 A formula based on the rate of private insurance coverage 9

🞏 A formula based on the rate of public insurance coverage 10

🞏 A formula based on expenditures in a base year or a previous year 11

🞏 A formula based on allocations in a base year or a previous year 12

🞏 Other (*Please specify)* 13

🔾 Not applicable: The state provides early intervention services directly on a statewide basis 14

NO RESPONSE M

M. EVIDENCE FROM RESEARCH

*Questions in this section focus on the use of evidence from research.*

**M1. How often does your lead agency draw on the following sources of information when selecting evidence-based early intervention policies and practices? (Based on Title 1/II Implementation Surveys)**

Select one only per row

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never or Not Applicable | Rarely | Sometimes | Often | Don’t know |
| a. Information provided by the intervention’s developer or vendor | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| b. Recommendations from colleagues in other state early intervention agencies or education departments | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| c. Information from the U.S. Department of Education’s What Works Clearinghouse | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| d. Information from the state’s research/evaluation office | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| e. Information from professional associations | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| f. Information from a research center, not in a college or university | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| g. Information from a college/university researcher | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| h. Information from a federally-funded technical assistance center | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| i. Information from a U.S. Department of Education Regional Educational Laboratory (REL) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| j. Information from a research journal | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| k. Social media (Twitter, Facebook, Pinterest, other) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| l. Other *(Please specify)* | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |  |

NO RESPONSE M

M2. Does your lead agency do any of the following to support or ensure that local early intervention programs use evidence-based early intervention policies, procedures and practices? (New)

*Select all that apply*

🞏 Share an approved list of evidence-based programs, interventions, and practices with providers 1

🞏 Provide training and technical assistance to providers on implementing evidence-based practices 2

🞏 Use a checklist to observe providers to assess the use of a particular required evidence-based practice, or to review videos submitted to state 3

🞏 Provide a checklist to providers to support their assessment of the use of a particular required evidence-based practice 4

🞏 Conduct focus groups with families in order to assess the extent to which evidence-based practices are being used 5

🞏 Conduct focus groups with providers in order to assess the extent to which evidence-based practices are being used 6

🞏 Develop online modules or other materials to assist programs/agencies in identifying and selecting evidence-based programs, interventions and/or practices 7

🞏 Use existing online modules or other materials to assist programs/agencies in identifying and selecting evidence-based programs, interventions and/or practices 8

🞏 Have providers complete self-assessments on practices 9

🞏 Other *(Please specify)* 10

🔾 The state does not take particular steps to ensure that local early intervention providers use evidence-based policies, procedures and practices 11

NO RESPONSE M

**M3. Does your lead agency currently use any of the following to implement or scale up the evidence-based practices identified in your State Systemic Improvement Plans (SSIPs) for Part C? (New)**

*Select all that apply*

🞏 Provide online training (including single or modular courses) to support local implementation 1

🞏 Encourage local staff participation in federal model programs (for example, the Pyramid Model) 2

🞏 Support local staff participation in federal model programs (for example, the Pyramid Model) 3

🞏 Pilot implementation of the practice(s) in order to prepare for more widespread implementation 4

🞏 Disseminate information to parents/guardians to inform them of scale-up plans 5

🞏 Disseminate written materials that provide training or information to support local implementation 6

🞏 Host informational webinars to support local implementation 7

🞏 Provide coaches to support local implementation 8

🞏 Support communities of practice 9

🞏 Other *(Please specify)* 10

NO RESPONSE M

|  |
| --- |
| IF M3 IS NOT MISSING, THEN ASK M4 |

**M4. Which of the following statements best describes the current status of your lead agency’s efforts in implementing or scaling up the evidence-based practices identified in your SSIPs? (New)**

*Select one only*

🔾 We are in the early planning stages 1

🔾 We are developing materials but have not put any practices in place yet 2

🔾 We have begun implementation but at a small scale 3

🔾 We have expanded beyond an initial phase to reach more parts of the state 4

🔾 We have implemented or scaled up state-wide 5

🔾 Different practices are in different stages of implementation 6

NO RESPONSE M

**Thank you for taking the time to complete this survey.**

**If other staff provided answers to questions in this survey, please indicate their names and positions below, and the relevant survey sections.**

Name/Position/Sections

Name/Position/Sections

Name/Position/Sections