



## Technical Assistance Bulletin

**TO:** WV Birth to Three Payees, Practitioners, and Service Coordinators  
WV Birth to Three Regional Administrative Units  
WV Early Intervention Interagency Coordinating Council  
West Virginia Parent Training Information  
West Virginia Advocates

**FROM:** Pamela Roush, Director  
WV Birth to Three

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**ISSUE:** Implications of the Individuals with Disabilities Education Act (IDEA 2004) for Regional Administrative Units (RAUs), Practitioners and Service Coordinators  
**Guidance Document – Definition Changes**

The Individuals with Disabilities Education Improvement Act (IDEA 2004), reauthorized by Congress on November 19, 2004 and signed into law on December 3, 2004, includes revisions to IDEA 97 as well as some new provisions. All provisions of the new special education law are effective July 1, 2005. West Virginia must assure that the provision of Part C/WV Birth to Three services is consistent with the new requirements. Current WV Birth to Three policies and procedures, in coordination with IDEA 2004 requirements, will be the authority for the provision of Part C/WV Birth to Three services pending the publication of the final Federal regulations and revised State policies and procedures.

The guidance provided in this document is not intended to address all of the revisions and new provisions in IDEA 2004 but offers direction on the issues around this topic that have the most impact on decision making at the local level. WV Birth to Three will provide ongoing procedural guidance and technical assistance throughout the transition to revised policies and procedures. Revisions and/or additions to the law are added in underlined text.

Services under Part C are intended to meet the ever changing needs of the child and family with respect to the uniqueness of every child and family structure. IDEIA 2004 intends for service decisions to be individualized and for services to support each family and child within their daily routines and activities.

Changes to Part C Definitions, Section 632, are as follows:

- Section 632(4) – “Are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family service plan team,”

The revised law emphasizes that service decisions be made by the IFSP team. In order for a team to fully participate in service decisions each member of the team must be knowledgeable about the child's disability and fully informed about the child's present levels of development and the family's priorities, concerns, and resources. Coordination of team meetings and communication, including all team members, will be instrumental in ensuring full participation of the entire team. Services should not be identified in isolation since each service impacts the provision of other services.

- (4)(E)(iii) – “speech-language pathology and audiology services, and sign language and cued language services.” Early intervention services are designed to meet the unique needs of infants and toddlers with a developmental delay or disability. IDEA 2004 has added the new provision of “sign language and cued language services” so families with deaf or hard of hearing of children will have the full range of options to help their child develop age appropriate language in whatever modality the family chooses. Report language accompanying the bill stated, “Dramatic improvements in hearing technology, both hearing aids and cochlear implants, provide new opportunities for families who wish to pursue spoken language for their child with hearing loss. These new materials and efforts further the goals of the IDEA that early intervention personnel actively provide comprehensive and bias-free information on the range of language options available to a child with hearing loss, including the benefits of early amplification and/or early implantation of a cochlear implant.” Early intervention personnel who have the skills and knowledge to educate and support a family who chooses to implement sign language or cued language to promote spoken language for their child will be reflected in the WV Birth to Three Service Directory.
- (4)(F)(x) – The term “nutritionist” was changed to “registered dietician”. The highest entry level standard for a nutritionist in the WV Birth to Three System meets the licensure requirements for a registered dietician in West Virginia so personnel requirements for this discipline will not change.
- (4)(F)(x) – The list of qualified personnel under this section now includes “vision specialists, including ophthalmologists and optometrists”. One category of vision specialists is already included under *Vision Specialist* within the WV Birth to Three Personnel Standards and Service Definitions and must have a Baccalaureate or Master's degree in Visual Impairments or certification by the West Virginia Board of Education in Visual Impairments. Optometrists and ophthalmologists are presently identified as a discipline under the *Physician* category in the WV Birth to Three Personnel Standards and identified as a discipline that can provide Medical Services in accordance with the WV Birth to Three Service Definitions.
- Section 632(5)(B)(ii) – This section of the law has been modified to provide each state with discretion to include in the Part C system children with disabilities who are eligible for section 619 and who previously received services under Part C. At a States discretion, “(ii) children with disabilities who are eligible for services under section 619 and who previously received services under this part until such children enter, or are eligible under State law to enter, kindergarten or elementary school, as

appropriate, provided that any programs under this part serving such children shall include – (I) an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills; and (II) a written notification to parents of their rights and responsibilities in determining whether their child will continue to receive services under this part or participate in preschool programs under section 619.”

States must have policies and procedures in place to describe how this option would work before it could be implemented. Increased funding was not provided to states to assist with implementation of this option. West Virginia does not plan to implement this option. For parents or others who may have questions about this option, the West Virginia Department of Health and Human Resources / WV Birth to Three, and the West Virginia Department of Education / Office of Special Education have jointly developed a guidance document entitled “CHANGES IN FEDERAL SPECIAL EDUCATION LAW AND WHAT IT MEANS FOR CHILDREN EXITING WV BIRTH TO THREE AT AGE THREE” Both Departments remain committed to collaboration to support a smooth transition for families from Part C to Part B so they can access appropriate educational and related services a child may need.