



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 1755.1
BUMED-M3
17 Oct 2005

BUMED INSTRUCTION 1755.1

From: Chief, Bureau of Medicine and Surgery
To: Military Treatment Facilities with Educational and Developmental Intervention Services Programs

Subj: EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES (EDIS)
EARLY INTERVENTION SERVICES (EIS)

Ref: (a) DODINST 1342.12 of 11 Apr 2005
(b) 20 USC Chapter 33, Individuals with Disabilities Education Act
(c) OASD(HA) Memo of 16 May 2001 (NOTAL)
(d) OASD(P&R) Memo of 19 Dec 2001 (NOTAL)

Encl: (1) EDIS Program Management and Administration
(2) EIS Procedures
(3) NAVMED 1755/1 (9-2005), Permission to Screen, Assess, or Evaluate
(4) NAVMED 1755/2 (9-2005), Certification of Early Intervention Eligibility
(5) NAVMED 1755/3 (9-2005), Individualized Family Service Plan (IFSP)
(6) NAVMED 1755/3-1 (9-2005), Individualized Family Service Plan (IFSP) Review/Change Addendum
(7) NAVMED 1755/4 (9-2005), Consent to Request or Release Information
(8) EDIS Early Intervention Procedural Safeguards and Due Process Entitlements
(9) EDIS DOD Compliance Standards and Evaluation Criteria
(10) EDIS Early Intervention Procedural Pathways
(11) EDIS Early Intervention Qualifying Medical Diagnoses or Conditions

1. Purpose

a. This instruction supplements reference (a) by assigning responsibilities and providing guidance and procedures specific to the provision of early intervention services (EIS) by Navy educational and developmental intervention services (EDIS) programs.

b. This instruction applies to Navy military treatment facilities (MTFs):

(1) Within the United States and in United States territories that support installations with Department of Defense (DOD) Domestic Dependent Elementary and Secondary Schools (DDESS) to include: National Naval Medical Center Bethesda; Naval Hospital (NAVHOSP) Beaufort; NAVHOSP Camp Lejeune; and United States (US) NAVHOSP Guam.

(2) That provides EIS and related services assigned to the Military Medical Departments overseas in support of Department of Defense Dependents Schools (DODDS) special education programs to include: Naval Medical Center Portsmouth; USNH Guantanamo Bay; USNH Keflavik; USNH Naples; USNH Okinawa; USNH Rota; USNH Sigonella; and USNH Yokosuka.

c. Enclosure (1) contains guidance on the management and administration of EDIS programs. Enclosure (2) contains guidance and procedures specific to the provision of EIS by EDIS.

2. Background

a. Reference (a) implements reference (b) within the DOD. The Individuals with Disabilities Education Act (IDEA) mandates the provision of early intervention, special education, and related services to children with disabilities. Reference (a) directs the Military Medical Departments to:

(1) Develop and implement a comprehensive program of EIS for infants and toddlers, birth through age 2, inclusive, with developmental delays or medical conditions with a high probability of developmental delay.

(2) Provide related services assigned to the Military Medical Departments in support of DODDS special education programs in designated areas of geographic responsibility. Reference (c) defines the areas of geographic responsibility and reference (d) provides inter-component operating procedures addressing this requirement.

b. The Military Medical Departments carry out their EIS and related services responsibilities through EDIS programs. EDIS was established to implement specific portions of the IDEA to include providing EIS to eligible infants and toddlers in stateside and overseas areas, and certain related services to eligible preschool and school-age children overseas. Even though provided by the Military Medical Departments, EIS and related services are educational, not medical services.

c. EIS address the complex needs of infants and toddlers with developmental disabilities and their families relative to functioning within daily routines and activities, help a family enhance their child's growth and development, and promote the child's and family's ability for functional independence. The complexity of needs addressed by EIS mandates that EDIS be comprehensive, multidisciplinary, culturally competent, community-based, and family-centered, requiring collaboration among medical, educational, and community agencies.

3. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED) will appoint as EDIS program manager a qualified individual who will:

(1) Develop and implement policy and procedures for providing, documenting, and evaluating EDIS.

(2) Advise Chief, Resource Management Comptroller (BUMED-M8) on EDIS resource issues. Assist in the development of program objective memorandum (POM) when required.

(3) Ensure each EDIS location providing EIS is monitored at least once every 3 years for compliance with reference (a), this instruction and applicable DOD monitoring standards.

(4) Maintain ongoing liaison with and provide technical assistance to MTFs with EDIS programs, and to their respective Naval Medicine Health Service Offices (HSO).

(5) Ensure a report is prepared and submitted to the DOD Coordinating Committee, not later than September 1st of each year, certifying that EDIS is in compliance with DOD guidelines as conveyed in reference (a).

(6) Ensure cooperation and coordination with other Department of the Navy (DON) offices, offices of the Surgeons General of the Army and Air Force, and the Department of Defense Educational Activity (DODEA) with respect to the implementation of reference (a).

(7) Participate in committees, forums, and working groups applicable to EDIS to ensure the interests of the Navy are represented.

(8) Participate in DOD-sponsored monitoring and technical assistance activities applicable to EDIS for both DON and the other Services with EDIS responsibilities.

(9) Provide BUMED-M3 a quarterly update (due the 15th of January, April, July, and October of each year) of the status of the EDIS program at each MTF with EDIS responsibility.

b. MTF Commanders with responsibility for EDIS programs will:

(1) Appoint a program manager to plan, implement, and manage EDIS within the military community that the MTF supports. EDIS program managers should have a thorough knowledge of references (a) and (b) and appropriate education and experience in childhood development and intervention. EDIS program manager responsibilities are specified in enclosure (1).

(2) Appoint a qualified medical officer to:

(a) Conduct or verify a medical evaluation for use by EDIS to determine a child's eligibility for EIS.

(b) Conduct or verify a medical examination for use by a DODDS Case Study Committee (CSC) to determine the medically related disability that results in a child's need for special education and related services.

(c) Supervise the medical or related services evaluation, including necessary consultation with other medical personnel.

(3) Provide adequate resources, a physical facility, and appropriate organizational alignment to carry out the statutory requirements of EDIS.

(4) Ensure the availability of fully qualified professional staff to provide services to children and families entitled to EDIS consistent with the size and needs of the local population eligible to be served.

(5) Ensure children who are evaluated for EDIS eligibility and services receive the same priority as health care for active duty personnel.

(6) Ensure all EIS providers (military, direct hire (GS), and full- or part-time contract) satisfy credentialing and privileging requirements for their discipline as well as EDIS-specific standards that are established by higher authority.

(7) Support a comprehensive system of personnel development (CSPD). Enclosure (1), paragraph 9, specifies CSPD activities.

(8) Ensure EDIS participates in the existing MTF quality assurance program and is in compliance with applicable Joint Commission on Accreditation of Healthcare Organization (JCAHO) standards. While DOD and DON monitoring activities assess components regarding statutory compliance and procedural safeguards, JCAHO surveys assess clinical quality issues of EDIS programs.

(9) Ensure EDIS programs are in compliance with applicable Health Insurance Portability and Accountability Act (HIPAA) privacy requirements regarding safeguarding, release, or disclosure of information.

(10) Ensure early intervention procedural safeguards and due process procedures are in place and families receive written notice and a verbal explanation of their rights.

(11) Ensure written standing operating procedures (SOPs) are in place addressing site-specific guidance on EDIS operations and procedures.

(12) Submit an annual report of compliance to BUMED-M32 not later than May 31st of each year. Enclosure (1), paragraph 21, specifies reporting requirements.

(13) Ensure the appropriate Navy Medicine Echelon III Activity (East, West, or National Capital Area) is kept informed of:

- (a) Requests for additional EDIS resources.
- (b) The potential for a mediation or due process actions.
- (c) Issues that impact compliance or the provision, effectiveness, or quality of services.

4. Forms

a. The following standardized forms will be used by EDIS for EIS. These forms are available on the Navy Medicine Web site at: <http://navymedicine.med.navy.mil/default.cfm?seltab=directives> at the Forms Tab and are approved for local reproduction:

- (1) NAVMED 1755/1 (9-2005), Permission to Screen, Assess, or Evaluate (enclosure (3)).
- (2) NAVMED 1755/2 (9-2005), Certification of Eligibility (enclosure (4)).
- (3) NAVMED 1755/3 (9-2005), Individualized Family Service Plan (enclosure (5)).
- (4) NAVMED 1755/3-1 (9-2005), Individualized Family Service Plan Review/Change Addendum (enclosure (6)).
- (5) NAVMED 1755/4 (9-2005), Consent to Request or Release Information (enclosure (7)).

b. The following forms:

(1) DD 2792-1 (Rev. 9-2003), Exceptional Family Member Special Education/ Early Intervention Summary is available at: <http://www.dtic.mil/whs/directives/infomgt/forms/forminfo/forminfopage2581.html>.

(2) SF 600 (Rev. 6-1997), Medical Record - Chronological Record of Medical Care is available at: <http://www.gsa.gov/Portal/gsa/ep/formslibrary.do?viewType=DETAIL&formId=4951AF308C046D9785256A3F0005BE96>.

5. Reports Exemption. The reporting requirements contained in this instruction are exempt from reports control per SECNAVINST 5214.2B.



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<http://navymedicine.med.navy.mil/default.cfm?seltab=directives>

EDIS PROGRAM MANAGEMENT AND ADMINISTRATION

1. EDIS Program Manager Responsibilities

- a. Plan and implement EDIS according to applicable public law and DOD, DON, and BUMED instructions and directives.
- b. Inform the MTF commander and chain-of-command on the status of EDIS and any issues impacting compliance or the provision, effectiveness, or quality of services.
- c. Maintain a database of all EDIS enrollments and services in the DOD Special Needs Management Information System (SNPMIS).
- d. Communicate and collaborate with all individuals, organizations, or agencies, both on and off the installation, which provide early intervention or supporting services to eligible families.
- e. Ensure EDIS is in compliance with applicable monitoring standards and evaluation criteria as delineated in reference (a) and this instruction.
- f. Comply with requests for EDIS data and information from BUMED.
- g. Participate in the MTF quality assurance program and ensure EDIS compliance with applicable JCAHO survey standards.
- h. Ensure EDIS staff complies with applicable HIPAA privacy requirements regarding safeguarding, release, or disclosure of information.
- i. Conduct ongoing process improvement activities.
- j. Annually assess training needs, develop individual professional training plans for EIS providers, and document that training requirements are met.
- k. Ensure early intervention procedural safeguards and due process entitlements are in place to include documentation that families receive written notice and a verbal explanation of their rights.
- l. Ensure EDIS staff, and the families served by EDIS, are informed of and understand the process for handling disputes potentially involving due process.
- m. Keep all personal and medical information pertaining to children and families served, whether oral or written, confidential and ensure consent is obtained before requesting or releasing information.

n. Develop and implement MTF command-approved written standing operating procedures (SOPs) that address site-specific guidance on EDIS operations and procedures to include:

(1) A protocol for orienting and training new staff.

(2) Local referral and intake procedures.

(3) A process for appointing trained mediators to provide alternate means of resolving disputes.

(4) A contingency plan for staff absences beyond 30 days, e.g., periods of deployment, extended leave, or staff vacancies. The plan will address a procedure for notifying parents in writing whenever services are discontinued due to staff absences or vacancies.

o. Provide or obtain technical assistance and in-service training as necessary.

2. Location and Organizational Placement. EDIS provides early childhood special education and allied health services in accordance with education laws and directives. It does not provide primary health care for ill children and need not be physically located within an MTF or clinic. Services are provided primarily in the child's natural environment or in a school setting. Decisions on program physical location and organizational alignment remain with the MTF commander; however, program placement must reflect the developmental and educational mission of EDIS and allow access to medical oversight and consultation.

3. Community-Based Program

a. While the MTF has ultimate responsibility for the EDIS program, EDIS is a community-based program. EDIS are provided in collaboration with other community agencies. The mission and structure of required program components may already exist with other community activities such as child development centers, fleet and family support centers, new parent support groups, etc.

b. EDIS should not duplicate already existing programs and services on the installation. Programs and services that may be available through collaborative arrangements with other community agencies include developmental child care for therapeutic purposes, respite care, information and referral, parent support groups, public awareness and Child Find, and transportation.

c. EDIS will draft, coordinate, and execute memoranda of understanding/ agreement (MOU/MOA), per applicable BUMED guidelines, with community agencies that provide support to EIS eligible families. These MOUs/MOA):

(1) Are used with community agencies, both on and off the installation, and with State and local agencies serving EIS-eligible families.

(2) Address type and frequency of services, procedures and responsibilities, timelines, costs, and methods of payment if resources are exchanged.

4. System Components. References (a) and (b) require the following system components:

- a. Process for early identification, screening, assessment, and tracking.
- b. Timely multidisciplinary evaluations.
- c. Comprehensive, family centered EIS.
- d. Child Find and referral system.
- e. Public awareness program, including providing information on early identification of infants and toddlers with disabilities and available resources and services within the military and local civilian community.
- f. Central directory of State and local services.
- g. Comprehensive system of personnel development (CSPD).
- h. Personnel standards.
- i. Data collection system.
- j. Inter-component Coordinating Council (ICC).
- k. Procedural safeguards and due process, including mediation services, to resolve disputes.
- l. Policies and procedures to ensure services are provided to the maximum extent possible in the child's natural environment to include the child's home and community settings in which children without disabilities participate, unless such services cannot be provided satisfactorily in these settings.

5. Required Services. EIS are those direct and indirect developmental services that are provided under the supervision of the MTF using Military Health System resources at no cost to the parents. These services include, but are not limited to:

- a. Comprehensive family-centered assessments that address the resources, priorities, and concerns of the family, and identify the support services necessary to enhance the family's capacity to meet the needs of the infant or toddler with disability and the family.
- b. Diagnostic and evaluation services to establish EIS eligibility and re-evaluations as necessary to determine needed changes in intervention techniques or services and family support and training.
- c. Family training, counseling, and home visits to enhance the family's capability to meet the child's developmental needs.
- d. Special instruction.
- e. Speech pathology and audiology.
- f. Occupational therapy.
- g. Physical therapy.
- h. Psychological services that enable the infant or toddler and the family to benefit from EIS.
- i. Service coordination services necessary to identify and implement the resources and services required to attain the outcomes specified on the Individualized Family Service Plan (IFSP).
- j. Medical services provided by a physician only when those services are for diagnostic or evaluation purposes necessary to determine eligibility for EIS by EDIS.
- k. Early identification, screening and assessment services.
- l. Vision services.
- m. Social work services.
- n. Approved assistive technology devices and services.
- o. Health services necessary to enable the infant or toddler to benefit from the required EIS.
- p. Transportation and related costs necessary to enable an infant or toddler and the family to receive EIS.

6. Procedural Safeguards and Due Process

a. Reference (b) affords parents of children with disabilities certain procedural safeguards and a due process entitlement. For the purposes of this instruction, the term “parents” refers to the individual or individuals with legal standing to make decisions for the child, who, on a case-by-case basis, may include both parents, a single parent, or the court appointed legal guardian(s) of the child.

b. Differences may arise between EDIS and parents of infants and toddlers with disabilities concerning identification, intake, assessment and evaluation, eligibility, or the provision of EIS. Parents will receive a copy of the *Early Intervention Procedural Safeguards and Due Process Procedures* (enclosure (8)) at each:

- (1) Intake or initial referral for evaluation.
- (2) Determination of “not eligible” for EIS.
- (3) Notification of an IFSP meeting.
- (4) Re-evaluation.
- (5) Receipt of a request for due process.

c. Parents will receive a verbal explanation regarding procedural safeguards and due process procedures concurrent with providing the written notice.

d. EDIS staff will ensure parents acknowledge receiving a copy of the *Early Intervention Procedural Safeguards and Due Process Procedures* by having the parent sign and date the appropriate early intervention form. EDIS convenience records must contain copies of all signed and dated forms.

e. The MTF legal office will be notified whenever the potential for a grievance, mediation, or due process occurs. If a family plans to pursue mediation or due process, the MTF must notify the appropriate Navy Medicine Echelon III Activity and the BUMED EDIS Program Manager (BUMED-M32) within 3 working days of the initiation of any such action.

f. The MTF will cooperate with mediators, hearing officers, and DOD legal counsel to assist with the development of all facts. Requests for records will be referred to the appropriate MTF records manager. Results of dispute resolution proceedings are binding on all parties.

7. Entitlement to EIS through EDIS

a. An infant or toddler must be eligible, but for their age, to enroll in a DOD school arrangement (DODDS or DDESS) on a space-required basis to be entitled to EIS through EDIS. Entitlement to military medical care by itself does not determine eligibility for EIS.

b. In overseas areas, eligible children also include children of DOD Federal civilian employees who are on command-sponsored assignments that confer eligibility for space-required education in DODDS.

c. In Guam, children of non-DOD Federal civilian employees may also be eligible for EIS through EDIS if they are eligible for space-required education in DDESS. For a child in this category, contact the DDESS enrollment official to ascertain eligibility to enroll in the school.

(1) Family members of U.S. Coast Guard and U.S. Customs Service members are eligible for space-required education in DDESS and, therefore, entitled to EIS through EDIS.

(2) Family members of Active Duty military members who are residing in Guam solely because of their military assignment, and who are not residing in permanent quarters on a military installation, are eligible for space-required education in DDESS and, therefore, entitled to EIS through EDIS.

(3) Family members of Reserve or National Guard members who are residing in Guam but who are not on orders to active duty (Federalized) are not eligible for space-required education in DDESS and, therefore, not entitled to EIS through EDIS.

d. Family members of Active Duty military members assigned to a stateside military installation with DDESS, who are not residing in permanent quarters on the military installation, are not eligible for space-required education in DDESS and, therefore, not entitled to EIS through EDIS. EDIS will refer these families to the local civilian agency for EIS. At the MTF commander's discretion, EDIS may follow children who receive services from local civilian agencies for the purpose of providing liaison between the civilian early intervention, the MTF, and community resources. This activity is neither mandatory nor required by DOD policy and should not be considered as a required cost of operating EDIS.

e. Family members of Active Duty military members assigned to a CONUS military installation without DDESS are referred to the local civilian lead agency for EIS.

8. Exceptional Family Member Program (EFMP)

a. Children of military sponsors determined eligible for EIS, either through EDIS or a local civilian agency, are required to enroll in the EFMP. EDIS staff will advise the family of this requirement, complete DD Form 2792-1, and refer the family to the MTF EFMP Coordinator for enrollment.

b. EFM programs are service-specific and operated under the aegis of each Service. For non-Navy families, inquiries should be directed to the appropriate EFMP manager for each Service.

9. Comprehensive System of Personnel Development (CSPD). All EIS providers, including program managers, will participate in CSPD training activities. CSPD activities include, but are not limited to:

a. Ongoing training of EDIS staff regarding policy, procedures, roles and responsibilities.

b. Training that addresses current trends in EIS.

c. In-service training to educational, legal, and other community personnel regarding the basic components of EIS.

10. Initial, Annual, and In-service Training

a. New EDIS staff will receive orientation training within 30 days of hire or transfer into the MTF. This training will include: an overview of the MTF and installation command structure; DOD, Navy, BUMED, and MTF policies and procedures; EDIS mission and program philosophy; Special Needs Program Management Information System (SNPMIS) data entry; DOD compliance monitoring and JCAHO accreditation requirements; HIPAA requirements; process improvement initiatives; roles and responsibilities of community agencies involved in EDIS; and any other information deemed appropriate.

b. Annual staff training will be based on a comprehensive assessment of training needs by the EDIS program manager and documented in individualized training plans.

c. All EDIS direct hire professional staff should attend at least one annual professional development training activity to meet CSPD and JCAHO requirements.

d. Policy for contract staff to attend training activities is specified in the terms of the contract.

e. Any professional training paid for by the Government will be approved by the EDIS program manager and complement the individual's training plan and overall EDIS mission. The training should provide continuing education units to ensure the quality of the training program.

f. Training sources include the DOD, the Navy, or civilian organizations such as universities and professional organizations.

g. EDIS staff will receive training on the Navy system for identifying, reporting, and responding to child abuse and neglect. Such training may be obtained through installation family advocacy programs.

h. EDIS program managers should receive additional training in leadership, program management and administration, and personnel and resource management. Completion of a contracting officer's representative (COR) course is recommended for program managers with contract staff.

i. For military staff, training documentation will be maintained in department training folders (personnel activity files). For GS civilian staff, training documentation will be forwarded to the human resource office for inclusion in the official personnel folder.

11. Program Staffing

a. The EDIS program manager will develop appropriate strategies for the recruitment and retention of EIS providers (e.g., recruitment and retention bonuses, marketing, contracting, etc.) to minimize vacancies.

b. EDIS staffing levels will be site specific and depend on factors such as:

(1) Expected caseload served by EDIS within its area of responsibility.

(2) Availability of other qualified staff within the MTF not directly assigned to EDIS.

(3) Availability and quality of purchased services in the local civilian community.

c. As a minimum, an EIS team should have at least one early childhood special educator who has a master's degree or equivalent experience working with developmentally delayed infants or toddlers.

d. Each EDIS program will have a designated program manager. The size of the installation and the anticipated caseload will determine whether the EDIS manager performs single or multiple functions.

e. Each EDIS program must have medical oversight provided by a designated medical officer who will conduct medical evaluations or be available for consultations.

f. Additional staff positions may include, but are not limited to, occupational therapists, physical therapists, speech and language pathologists, nurses, social workers, clinical psychologists, service coordinators, and early childhood special educators.

g. EDIS may purchase services from qualified EIS providers or local community sources, or supplement services with other appropriately credentialed staff within the MTF.

h. The overall ratio of direct care staff to the number of eligible children enrolled for EIS should average 1:15. This ratio does not include administrative or management staff and will vary based on the size of the program, population served, geographic area covered, and availability of purchased services outside of EDIS.

i. Where total active caseloads are substantial (more than 40 children), assistant service coordinators may be required to perform Child Find activities, screening and intake services, documentation, and tracking of "at risk" children. Assistant service coordinators primarily accomplish administrative functions and should not be considered in the staff-to-child ratio.

12. Personnel Standards. All EIS providers, to include military, direct hire (GS), or contract (full- or part-time), must meet MTF credentialing and privileging requirements for their discipline. The MTF credentials committee will maintain required documentation for credentialed providers. EIS providers must:

a. Meet standards for allied health providers (privileged) or human resource standards for non-allied health providers (credential requirements in job description).

b. Be licensed, certified, or privileged in at least one U.S. State, Commonwealth, territory, or jurisdiction.

c. Comply with a request for a criminal history background check and receive favorable results.

d. If required, submit to an initial and annual competency-based evaluation of skills and knowledge.

e. Have appropriate training and experience working with infants and toddlers and families within an IDEA framework.

f. For EDIS program managers, have demonstrated competence in leadership and management of people and programs.

13. Public Awareness and Child Find. The EDIS program manager will ensure that ongoing public awareness and Child Find activities occur. These activities encompass the social, educational, and medical aspects of outreach that assist with the identification of potentially eligible children. Public awareness efforts and Child Find activities should include collaboration with child development centers; fleet and family support centers; new parent support groups; DDESS or DODDS; well-baby, pediatric, family practice, or primary care clinics; newborn nurseries; and any other community activity serving children and families.

14. Resource Accountability. EDIS funds are intended for the provision of IDEA-mandated services and not for medical services to children and families as part of regular medical care. All funds obligated for EDIS will be accounted for under appropriate cost accounting codes established for EDIS. Workload will be accounted for under appropriate workload data collection systems such as the Special Needs Program Management Information System (SNPMIS). Each MTF receiving resources specially designated for EDIS must manage these funds carefully to allow accurate reporting to DOD and Congress.

15. Inter-component Coordinating Council (ICC)

a. EDIS programs will establish an ICC within their respective area of responsibility. The ICC may be established as a subcommittee of other existing councils or committees.

b. The ICC membership should consist of all community agencies and MTF activities that serve special needs children and their families. Membership will vary by installation or community, but must always include representation by as many parents of children with disabilities who are willing to participate.

c. The ICC should meet at least quarterly to exchange information, facilitate coordination among agencies, and provide community-wide program planning and quality oversight. Ensure a copy of the meeting minutes are provided to each committee member.

16. Data Collection and Reporting. EDIS staff will maintain data in the SNPMIS that is designed to capture EDIS requirements and workload. EDIS staff will enter data in a timely manner normally completing data entry within the week the activity occurred. Non-IDEA/space-available services will be entered into the MTF data system and not into SNPMIS.

17. Parent Participation

a. To ensure a parent perspective, EDIS will include parents as ICC members. Parents provide valuable consultation on program development, evaluation and improvement, and staff development.

b. Depending on need, EDIS should assist parents in implementing support programs or help them access such programs in the local community.

18. Child Abuse and Neglect. If any member of the EDIS staff suspects any circumstances that may endanger the health or well-being of a child or other family member, her or she will report these concerns to the appropriate installation point of contact per local command policy. Since EDIS is a voluntary program, refusal of EIS is not by itself reportable as neglect.

19. EDIS Convenience Records

a. EDIS convenience records are maintained in the EDIS program office as secondary educational records. Records shall be kept in a locked file in a locked room within a locked building with access limited to authorized EDIS staff.

b. EDIS convenience records contain all information relating to assessments and evaluations and the provision of services specified in an IFSP. An EDIS convenience record will be established whenever a child is evaluated to determine eligibility (regardless of whether the child becomes eligible to receive services) or when a child is being tracked.

(1) Child screening results, obtained as part of a mass screening and Child Find effort, do not require the establishment of an EDIS convenience record. Results are maintained in an EDIS administrative file and a copy placed in the outpatient medical record (OREC).

(2) Unless the child is evaluated for eligibility by EDIS, child screening information results obtained from outside of EDIS are also maintained in an EDIS administrative file and a copy placed in the OREC.

c. EDIS convenience records are subject to HIPAA and the Privacy Act of 1974, and information may only be released as authorized by law.

d. At a minimum, the EDIS convenience record will contain identification information, signed releases, signed notification of procedural safeguards, intake information, test protocols and results, evaluation reports, copies of pertinent medical records, treatment and case notes, any documents and notes pertinent to the child and family's access to services, IFSP and addenda, and all NAVMED forms prescribed by this instruction.

(1) It is not necessary to structure treatment and case notes as subjective, objective, assessment, plan (SOAP) notes.

(2) Notes must reflect activities in support of and progress toward the functional outcomes specified in the IFSP.

e. EDIS convenience records will be maintained in a six-sided folder structured as follows:

(1) Section 1: Referral Information

- (a) Demographic information (on top).
- (b) Documentation of referral.
- (c) Documentation of initial family contact.
- (d) Initial service coordination notes.

(2) Section 2: Evaluation and Assessment Documentation

- (a) NAVMED 1755/1, Permission to Screen, Assess, or Evaluate.
- (b) Evaluation reports.
- (c) Social-family history.
- (d) Functional vision and hearing screening results.
- (e) Accompanying meeting notifications.

(3) Section 3: Eligibility/Service Plan Information

- (a) NAVMED 1755/2, Certification of Early Intervention Eligibility.
- (b) NAVMED 1755/3, IFSP.
- (c) NAVMED 1755/3-1, IFSP Review/Change Addendum.
- (d) Accompanying meeting notifications.

(4) Section 4: Service Delivery Documentation

- (a) Service delivery notes (in reverse chronological order for each discipline separated by sub-tabs).
- (b) Ongoing service coordination notes (in reverse chronological order).
- (c) Transition services information.
- (d) Discontinuation of services summary (on top).

(5) Section 5: Related Medical, School, and Community Agency Correspondence and Miscellaneous Information

- (a) NAVMED 1755/4, Consent to Request or Release Information.
- (b) Permission to video.
- (c) School transition information.
- (d) Correspondence with other agencies.
- (e) Miscellaneous information.

(6) Section 6: Test Protocols.

f. The OREC will contain a notation that a convenience record exists in EDIS. At a minimum, the OREC will contain a copy of the following documents: test protocols and results; evaluation reports; eligibility certification; pertinent medical information not already in the OREC; the IFSP and addenda; treatment and case notes; and the discontinuation of services summary.

g. The EDIS convenience record will be retained on site for 2 years following the termination of EIS. After this time, the record can be destroyed.

20. Confidentiality and Release of Information

a. All early intervention information pertaining to infants or toddlers and their families, whether oral or written, is confidential and will be protected.

b. HIPAA privacy rules require consent from parents when exchanging protected health information with individuals or agencies outside the covered entity, which is defined as the Military Health System and TRICARE network. When exchanging protected health information (PHI) outside the covered entity, EDIS staff will complete NAVMED 1755/4, Consent to Request or Release Information (enclosure (7)). The form will be signed and dated by the parent indicating consent prior to the PHI exchange.

c. Upon written consent of the parents, summary information and the most recent IFSP will be forwarded to the gaining activity when a child transitions to another early intervention program, school, or installation.

21. Annual Report of Compliance. MTF EDIS programs will submit an annual report of compliance to BUMED-M32 not later than May 31st of each year certifying that each EDIS program under the direction of the MTF is in compliance with reference (a) and this instruction.

- a. Compliance will be assessed using the EDIS DOD Compliance Standards and Evaluation Criteria at enclosure (9).
- b. The report will specify if each standard is “met” or “not met.” For standards “not met,” provide a narrative summary, including timelines of corrective actions.
- c. The report will include a description of major process improvement initiatives undertaken during the reporting period to improve services to children and families or to support compliance efforts.

EIS PROCEDURES

1. The process for providing EIS consists of seven critical phases. Enclosure (10) contains a flow chart of the EDIS early intervention procedural pathways and activities at each phase which include:

- a. Referral.
- b. Intake.
- c. Assessment and evaluation.
- d. Eligibility.
- e. IFSP development and implementation.
- f. Service delivery.
- g. Transition.

2. Referral

a. Accepting Referrals. EDIS will only accept referrals for EIS from the child's family or MTF health care providers. If other agencies outside the medical system refer a child to EDIS, EDIS will redirect the agency to ask the parent to contact EDIS.

b. Procedures. Referral procedures will be specified in an SOP and include a requirement for entering each referral into SNPMIS.

c. Timelines. Families have the right to timely services. EDIS staff will initiate contact with the family within 7 calendar days upon receipt of a referral. Reference (a) specifies a 45-calendar day timeline from the receipt of a referral to complete the evaluation, determine eligibility, and develop an IFSP, unless mitigating circumstances are documented in the case file or in SNPMIS.

3. Intake

a. Intake focuses on obtaining comprehensive information on the child and family. Intake does not necessarily take place in a single event nor is information necessarily obtained during a single visit. This phase is crucial to developing a trusting partnership with the family.

b. At the initial visit, EDIS staff will provide parents a copy and verbal explanation of the standardized EDIS Early Intervention Procedural Safeguards and Due Process Entitlements handout (enclosure (8)). If the parents agree to screening and evaluation

at this visit, EDIS staff will obtain a completed NAVMED 1755/1, Permission to Screen, Assess, or Evaluate (enclosure (3)), from the parents. At this point, parents will be advised that they will be referred for enrollment into the Exceptional Family Member Program (EFMP) if and when their child meets eligibility criteria for EIS.

c. Intake may involve a developmental screening administered by appropriately qualified EDIS staff. Developmental screenings help determine the appropriateness of the referral and guide the remaining assessment and evaluation process. Developmental screenings do not establish eligibility. If the parents agree to a screening, the NAVMED 1755/1 is completed. The screening will always:

- (1) Consider family concerns and priorities.
- (2) Include a functional vision and hearing screening.

d. If the screening reveals a comprehensive assessment and evaluation is warranted, or if the family desires an evaluation, the service coordinator will establish an EDIS convenience record. Enclosure (1), paragraph 19 contains guidance on establishing EDIS convenience files.

e. Intake will include the following:

- (1) A family interview to determine the family's concerns, priorities, resources, and needs.
- (2) Use of an intake form or questionnaire that contains the necessary information to populate the child-family demographics screen in SNPMIS.
- (3) A social-family history (psycho-social assessment).
- (4) Information about family routines and activities.
- (5) A prenatal history and review of the child's developmental milestones.
- (6) A review of child and family strengths and challenges.
- (7) A review of the child's health and physical status, to include nutrition, feeding, and sleeping patterns.
- (8) A functional hearing and vision screening.
- (9) A review of medical records, if available. If there is no evidence of a physical examination within the past 6 months, refer the child for a physical examination noting area(s) of concern.

5. Assessment and Evaluation

a. The terms assessment and evaluation are often used interchangeably. For the purposes of this instruction, the terms are defined as follows:

(1) Assessment is the ongoing procedures used by appropriately qualified personnel through the period of a child's eligibility determination to identify the child's unique needs; the family's strengths and needs related to the development of the child; and the nature and extent of EIS that are needed by the child and family to meet their unique needs.

(2) Evaluation is the synthesis of assessment information by a multidisciplinary team used to determine whether a particular child has a disability; the type and extent of the disability; the child's eligibility to receive EIS; and the basis for developing the IFSP.

b. Each time a child is assessed, EDIS staff will obtain a completed NAVMED 1755/1 from the parents.

c. Assessments and evaluations will be conducted by a multidisciplinary team whose members comprise at least two different disciplines. The team members will be qualified to administer and interpret the formal testing instruments and protocols used. Qualifications will be noted in the team member's appropriate credentials or training file.

d. Assessments and evaluations must address all five developmental domains: cognitive; physical (motor); communication; social-emotional; and adaptive (self-help).

e. Assessments and evaluations will include:

(1) Observations and parent reports.

(2) Standardized measures assessing the five developmental domains and supported by professional judgment. EIS providers will determine what instruments are appropriate for use in establishing eligibility and subsequent services for the child and family. If the child is found eligible, additional criterion-referenced measures may be used to further examine areas of suspected delay and to develop activities and strategies for the IFSP.

6. Integrated Evaluation Report. Upon completion of an assessment and evaluation, the EIS multidisciplinary team will write an integrated evaluation report. The report will be based on information gathered during intake, assessment, and evaluation.

a. The report should be brief, addressing only essential issues that determine eligibility and assist with the development of the IFSP.

b. The report will be written in family-friendly language and layman terms and include at a minimum:

(1) Child's name, date of birth, and chronological age and, if applicable, child's adjusted age.

(2) Parents names and sponsor social security number.

(3) Evaluation date and names of all evaluators.

(4) Reason for referral.

(5) Brief summary of medical history including prenatal history and developmental milestones.

(6) Child's current health status based a recent physical examination.

(7) Functional hearing and vision status.

(8) Social-family history summary or psycho-social assessment as it relates to the child's disability, delivering services to the family, or the family's ability to fully participate in EDIS.

(9) Family concerns regarding the child.

(10) Summary of child and family strengths and needs.

(11) Pertinent information regarding family and child routines and activities that provide opportunities for intervention services and strategies.

(12) Relevant assessment and evaluation results and information.

(13) Test scores for each of the five developmental domains and the interpretation of those scores with regard to eligibility.

(14) Developmental status of cognition, physical (motor), communication, social-emotional, and adaptive development.

(15) Observations and impressions.

(16) Signatures of all participants including the parents.

c. As a courtesy and when possible, provide parents with a copy of the integrated evaluation report prior to the eligibility meeting. The report should provide sufficient data and information to support the eligibility determination.

7. Eligibility

a. Entitlement to medical care through the Military Healthcare System does not determine eligibility for EIS from EDIS. An infant or toddler is eligible for EIS if both of the following criteria are met:

(1) The child is eligible, but for their age, to enroll in a DOD school arrangement (DODDS or DDESS) on a space-required basis (see enclosure (1), paragraph 7).

(2) The child has a documented developmental delay or a medical condition with a high probability for causing developmental delay (biological risk).

b. Developmental Delay. Criteria include at least 25 percent (or two standard deviations) delay in one area, or 20 percent (or 1.5 standard deviations) delay in two or more developmental areas (cognitive, physical, communication, social-emotional, or adaptive) as measured by a standardized diagnostic instrument and confirmed by professional observation and judgment.

(1) If a child has delays only in motor function (gross motor and fine motor), but the evaluation tool does not yield a total score that meets eligibility criteria, the child may be eligible if there is a 1.5 standard deviation difference between the sub-tests for fine motor and gross motor development, provided one sub-test measures at least two standard deviations below the mean.

(2) The total score of expressive and receptive language in the area of communication will be used to determine eligibility. Sub-tests alone in the communication domain do not stand alone when determining eligibility. Children over the age of 2 years may qualify for EIS on the basis of phonological or articulation problems alone if they demonstrate: atypical phonological processes; the continued use of processes that should have resolved by that age; or a two-standard deviation delay on a standardized test of articulation.

c. High Probability of Developmental Delay (Biological Risk). An infant or toddler with a diagnosed physical or mental condition, which has a high probability of resulting in developmental delay, is eligible for EIS.

(1) Determination of biological risk will be based on a physician's diagnosis. Examples of diagnosed medical conditions that may result in automatic eligibility are listed in enclosure (11).

(2) Biological risk alone constitutes eligibility and does not require standardized testing until the child is 6 months of age (adjusted for prematurity). At a minimum, EDIS will conduct a family assessment and develop an integrated evaluation report in order to facilitate development of an IFSP.

(3) Prematurity alone does not constitute biological risk. Infants who are less than 32 weeks gestation, or less than 36 weeks gestation and have complications such as birth trauma or extremely low birth weight (1000 grams or less), may qualify for EIS. The determination will be made based on informed clinical opinion involving the use of multiple sources of qualitative and quantitative information that confirms or negates the presence of a developmental delay or disability.

d. Documenting Eligibility. EIS providers will complete NAVMED 1755/2, Certification of Eligibility (enclosure (4)), to document eligibility or, if not eligible, to document disposition of the referral. The form is then added to the finalized evaluation report. The form is only completed when initial eligibility is determined or when the child's eligibility status has changed. The form is not completed when the child is no longer eligible for EIS because of age or when parents decline further EIS.

e. Tracking. Children who do not meet EIS eligibility criteria, but have professional justification for concern, will be tracked for signs of developmental delay. Tracking becomes an option only after completing the evaluation and eligibility processes. EIS providers will initiate a referral to an appropriate provider or agency to address any medical concern.

(1) Parents must approve tracking of their child's development. Check the appropriate block on NAVMED 1755/2 and ensure parents sign the form.

(2) Contact with the child and family should occur as deemed necessary by EIS providers (normally every 2 months) or if initiated by the family. Individual notes on all tracking activities are made on a SF 600 and placed in the EDIS convenience record.

(3) If tracking indicates the need for EIS, a new evaluation is initiated. This constitutes a new referral and the 45-calendar day timeline begins.

f. EFMP Referral. Children of military sponsors who are determined eligible for EIS are referred to the MTF EFMP Coordinator for enrollment. EDIS will complete DD Form 2792-1, EFMP Special Education/Early Intervention Summary, for each child referred.

8. Individualized Family Service Plans. NAVMED 1755/3, Individualized Family Service Plan (IFSP) (enclosure (5)), will be developed for each eligible child and family prior to the initiation of EIS.

a. The IFSP development meeting will take place within 45 calendar days of receipt of the incoming referral. If an IFSP meeting can not be held within 45 days due to extenuating circumstances or because of incomplete evaluations, document the reasons in the EDIS convenience record and in SNPMIS.

b. The IFSP development meeting will include the service coordinator, parents, persons invited by the parents, persons involved in the evaluation, and persons who may provide services. Arrangements will be made to receive input from EIS providers unable to attend the meeting.

c. The IFSP will include statements that address the following:

(1) Present level of child's development in all five developmental areas based on objective criteria.

(2) Family resources, priorities, and concerns.

(3) Expected major functional outcomes stated in the family's terms that are agreed upon by the family and EDIS staff.

(4) Intervention services needed to accomplish the desired outcomes.

(5) Date(s) services will begin and the frequency, intensity, and duration of the services.

(6) Criteria for measuring progress toward the desired functional outcome.

(7) Natural environment where services will take place and, if appropriate, justification as to why services are not provided in a natural environment.

(8) Name of the service coordinator.

(9) A transition plan if applicable.

d. Parents must provide written approval to implement the IFSP by signing the IFSP in the appropriate block. The IFSP is valid for 1 year from the date of implementation.

e. The IFSP will be reviewed at least every 6 months, or sooner if requested by the family or EIS provider.

(1) The review does not require a full team meeting and may be accomplished with a meeting between the service coordinator and family.

(2) The IFSP review and any changes to the IFSP are documented on NAVMED 1755/3-1, Individualized Family Service Plan (IFSP) Review/Change Addendum (enclosure (6)).

f. The IFSP will be evaluated at least annually prior to the end date of the current IFSP.

(1) The annual evaluation meeting will include the service coordinator, parents, persons invited by the parents, persons involved in any subsequent evaluations, and persons providing services. Arrangements will be made to receive input from EIS providers unable to attend the meeting.

(2) The annual evaluation will include:

- (a) A review of the current IFSP.
- (b) An assessment of progress made toward the specified outcomes.
- (c) An evaluation addressing all five developmental areas using standardized measures.
- (d) A review of the child's medical records and current health status.
- (e) A review of social family history, participation in EIS, and current family concerns.

(3) If a child with an IFSP is subsequently evaluated, parents will complete another NAVMED 1755/1 (9-2005).

g. When a child with a current IFSP transfers from another DOD EDIS program, services specified on the IFSP will be implemented immediately.

h. When a child with a current IFSP transfers from a civilian EIS program, incoming documents will be reviewed and the family contacted within 7 working days.

(1) If adequate information exists to determine eligibility (based on DOD eligibility criteria), complete NAVMED 1755/2 (9-2005) and NAVMED 1755/3 (9-2005).

(2) If the information is not adequate to determine eligibility or to implement a new IFSP, proceed as a new referral and initiate the 45-calendar day timeline. During this period, EDIS may provide the services specified on the incoming IFSP.

9. Service Delivery

a. Services will be provided in natural environments unless a determination is made (and documented on the IFSP) that such an arrangement is not practical. Natural environments are settings that are natural and normal for the child's same age peers who have no disability and may include everyday routines, relationships, activities, people, and places that are part of the child's life.

b. Services will be tailored to support the child and family during their natural routines and activities and include the participation of the parents or primary caregiver. This may occasionally require providing services outside of traditional duty hours and settings.

c. Parents have the right to refuse any services specified on the IFSP without jeopardizing access to those services they wish to have for their child.

d. Service delivery models may vary depending on the outcomes specified on the IFSP and the needs of the child and family. Service delivery models include:

(1) Individual. Services provided by a single provider to the child and family.

(2) Collaborative. Individual services provided at the same time by two or more providers to the child and family.

(3) Group. Services provided to two or more children at the same time; e.g., play or speech groups, by any number of providers.

(4) Trans-disciplinary. All services provided by a primary service provider to the child and family with consultation and support from one or more other service providers.

e. EDIS is responsible for obtaining assistive technology devices and services deemed necessary to support functional outcomes and activities specified in the IFSP. Such devices or services will be specifically documented on the IFSP.

(1) EDIS will fund and purchase these devices and services or assist in acquiring them through TRICARE, the TRICARE Extended Care Health Option (ECHO) (if eligible), or other agencies or programs.

(2) If available, EDIS may loan assistive technology devices after the family has been trained in the proper use and maintenance of the device and has demonstrated competency with the device.

(3) EDIS should also assist families in obtaining other desired assistive technology devices or services not specified in the IFSP; however, fiscal liability ultimately belongs to the family and not EDIS.

(4) EDIS is not responsible to fund or purchase:

(a) Eyeglasses, hearing aids, or assistive technology devices that are normally prescribed as part of routine health care.

(b) Items normally associated with the routine care of infants and toddlers such as formula, baby food, bottles, nipples, diapers, etc.

f. Any changes in service delivery, outside the 6-month review or annual evaluation, will be determined by a team to include the service coordinator, parents, and any other service provider who has information relevant to the proposed change. Any changes will be documented on NAVMED 1755/3-1 (9-2005).

g. Service delivery interruptions due to cancellation by or unavailability of the family for more than 3 consecutive weeks or three consecutive sessions (whichever is greater) will be discussed with the family and documented in the EDIS convenience record. Complete NAVMED 1755/3-1 (9-2005) if alternate plans result in changes to the IFSP.

h. EDIS will not unilaterally discontinue EIS unless:

(1) The parent concurs in writing.

(2) The child reaches age 3.

(3) The family moves off base or to a new duty location.

i. When an otherwise eligible family fails to participate in EIS, EDIS will periodically attempt to contact the family. Such attempts will be documented. At a minimum, one of the attempts will include a letter to the family with the Procedural Safeguards and Due Process Entitlements as an enclosure.

j. Families may choose to discontinue services at any time without a team meeting.

k. When services are discontinued for any reason, EIS providers will complete a discontinuation of services summary (final summary report). The summary will be placed in the EDIS convenience record and a copy placed in the OREC. The summary will document the reason for discontinuing services, the progress made during the service period, current evaluation results (if transition is to a school), and recommendations for continued services.

10. Transition

a. A transition plan will be developed and documented on the IFSP by the time a child reaches the age of 2 years 6 months.

b. The transition process will begin no later than 6 months prior to a child's 3rd birthday if the child transitions from EIS to a DOD preschool or other educational setting.

c. The transition process will take place following established written procedures. Reference (c) prescribes inter-component operating procedures for EDIS-DODDS transitions. For consistency, the same guidance should be adopted for EDIS-DDESS transitions.

d. If a child turns 3 years of age during the summer or last quarter of the school year, the child and family may continue to receive EIS until the beginning of the following school year or other date as specified in the child's transition plan. Any such decision should be based on the best interest of the child and family and in accordance with EDIS-DOD school written agreements. At no time should a child beyond 42 months of age receive EIS from EDIS.

e. If a child transitions to other than a preschool special education program, EIS providers will assist the family in identifying other services or support for the child that may be available in the local community.

f. EIS providers will complete a discontinuation of services summary for each child who transitions from the program.

Permission to Screen, Assess, or Evaluate Educational and Developmental Intervention Services (EDIS) - Early Intervention Services	
Location of EDIS Program:	
1. Child/Family Information	
Child's Name: (first, middle initial, last)	Today's Date: (DDMMMYYYY)
Sponsor's Name: (first, last)	FM DEERS Prefix and Sponsor's SSN:
2. Permission to Screen. (Do not use this form for mass Child Find screening activities.)	
<input type="checkbox"/> Developmental Screening	<input type="checkbox"/> Functional Hearing Screening
<input type="checkbox"/> Functional Vision Screening	<input type="checkbox"/> Other:
3. Permission to Assess/Evaluate Purpose: <input type="checkbox"/> Eligibility <input type="checkbox"/> Annual <input type="checkbox"/> Subsequent	
<input type="checkbox"/> Comprehensive Assessment/Evaluation (check when permission is requested for <u>all</u> five developmental areas) <input type="checkbox"/> <u>Communication</u> – how your child understands and lets you know what he/she wants. <input type="checkbox"/> <u>Social-Emotional</u> – how your child gets along with family members and other people. <input type="checkbox"/> <u>Cognitive</u> – how your child thinks and solves problems. <input type="checkbox"/> <u>Adaptive</u> – how your child performs tasks such as dressing, feeding and toileting. <input type="checkbox"/> <u>Physical: Motor</u> – how your child moves and uses his/her hands. <input type="checkbox"/> <u>Health</u> – review of medical records and an assessment of vision and hearing.	
Other permission:	
<input type="checkbox"/> Additional assessments/evaluations required to complete a comprehensive assessment/evaluation. <input type="checkbox"/> Subsequent stand-alone assessments/evaluations. <input type="checkbox"/> Referral to other agencies/providers. <input type="checkbox"/> Observation (Check when permission is requested to conduct observation(s) without the parent/guardian present and specify location.) <input type="checkbox"/> Other (specify):	
Comments: (Specify family requests regarding the assessment/evaluation, for example, conducted in the family's home, both parents to be present, conducted in Spanish, child most alert between 9-11 AM, etc.)	
4. Parent/Guardian Permission	
Privacy Act Statement: 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. The primary purpose for collecting this information is to obtain permission for EDIS to screen, assess, or evaluate your child. This information will be used by EDIS to determine eligibility and, if eligible, appropriate early intervention services. Disclosure is voluntary, however, failure to provide this information may affect participation in EDIS. If your child is determined to have a developmental delay, you will be referred for Exceptional Family Member Program enrollment.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I received a copy of the early intervention procedural safeguards and due process procedures and an explanation of this information.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand the procedural safeguards and due process procedures.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission to conduct the screenings/assessments/evaluations described above.	
Parent/Guardian: (Signature and Date)	Parent/Guardian: (Signature and Date)
Prepared by: (Signature and Title of EDIS Staff Member)	
Original: EDIS Convenience Record - Copy: Parent	

Certification of Early Intervention Eligibility	
Educational and Developmental Intervention Services (EDIS) - Early Intervention Services	
Location of EDIS Program:	
1. Child/Family Information	
Child's Name: (first, middle initial, last)	Date of Birth: (DDMMYYYY)
Sponsor's Name: (first, last)	FM DEERS Prefix and Sponsor's SSN:
Date of Referral: (DDMMYYYY)	Date of Eligibility Meeting: (DDMMYYYY)
2. DOD School Enrollment Eligibility	
The child, but for his/her age, is eligible to enroll in a DOD school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If eligible, the child's DOD school enrollment status is:	
<input type="checkbox"/> Space-required/tuition-free <input type="checkbox"/> Space-available/tuition-free <input type="checkbox"/> Space-available/tuition-paying	
3. Early Intervention Eligibility. Based on a comprehensive, multidisciplinary assessment/evaluation, the child is:	
<input type="checkbox"/> Not eligible for early intervention services from EDIS: (specify reason) _____	
Tracking: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify tracking plan such as frequency, duration and by whom) _____	
<input type="checkbox"/> Eligible for early intervention services from EDIS: (check all that apply)	
<input type="checkbox"/> Developmental Delay: (specify percentage of delay or standard deviation under area of delay)	
<input type="checkbox"/> Communication	<input type="checkbox"/> Social-Emotional
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Adaptive
<input type="checkbox"/> Physical-Motor	
<input type="checkbox"/> Biological Risk: (specify diagnosis and ICD9 code) _____	
Based on child's eligibility to enroll in a DOD school, early intervention services from EDIS are:	
<input type="checkbox"/> Space-required/non-paying <input type="checkbox"/> Space-available/non-paying	
Family <input type="checkbox"/> does <input type="checkbox"/> does not want early intervention services.	
4. Parent/Guardian Statement and Signature(s)	
Privacy Act Statement: 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. The primary purpose for collecting this information is to certify eligibility for early intervention services. EDIS will use this information to document eligibility. Disclosure is voluntary, however, failure to provide this information may affect participation in EDIS.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I received a copy of the early intervention procedural safeguards and due process procedures and an explanation of this information.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand the procedural safeguards and due process procedures.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I participated in the eligibility determination for my child with the EDIS team.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I agree with the eligibility decision.	
Parent/Guardian: (Signature and Date)	Parent/Guardian: (Signature and Date)
Prepared by: (Signature and Title of EDIS Staff Member)	
Original: EDIS Convenience Record - Copy: Parent and OREC	

Individualized Family Service Plan (IFSP) Educational and Developmental Intervention Services (EDIS) - Early Intervention Services		
Location of EDIS Program:		
1. Child/Family Information		
Child's Name: (first, middle initial, last)	Date of Birth: (DDMMYYYY)	
Sponsor's Name: (first, last)	FM DEERS Prefix and Sponsor's SSN:	
2. Service Plan <input type="checkbox"/> Initial <input type="checkbox"/> Annual		
IFSP Development Date:	Projected 6-Month Review Date: (DDMMYYYY)	
Service Coordinator's Name:	Next Service Plan Date: (DDMMYYYY)	
3. IFSP Team Members and Signatures (List all persons attending the IFSP meeting.)		
Attendee's Name	Specialty / Relationship to Child	Signature
Other Contributors Not Present (Signature not required.)	Specialty / Relationship to Child	
4. IFSP Review/Change Dates. (Dates must coincide with dates on the IFSP Review/Change form. Complete the IFSP Review/Change form any time there is a review or change and enter the date here.)		
5. Parent/Guardian Statement and Signature (s). (Sign and date upon completion of the IFSP.)		
Privacy Act Statement: 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. The primary purpose for collecting this information is to develop an IFSP for your child and family. EDIS will use this information to provide early intervention services that address functional outcomes specified in the plan. Disclosure is voluntary, however, failure to provide this information may affect participation in EDIS.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I received a copy of the early intervention procedural safeguards and due process procedures and an explanation of this information.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand the procedural safeguards and due process procedures.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I participated in the development of this IFSP with the EDIS team.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I am in agreement with this IFSP.		
Parent/Guardian: (Signature and Date)	Parent/Guardian: (Signature and Date)	
Prepared by: (Signature and Title of EDIS Staff Member)		
Original: EDIS Convenience Record - Copy: Parent and OREC		

Child's Name:
6. Present Levels of Development. (Describe the child's present levels of development based on information provided by the parents, team observations and other objective criteria.)
Communication: (How your child understands and lets you know what he or she wants or needs.)
Social-Emotional: (How your child gets along with family members and other people.)
Cognitive: (How your child understands concepts and solves problems.)
Adaptive: (How your child performs tasks such as eating, dressing, bathing, toileting and sleeping.)
Physical-Motor: (How your child moves and uses his/her hands.)
7. Child and Family Strengths and Resources

Child's Name:
8. Family/Child Concerns, Priorities, and Outcomes (Describe the child's present and emerging skills and strengths based on information provided by the parents, team observations and other objective criteria.)
Date Of Outcome: _____ <input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition <input type="checkbox"/> Revision of Outcome # _____
Family Concern:
Outcome # _____ What we would like to see happen for our child/family.
Strategies to Achieve the Outcome:
9. Progress Toward Achieving the Outcome (Describe what constitutes progress toward achieving the desired outcome, how progress will be measured (for example: observation; parent report; ongoing assessment; etc.) and when progress will be reviewed.)
Criteria - We will know there is progress when:
Procedures - We will measure progress by:
Timeline - We will review progress by:

Child's Name:
10. Transition. (Check appropriate box.)
Date Transition Plan Developed: _____ <input type="checkbox"/> Initial <input type="checkbox"/> Addition <input type="checkbox"/> Revision (DDMMYYYY)
Type of Transition: (Describe the anticipated transition, e.g., family PCS, to preschool services, etc.)
Anticipated Date of Transition: (MMYYYY)
Steps Required to Support the Transition: (Describe the steps to support the transition, including who (parent, service coordinator, etc.) will do what by when.)
11. Other Services. (Services required by the family/child to participate in early intervention.)
<input type="checkbox"/> Transportation: (specify)
<input type="checkbox"/> Equipment: (specify)
12. Support Services. (List other services the Service Coordinator will assist the family in obtaining. Specify frequency, intensity, duration, location, etc.)

Child's Name:			
13. Services. (Additions/changes to services are entered on a new service page, not the original IFSP service page.)			
Service:	Provided by: (Discipline)	Outcome Number(s):	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition/Change
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
Start Date:	End Date:	Discontinued Date:	
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
Start Date:	Start Date:	Discontinued Date:	
Additional information, including reason, if services are not provided in the natural environment:			

Service:	Provided by: (Discipline)	Outcome:	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition/Change
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
Start Date:	End Date:	Discontinued Date:	
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
Start Date:	Start Date:	Discontinued Date:	
Additional information, including reason, if services are not provided in the natural environment:			

Service:	Provided by: (Discipline)	Outcome:	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition/Change
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
Start Date:	End Date:	Discontinued Date:	
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
Start Date:	Start Date:	Discontinued Date:	
Additional information, including reason, if services are not provided in the natural environment:			

Individualized Family Service Plan (IFSP) Review/Change Addendum Educational and Developmental Intervention Services (EDIS) - Early Intervention Services		
Location of EDIS Program:		
1. Child/Family Information		
Child's Name: (first, middle initial, last)	Date of Review/Change Meeting: (DDMMYYYY)	
Sponsor's Name: (first, last)	FM DEERS Prefix and Sponsor's SSN:	
2. Reason for Review/Change		
<input type="checkbox"/> Required 6-month Review <input type="checkbox"/> Requested Review/Change <input type="checkbox"/> Required Annual Review		
3. Review of Progress or Changes/Additions. (Describe progress toward achieving outcomes and/or changes/additions to any part of the IFSP. Additions/changes to outcomes require a new IFSP outcome page(s). Changes do not require a complete rewrite of the original outcome page. Additions/changes to services require a new IFSP service page(s). Attach the added IFSP outcome/service page(s) to the IFSP Review/Change form and place in chronological order behind the IFSP.)		
4. IFSP Team Members & Signatures (List the names of all persons attending the review/change meeting.)		
Attendee's Name	Specialty / Relationship to Child	Signature
5. Parent/Guardian Statement and Signature(s). (Sign and date upon completion of the review/change meeting.)		
Privacy Act Statement: 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. The primary purpose for collecting this information is to review or change the IFSP for your child and family. EDIS will use this information to provide early intervention services that address functional outcomes specified in the plan. Disclosure is voluntary, however, failure to provide this information may affect participation in EDIS.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I received a copy of the early intervention procedural safeguards and due process procedures and an explanation of this information.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand the procedural safeguards and due process procedures.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I participated in the review/change of the IFSP with the EDIS team.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I am in agreement with this review/change to the IFSP.		
Parent/Guardian: (Signature and Date)		Parent/Guardian (Signature and Date)
Prepared by: (Signature and Title of EDIS Staff Member)		
Original: EDIS Convenience Record - Copy: Parent and OREC		

Consent to Request or Release Information	
Educational and Developmental Intervention Services (EDIS) - Early Intervention Services	
Location of EDIS Program:	
1. Child/Family Information	
Child's Name: (first, middle initial, last)	Today's Date: (DDMMMYYYY)
Parent/Guardian Name: (first, last)	
2. Information <input type="checkbox"/> Request <input type="checkbox"/> Release (check one box only - separate consent forms are required for each action)	
The following written/verbal information will be requested from or released to the designated individuals/agencies for use in assisting with the assessment and implementation of early intervention services for your child.	
<input type="checkbox"/> Developmental Evaluations	<input type="checkbox"/> Hearing Evaluations
<input type="checkbox"/> Individualized Family Service Plan (IFSP)	<input type="checkbox"/> Vision Evaluations
<input type="checkbox"/> Medical records pertaining to the following specific evaluations or diagnosis:	
<input type="checkbox"/> Other: (Describe the specific information to be shared, e.g., progress summaries, discharge summary, equipment requirements, discussion of child's progress with day care provider. Avoid non-specific statements such as "child's cumulative file.")	
3. Sources of Information	
Information <u>from</u> :	Information <u>to</u> :
Name of Individual/Agency:	Name of Individual/Agency:
Attention:	Attention:
Address	Address
City State Zip	City State Zip
4. Parent/Guardian Consent	
Privacy Act Statement: 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. My signature below indicates consent to request/release information as indicated above between the designated individuals/agencies. I understand this information will be kept confidential, used for the provision of services to my child and family and added to my child's EDIS record. I may revoke this authorization at any time. The revocation must be in writing and provided to the facility where my child's medical records are kept. I am aware that if I later revoke this authorization, the individuals/agencies indicated above will have used and/or disclosed my child's protected health information on the basis of this authorization. If I authorize disclosure of my child's protected health information to someone who is not required to comply with Federal privacy regulations, then such information may be re-disclosed and would no longer be protected. I have a right to inspect and receive a copy of my child's protected health information for use/disclosure in accordance with Federal privacy regulations found in the Privacy Act and 45 CFR 164.524.	
Parent/Guardian: (Signature and Date)	
Prepared by: (Signature and Title of EDIS Staff Member)	
Original: EDIS Convenience Record – Copy: Parent	

EDIS EARLY INTERVENTION PROCEDURAL SAFEGUARDS
AND DUE PROCESS ENTITLEMENTS

I. PROCEDURAL SAFEGUARDS. When a family receives early intervention services (EIS) through an Educational and Developmental Intervention Services (EDIS), they are entitled to the following protections:

Right to Prior Written Notice. When EDIS proposes to initiate, change, or refuses to initiate or change the identification, evaluation, placement, or provision of appropriate early intervention services, EDIS must provide prior written notice to parents.

Right to Consent. Parents have the right to consent to the initiation of any formal evaluation procedures or re-evaluation, the provision of EIS, or any changes in EIS. Parents can decline any EIS without jeopardizing the delivery of any other EIS they choose to accept.

Right to Examine Records. Parents have the right to examine any records concerning the EIS the family is receiving to include records on screening, assessment/evaluation, eligibility determinations, and the development and implementation of the IFSP.

Right to Disagree. Parents have the right to file a complaint about any aspect of receiving EIS to include, but not limited to, identification, evaluation, placement, or the provision of appropriate EIS. If the complaint cannot be settled informally through conferences or mediation, parents have the right to a hearing. Complaints must be resolved in a timely manner.

Right to Continuation of Services. During the time a complaint is being settled, families can continue to receive EIS agreed upon or, if applying for initial services, receive EIS not in dispute.

Right to Understand. EDIS must fully inform parents in their native language, to include sign language, unless it is clearly not feasible to do so.

Right to Privacy. Personally identifiable information is protected. No information that is personally identifiable concerning anyone in the family can be released without written approval/consent. An exception to this policy is if the requesting activity is another Department of Defense activity and there is a legitimate need for the requested information.

Right to Parent Surrogate. In the event a parent or guardian is not available, the child has the right to have an individual assigned to act as a parent surrogate.

II. CONFERENCES. Parents have the right to disagree and present complaints about the identification, evaluation, placement, or provision of appropriate EIS for their child. When a disagreement arises between parents and EDIS, the EDIS program manager will attempt to resolve the disagreement in a conference.

During the conference, parents and the EDIS program manager will work together to define the areas of disagreement and to identify solutions. If the conference(s) results in an acceptable solution, the EDIS program manager will prepare a written memorandum outlining the areas of disagreement and the agreed upon solution, and provide a copy of the memorandum to the parents. If an acceptable solution cannot be reached, parents may pursue two options: (1) request mediation or; (2) waive mediation and request a formal hearing.

III. MEDIATION. Mediation may be initiated by either a parent or the Military Medical Department concerned to informally resolve a disagreement on any matter relating to the identification, evaluation, or placement of the child in regard to EIS.

IV. HEARINGS. Should mediation be refused or otherwise fail to resolve the issues on the provision of EIS to an infant or toddler or the identification and evaluation of such an individual, the parent may request and receive a hearing before a hearing officer to resolve the matter. The parents of an infant or toddler and the Military Medical Department concerned will be the only parties to the hearing.

Mediation Procedures and Hearing Administration, Practices and Procedures are defined in DOD Instruction 1342.12, enclosure 9 (copy attached).

EDIS DOD COMPLIANCE STANDARDS
AND EVALUATION CRITERIA

Standard 1. There is a comprehensive Child Find procedure coordinated among the components serving children.

- 1.1 There is an ongoing Child Find effort in collaboration with the DOD schools and other community agencies.
- 1.2 Primary referral sources within the community know the purpose and scope of EDIS and how to refer children and families to EDIS.
- 1.3 There is a primary point of contact in EDIS for referrals.
- 1.4 There is an ongoing public (community) awareness effort. EDIS materials are disseminated to all primary referral sources and community agencies, e.g., MTFs, physicians, child development centers, and fleet and family support centers.
- 1.5 There is a central directory that includes a description of EIS and other relevant resources available in the community.

Met 90-100%

Partially Met 80-89%

Not Met <80%

Evidence of Performance:

Standard 2. Evaluations are complete and appropriate.

- 2.1 Parental permission (NAVMED 1755/1) is obtained prior to administration of any EDIS assessment/evaluation.
- 2.2 Functional vision and hearing are addressed.
- 2.3 Assessments/evaluations:
 - 2.3.1 Are conducted by a multidisciplinary team.
 - 2.3.2 Include standardized measures addressing all five developmental domains: cognitive; physical (motor); communication; social-emotional; and adaptive (self-help).
 - 2.3.3 Are supported by professional judgment.

Standard 2. (Continued)

2.3.4 Are family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

2.3.5 Include observations and parent reports.

2.3.6 Address the child's strengths and needs.

2.3.7 Include a review of pertinent records (social, family, and medical histories and the child's current health status).

2.4 Instruments and protocols used are:

2.4.1 Administered in the native language or mode of communication of the child, unless clearly not feasible to do so.

2.4.2 Current and valid for the specific purpose for which used.

2.4.3 Racially and culturally nondiscriminatory.

Met 90-100%

Partially Met 80-89%

Not Met <80%

Evidence of Performance:

Standard 3. Individuals administering or interpreting assessments are qualified according to quality assurance standards established by the Component responsible for the assessment.

3.1 Documentation is available verifying that EDIS providers have appropriate and current certification/credentialing for working with children and families.

Met 90-100%

Partially Met 80-89%

Not Met <80%

Evidence of Performance:

Standard 4. Assessment summaries are prepared in accordance with the requirements of the appropriate DOD regulations.

- 4.1 A written integrated assessment report is prepared containing:
 - 4.1.1 Child's name, date of birth, and age (adjusted if necessary).
 - 4.1.2 Parent names and sponsor social security number.
 - 4.1.3 Evaluation date and names of all evaluators.
 - 4.1.4 Reason for referral.
 - 4.1.5 Brief summary of medical history summary including developmental milestones.
 - 4.1.6 Child's current health status based on a recent physical examination.
 - 4.1.7 Functional hearing and vision results.
 - 4.1.8 Social-family history or psych-social assessment.
 - 4.1.9 Family concerns regarding the child.
 - 4.1.10 Summary of child and family strengths and needs.
 - 4.1.11 Pertinent information regarding family and child routines and activities.
 - 4.1.12 Evaluation/assessment results and information relevant to the evaluation.
 - 4.1.13 Test scores, as appropriate, for each of the five developmental domains evaluated and the interpretation of those scores with regard to eligibility.
 - 4.1.14 Developmental status of cognition, physical (motor), communication, social-emotional, and adaptive (self-help) development.
 - 4.1.15 Observations and impressions.
 - 4.1.16 Child and family strengths and needs summary.
 - 4.1.17 Statement and basis of eligibility.
 - 4.1.18 Signatures of all participants including the parents.

Standard 4. (Continued)

- 4.2 Reports are written in family-friendly language and layman terms.
- 4.3 A copy of the integrated evaluation report is provided to parents at the eligibility meeting.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 5. Eligibility for special services is determined by a multidisciplinary team with participation by providers and parents.

- 5.1 Eligibility is based on established DOD criteria and supported by medical diagnosis or standardized scores using professionally accepted and validated assessment tools.
- 5.2 Parents participated in the eligibility process, as evidenced by signatures on the certification of eligibility form (NAVMED 1755/2).

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 6. Individual plans are developed in accordance with DOD regulations.

- 6.1 Meetings to develop and review the IFSP include:
- 6.1.1 The parent or parents of the child.
- 6.1.2 Other family members, as requested by the parent, if feasible.
- 6.1.3 An advocate or person outside the family, if the parent requests that person's participation.
- 6.1.4 The service coordinator who worked with the family since the initial referral or who has been designated as responsible for the implementation of the IFSP.
- 6.1.5 The persons directly involved in conducting the evaluations and assessments.
- 6.1.6 As appropriate, persons who will provide services to the child or family.

Standard 6. (Continued)

6.2 The IFSP contains all required elements:

- 6.2.1 A statement of the child's current developmental levels including cognitive, physical (motor), communication, social-emotional, and adaptive (self-help) behaviors based on professionally acceptable objective criteria.
- 6.2.2 A statement of the family's resources, priorities, and concerns about enhancing their child's development.
- 6.2.3 A statement of the major functional outcomes expected to be achieved for the child and family to include the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the outcomes and services are necessary.
- 6.2.4 A statement of the specifics EIS necessary to meet the unique needs of the child and family including frequency, intensity, and method of delivering services.
- 6.2.5 Projected number of sessions necessary to achieve the outcomes listed in the IFSP.
- 6.2.6 A statement of the natural environments in which the EIS are provide, and a justification of the extent to which services are not provided in a natural environment.
- 6.2.7 Projected dates for the initiation of services and the anticipated duration of those services.
- 6.2.8 Name of the service coordinator responsible for implementation of the IFSP.
- 6.2.9 Procedures to support the transition of the toddler to preschool or other services.

Met 90-100%

Partially Met 80-89%

Not Met <80%

Evidence of Performance:

Standard 7. Individual plans are implemented in accordance with DOD Regulations.

- 7.1 Contents of the IFSP are explained to parents and informed written consent is obtained from parents before providing EIS described in the IFSP.
- 7.2 The IFSP is:
 - 7.2.1 Implemented as written within specified timelines.
 - 7.2.2 Reviewed every 6 months and revised at least annually for the purpose of determining the degree of progress toward achieving the functional outcomes.
- 7.3 All sessions are documented and include the stated outcome and progress toward achieving the outcome.
- 7.4 Missed sessions and attempts to make up those sessions are documented and justified.
- 7.5 EIS are integrated into daily family routines with a minimal number of providers intruding into the child and family's life.
- 7.6 Transportation (as defined in DOD Instruction 1342.12) is provided as needed to ensure access to services.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 8. Children with disabilities are served with children who are not disabled, to the greatest extent possible.

- 8.1 EIS are provided in natural environments to include the home, day care, or other community settings.
- 8.2 The IFSP contains justification of the extent to which services are not provided in a natural environment.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 9. Parents are informed of their due process rights in accordance with DOD regulations.

9.1 Documentation indicates parents were provided a copy of the EDIS Early Intervention Procedural Safeguards and Due Process Entitlements upon: intake or initial referral for evaluation; determination of "not eligible" for EIS; each notification of an IFSP meeting; reevaluation of the child; and receipt of a request for due process.

9.2 Documentation indicates that procedural safeguards and mediation and due process procedures were fully explained and understood by the parent.

9.3 Parents are fully informed of the scope and responsibility of EDIS and of the processes, procedures, and protocols involved in evaluating and serving children and families.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 10. Parental consent is obtained in accordance with DOD regulations.

10.1 Permission to Screen, Assess, or Evaluate, NAVMED 1755/1, is completed and signed by the parent prior to any screening, assessment, or evaluation conducted with children.

10.2 Consent to Request or Release Information, NAVMED 1755/4, is completed and signed by the parent prior to any exchange of information between EDIS and other agencies.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 11. Due process procedures are implemented in accordance with DOD regulations.

11.1 Parents are provided access to all records pertaining to services provided to their children by EDIS.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 12. Procedures are in place to ensure the security of personally identifiable information in accordance with DOD Directive 5400.11, DOD Privacy Program (Confidentiality).

12.1 Convenience files are kept in the EDIS program office in a locked file in a locked room within a locked building with access limited to authorized EDIS staff.

Standard 13. Disciplinary rules and procedures for students (ages 3-21) with disabilities are observed in accordance with DOD regulations. *(This standard is not applicable to EDIS.)*

Standard 14. There is a comprehensive, coordinated approach to training for professionals, paraprofessionals, and primary service referral sources in the areas of early intervention, special education, and related services.

14.1 A Comprehensive System of Personnel Development (CSPD) is in place to ensure EDIS providers receive training and orientation upon entry into the EDIS system and continuous update of their skills.

14.2 Documentation indicates a comprehensive, coordinated approach to training to include an annual needs assessment and training plan.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 15: Each Component has in place a system for ensuring proper certification and/or credentialing of professionals serving children with disabilities.

15.1 The MTF maintains current credentialing documentation for each EDIS provider.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 16. The Component responsible for providing special services has implemented procedures to monitor compliance with the regulations.

16.1 Quality of services are addressed through documented ongoing self-monitoring/self-studies and process improvement initiatives.

16.2 An annual report is submitted to BUMED certifying that each EDIS program location is in compliance with DOD standards.

Standard 16. (Continued)

16.3 Documentation is maintained regarding monitoring and technical assistance visits from higher headquarters.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 17. Components responsible for the delivery of services have established programs that ensure children receive appropriate services.

17.1 There is designated individual responsible for the management of EDIS and comprehensive oversight by the MTF to ensure all eligible children and families are receiving appropriate services.

17.2 EDIS has adequate resources (staff) to ensure timely access to services and to meet the needs of all eligible children and families within its area(s) of responsibility.

17.3 Recruitment and retention procedures are in place to ensure vacancies are minimized.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 18. The schools and EDIS maintain required data collection systems.

18.1 EDIS has implemented a required data collection system (SNPMIS).

18.2 The staff maintains current data on all critical elements of the EDIS program (e.g., number of children, types of disabilities, services provided, etc.) in the required data collection system.

Met 90-100% Partially Met 80-89% Not Met <80%

Evidence of Performance:

Standard 19. Components establish and follow standard procedures to implement the requirements of the DOD regulations.

19.1 Procedures are followed and standardized forms are used as specified in this instruction.

19.2 Written standing operating procedures (SOPs) are developed and maintained that address site-specific guidance on EDIS operations and procedures.

Met 90-100%

Partially Met 80-89%

Not Met <80%

Evidence of Performance:

Standard 20. Assignments are coordinated with medical and educational personnel prior to sending Service members to the (overseas) community. (This standard is not applicable to stateside DDESS locations.)

20.1 The MTF Suitability Screening Coordinator follows assignment coordination procedures (as specified in BUMEDINST 1300.2A) for children requiring early intervention, special education, or related services.

20.2 Families with children requiring early intervention, special education or related services are referred to the MTF EFMP Coordinator for enrollment (as specified in BUMEDINST 1300.2A).

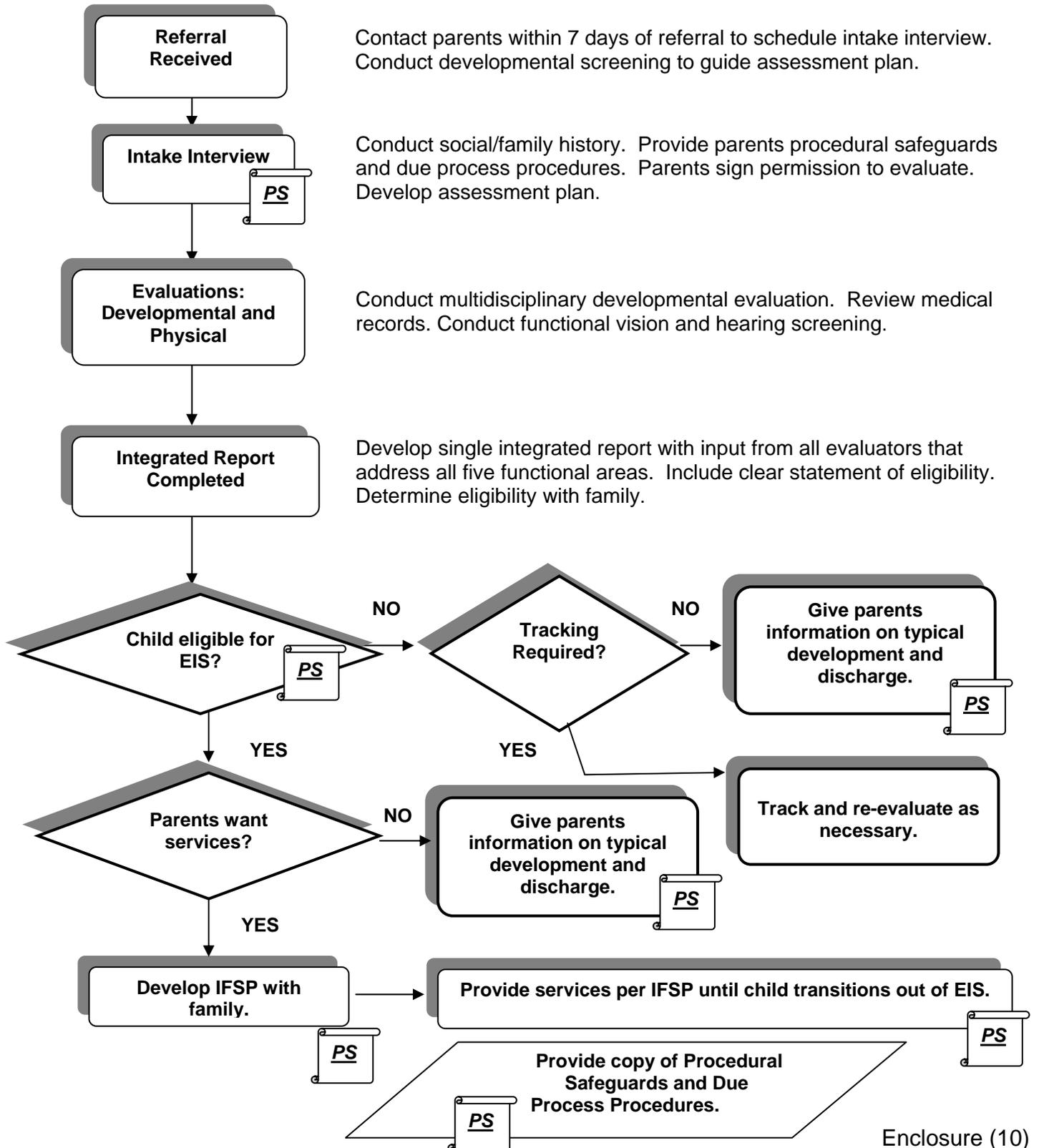
Met 90-100%

Partially Met 80-89%

Not Met <80%

Evidence of Performance:

EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES EARLY INTERVENTION PROCEDURAL PATHWAYS



EDIS EARLY INTERVENTION QUALIFYING
MEDICAL DIAGNOSES OR CONDITIONS

The following list (not all inclusive) provides examples of diagnosed medical conditions that have a **high probability of resulting in developmental delay**. Regardless of automatic eligibility, EDIS must still conduct a comprehensive evaluation of child and family strengths and needs, and develop an IFSP prior to providing services.

Congenital

Spina Bifida
Hydrocephaly with shunt
Microcephaly
Dandy Walker Malformation
Agenesis of the corpus collosum
Multiple system anomalies
Charge or Vater Association
Arthrogryposis
Fetal Alcohol Sundrome

Sensory

Hearing impairment equal to or greater than 40db in both ears
Significant visual impairment

Chromosomal

Trisomy 21
Angelman Syndrome
Praeder-Willi Syndrome

Perinatal

Prematurity less than or equal to 1000g
Perinatal stroke/IVH grade 3 & 4/PVL
Difficult to control newborn seizures
CNS Infection
 Meningitis
 Herpes
Severe intrauterine growth retardation
Significant environmental exposure to toxins
Fetal Alcohol Syndrome
Severe birth asphyxia
Toxiplasmosis

Medical

Abnormal reflexes and motor functioning
Severe hypotonia/hypertonia
Feeding and swallowing dysfunction
Cerebral Palsy