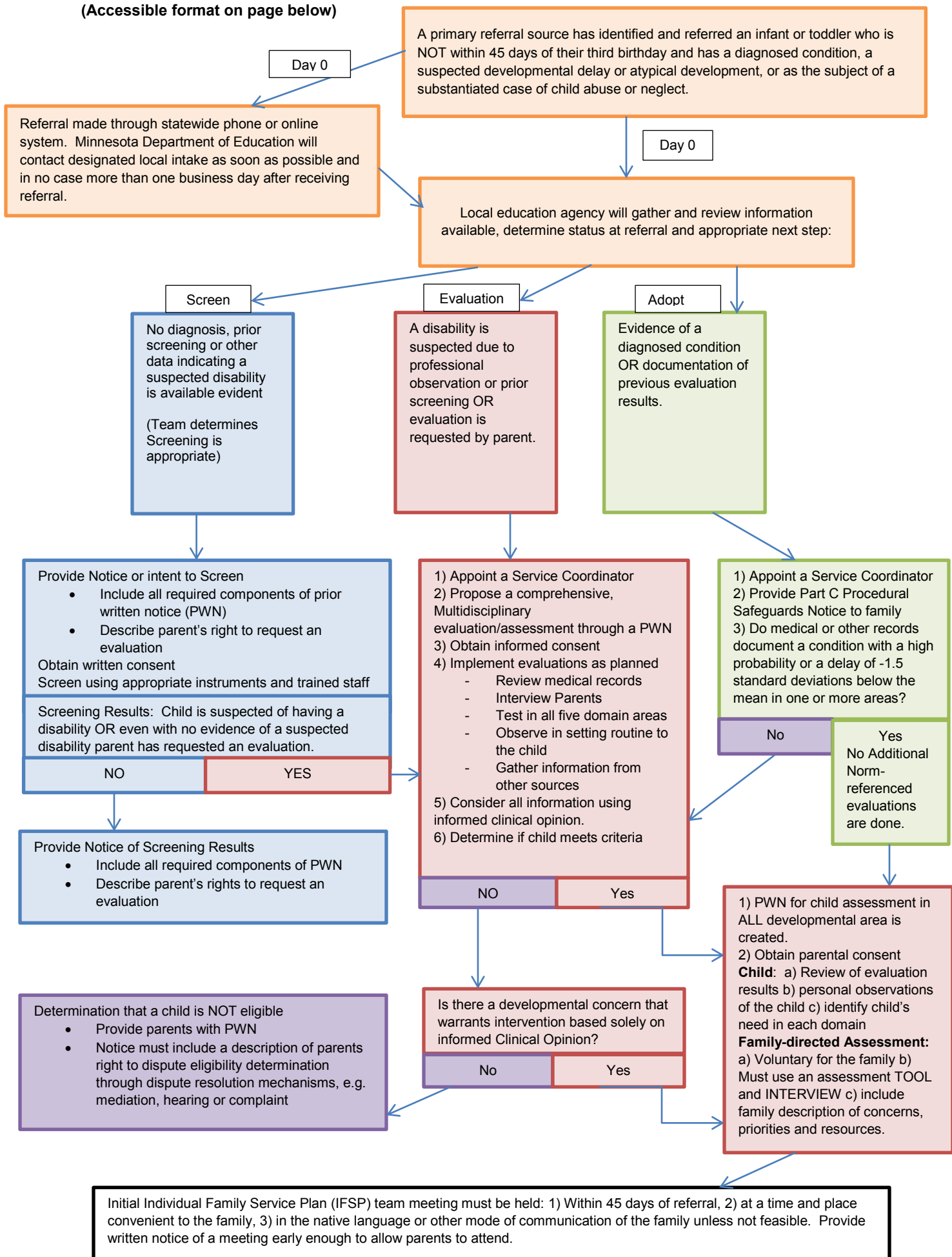


# Post-Referral Actions

(Accessible format on page below)



## Post Referral Actions

### Receiving a referral

- 1) A primary referral source has identified and referred an infant or toddler who is NOT within 45 days of their third birthday and has a diagnosed condition, a suspected developmental delay or atypical development, or as the subject of a substantiated case of child abuse or neglect.
- 2) Referral made through statewide phone or online system. Minnesota Department of Education will contact designated local intake ASAP and in no case more than one business day after receiving referral or local education agency will receive referral and determine the appropriate next step.

### Acting on a referral: Screen

- 1) No diagnosis, prior screening or other data indicating a suspected disability is available so the team determines screening is appropriate.
- 2) Provide prior written notice or intent to screen and make sure to include all required components of prior written notice and describe parent's right to request an evaluation at any point during screening.
- 3) Obtain written consent.
- 4) Screen the child using appropriate instruments and trained staff.
- 5) If the screening results indicate that the child is suspected of having a disability OR even with no evidence of a suspected disability the parent has requested an evaluation, begin the evaluation and assessment process described below.
- 6) If the screening results indicate that the child is NOT suspected of having a disability and parents have not requested an evaluation, provide prior written notice containing screening results. Include all required components of the prior written notice and make sure to describe parent's rights to request an evaluation.

### Acting on a referral: Evaluation and Assessment

- 1) A disability is suspected due to professional observation or prior screening OR evaluation is requested by parent. The team determines evaluation is appropriate.

- 2) Team will appoint a Service Coordinator for the family. The Service Coordinator will propose a comprehensive, multidisciplinary evaluation/assessment through a prior written notice.
- 3) Obtain informed consent from the parents.
- 4) Implement evaluations as planned. Make sure to review medical records that are available and interview parents regarding their concerns and observations. Make sure the evaluation includes evaluations of all five domain areas, observations in settings routine to the child and contains information from other sources as appropriate.
- 5) Consider all information using informed clinical opinion.
- 6) Determine if child meets criteria.
- 7) If child does meet eligibility criteria parents must have also given written consent on a prior written notice for the child assessment in ALL developmental areas. (This consent could have been obtained on the original prior written notice for evaluation.)
- 8) Conduct the child focused assessment in all areas thorough review of evaluation results, personal observations of the child and identification of the child need in each domain. A criterion referenced tool may be used.
- 9) If the family gives verbal permission (prior written notice consent is not required) conduct a Family-directed Assessment. This must be voluntary for the family and requires the use of an assessment TOOL and INTERVIEW. It will highlight the individual family description of concerns, priorities and resources.
- 10) Conduct an initial Individual Family Service Plan meeting within 45 days of the referral date. Make sure that the meeting is at a time and place convenient to the family. Provide information in the native language or other mode of communication of the family unless not feasible. Provide written notice of a meeting date and location early enough to allow parents and other required team members to attend.

### Acting on a referral: Informed Clinical Opinion

- 1) AFTER formal evaluation procedures have been conducted as described above the team determines that the child does not meet eligibility criteria based upon standardized evaluation measures. The team may choose to use informed clinical opinion to establish eligibility for Developmental Delay under Part C.
- 2) If the team believes the child does meet eligibility standards under this decision the parents must also give written consent on a prior written notice for the child assessment in ALL developmental areas.
- 3) Conduct the child focused assessment in all areas thorough review of evaluation results, personal observations of the child and identification of the child need in each domain. A criterion referenced tool may be used.
- 4) If the family gives verbal permission (prior written notice consent is not required) conduct a Family-directed Assessment. This must be voluntary for the family and requires the use of an assessment TOOL and INTERVIEW. It will highlight the individual family description of concerns, priorities and resources.

- 5) Conduct an initial Individual Family Service Plan meeting within 45 days of the referral date. Make sure that the meeting is at a time and place convenient to the family. Provide information in the native language or other mode of communication of the family unless not feasible. Provide written notice of a meeting date and location early enough to allow parents and other required team members to attend.

### Acting on a referral: Independent Evaluation will be adopted

- 1) Evidence of a diagnosed condition OR documentation of previous evaluation results have been given to the educational team. Review of this data indicates that child has met the eligibility criteria for an infant or toddler with a disability under Part C criteria.
- 2) The team will appoint a Service Coordinator. The Service Coordinator will provide Part C procedural safeguards notice to family.
- 3) The parents must give written consent on a prior written notice for the child assessment in ALL developmental areas.
- 4) Conduct the child focused assessment in all areas thorough review of evaluation results, personal observations of the child and identification of the child need in each domain. A criterion referenced tool may be used.
- 5) If the family gives verbal permission (prior written notice consent is not required) conduct a Family-directed Assessment. This must be voluntary for the family and requires the use of an assessment TOOL and INTERVIEW. It will highlight the individual family description of concerns, priorities and resources.
- 6) Conduct an initial Individual Family Service Plan meeting within 45 days of the referral date. Make sure that the meeting is at a time and place convenient to the family. Provide information in the native language or other mode of communication of the family unless not feasible. Provide written notice of a meeting date and location early enough to allow parents and other required team members to attend.

### Acting on a referral: Evaluation and application of Informed Clinical Opinion results in NO eligibility

- 1) Formal evaluation and applied use of informed clinical opinion has determined that the child is NOT eligible; does not have a disability.
- 2) Provide parents with prior written notice describing outcome of the evaluation process. This notice must include a description of parent's right to dispute eligibility determination through dispute resolution mechanisms, e.g. mediation, hearing or complaint.
- 3) If available, provide information about community programs, resources and services.