Early Support for Infants & Toddlers

Washington State Department of Early Learning

Kids' Potential, Our Purpose

PRACTICE GUIDE: INFORMED CLINICAL OPINION (ICO)

What is Informed Clinical Opinion?

Informed clinical opinion (ICO) is included in IDEA, Part C as a requirement for determining eligibility for Early Intervention services, and to document the present levels of development on an infant or toddler's IFSP.

> "Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility; however in no event may informed clinical opinion be used to negate results of evaluation instruments used to establish eligibility" [34CFR§303.321(a)3(ii)].

In every Part C eligibility decision, ICO is the basis for interpreting difficult-to-measure aspects of a child's developmental status. ICO is used throughout the process of evaluating and assessing an infant or toddler to yield a comprehensive and accurate description of the functional skills and behaviors a child uses to participate in routines and activities within his/her natural environments.

In addition to meeting IDEA requirements, ICO provides a basis for planning appropriate services for children and families, for individual professionals and also at the team level. Informed clinical opinion highlights the importance of incorporating contextual and qualitative information into standardized eligibility determination procedures, involves collaborative decision making, and honors the family's perspective in the evaluation and assessment process.

Additionally, in rare cases ICO is allowable as the primary procedure for determining that an infant or toddler is eligible for Part C. That is, if the team cannot identify appropriate instruments to accurately capture a child's developmental status because of health status, age, or characteristics of the disability, then ICO could be used to determine eligibility. When used as the primary procedure for making an accurate eligibility decision, ICO requires careful attention to an alternative set of qualitative and quantitative procedures for gathering, summarizing, and interpreting information about subtle behaviors, and other aspects of early developmental status that are difficult to measure using standardized evaluation procedures. However, ICO can never be used to negate the results of an

evaluation or assessment that would otherwise demonstrate eligibility for Part C (34CFR§303.321(a)3(ii)).

When Can Informed Clinical Opinion Be Used as the Primary Procedure for Making an Eligibility Decision?

Informed clinical opinion is a process, not a definition of eligibility, and its use to determine eligibility does not replace or modify a state's definition of eligibility for Part C. Instead, informed clinical opinion is the outcome of a careful team process for reaching a well-informed consensus decision about a child's eligibility for Part C, including but not limited to the following examples:

- Traditional measures of eligibility evaluation have been attempted but cannot be administered according to standardized procedures, or do not yield reliable, valid scores for comparison to state eligibility criteria.
- Traditional measures and procedures are unavailable or yield invalid scores when used to evaluate:
  - priority developmental concerns (e.g., temperament, attachment, self- regulation);
  - qualitative characteristics (e.g., muscle tone, approaches to learning, play), or;
  - combinations of subtle, inconsistent, erratic, and/or ambiguous developmental performance, and skill repertoires.
- Parents or professionals believe the standardized measures fail to capture important information about the child and have evidence that the child has a delay or may show a delay over time.
- More specific and accurate information is available via interviews, observations, and other qualitative measures rather than through traditional evaluation methods.
- Children are hospitalized or restricted to other settings not appropriate for testing, or behavior patterns interfere with administration protocols.

How is ICO Used as the Primary Source of Eligibility Determination?

When conducted properly, ICO involves a rigorous and complex process that is often more lengthy and involved than administration of a standard sequence of evaluation and assessment measures. The ICO process for determining eligibility has been described as resembling a mini-research procedure that uses review of multiple sources of qualitative and quantitative data collected from a variety of sources (Bagnato, 2006). Characteristics of a good ICO process include preparation, information gathering, and decision-making, as well as the following:

- Trained professionals - All staff need to be trained in general ICO procedures and in the specific procedures, methods, and instruments used for each child; ideally, mentoring is also available for parents and professionals engaged in an ICO process.
- Well-defined behaviors - Behaviors in question should be identified as specifically as possible by both parents and professionals at the outset of the process, so that all team members are looking at and for similar indicators and functional uses.
- A structured process - There should be clearly articulated steps for family-friendly assessment of specific functional behaviors, identification of each specific procedure (e.g., observation, interview, rating scales), settings, methods, instruments to be used, and the people responsible

for collecting the information, with flexibility to respond to information that emerges during the ICO process.

- Multiple sources & settings - More than one professional works with parents to gather information across a variety of settings where the child participates, for multiple perspectives and thoroughness of data gathering.
- Consensus decision on eligibility - An accurate eligibility decision via ICO requires input from parents and professionals who know the child well, using a variety of assessment procedures across the full range of settings where a child participates. Parent and professional input is given equal weight in making an eligibility decision.

Who Does What in the ICO Process?

Family Resources Coordinators (FRCs) coordinate the evaluation and assessment process between the family and service providers, and document that all procedural safeguards were shared and discussed to ensure families understand their rights.

Individual service providers employ their professional knowledge of child development, disability areas, assessment, and cultural sensitivity/relevance, and document that all assessment procedures used are appropriate for each child and family. Informed clinical opinion is used in the selection of specific evaluation instruments, procedures for gathering information, and interpretation of results.

The family observes the child's performance in evaluation and assessment procedures and elaborates with more detail about his/her behavioral repertoire, compares typical "test" behaviors with typical behaviors across settings, and clarifies the validity (success) of evaluation and assessment procedures in capturing skills and behaviors the child exhibits when participating in daily routines.

The team reviews and synthesizes all available information and comes to a consensus decision about eligibility and early intervention services. The team examines and analyzes all primary findings and concerns of each team member, generates a forum for discussion of apparent contradictions in findings among team members, and reaches a consensus decision on eligibility.

What Specific Procedures Might Be Used?

The specific evaluation procedures identified will vary for each child and family. Important characteristics of the process include selection of authentic and family-friendly formats that structure information gathering over the 45 day timeline and across settings and people, including:

- interviews with parents; observations of parent-child interactions; parent reports from appropriate sections of curriculum-based assessment (CBA) instruments.
- observation of the child at play using selected sections of CBA instruments; qualitative measures such as social-emotional and/or social interaction scales.
- interviews and observations from center-based programs or child care providers, including peer interaction and play scales.
- medical, sensory, and/or neurodevelopmental examinations and assessments.
- selected items as appropriate from skill-based normed and curriculum-based assessments.
- measures that yield a functional profile, such as the Abilities Index or SPECS.

- instruments that provide a format for achieving team consensus, such as SPECS or COACH.

How are Results of ICO Procedures Documented?

A summary of the team's ICO must be documented on each infant or toddler's IFSP. As providers, we have more experience and do a better job documenting formal test results than summarizing and interpreting the results of more qualitative and customized evaluations. Documentation of all information about the child from all sources is important to insure that appropriate procedures were used to reach an accurate eligibility decision, and to provide a point of comparison for IFSP updates and progress monitoring. This documentation should include:

- A summary of major findings in each developmental area.
- A brief description of each procedure and/or instrument used to gather information in each setting.
- The dates and settings where information was gathered.
- The name and role of each team member involved in gathering information during the process, including parents, other family members, and other caregivers.
- The consensus decision of the team relative to eligibility for Part C services.
- Identification of areas of disagreement or contradictions in team members' perspectives, conclusions, and/or interpretation of information.

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