

# Understanding Part C Regulations:

## Working Together to Ensure Early Detection, Diagnosis, and Treatment to Serve Infants and Toddlers who are Deaf or Hard of Hearing

Under Part C of the Individuals with Disabilities Education Act (IDEA), States receive funds to assist them in planning and implementing a statewide system of early intervention services for eligible infants and toddlers with disabilities under the age of three years and their families. This includes many children who are deaf or hard of hearing. The most current federal regulations for IDEA Part C<sup>1</sup> were published in September 2011 as a result of the changes made to the statute in the 2004 reauthorization. These regulations at 34 CFR Part 303, under the administration of the Office of Special Education Programs (OSEP) within the Department of Education contain specific requirements for States and early intervention service providers to ensure that Part C is implemented in accordance with the law.

Early Hearing and Detection and Intervention (EHDI) programs play a critical role within the early intervention process by ensuring that infants and toddlers with, or at risk for, hearing loss are connected with Part C early intervention (EI) services. Part C regulations specifically state that Part C lead agencies will coordinate with all major efforts to locate and identify



children including EHDI systems as part of the Part C child find system (§303.302(c)(1)(ii)(j)). In turn, the 2017 EHDI reauthorization<sup>2</sup> also directs EHDI systems to work in partnership with Part C. To serve as effective partners in this process, EHDI coordinators should understand key components of IDEA Part C regulations.

The purpose of this document is to summarize for state EHDI coordinators and their Part C partners the most relevant aspects of both Part C regulations and EHDI systems. The document is designed to support increased understanding and coordination between EHDI systems and their state Part C counterparts with a goal of ensuring that infants and toddlers with hearing

loss are identified, evaluated, and if eligible, have access to appropriate early intervention services.

The format for each Part C regulation or regulation category included in this document is as follows:

- Part C regulation component(s) and numerical reference from the federal register [www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf](http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf)
- A brief description of the regulation
- A highlight of Collaboration Opportunities for EHDI and Part associated with key components

## PRE-REFERRAL PROCEDURES

### 303.301 Public Awareness Program

Under a State’s public awareness program, state lead agencies must prepare information on the availability of EI services and disseminate such information to all primary referral sources so that these sources may give the information to parents of infants and toddlers, especially “parents” with premature infants or infants with other physical risk factors associated with learning or developmental complications. (Note Part C Regulations use the term “parents”; the term “family” is used in a synonymous yet more inclusive manner in this document).

#### *EHDI Collaboration Opportunity*

EHDI programs, including their hospital and other hearing screening partners, play an important role in distributing public awareness information about EI services to families of children who do not pass their hearing screening as well as to those who receive diagnostic hearing evaluations. Many EHDI programs employ follow-up coordinators or work with family organizations that can ensure this information is accessible to families.

### 303.302 Comprehensive Child Find System

**303.302(c)(2)(i)** To provide consistency between the lead agency’s responsibilities to ensure non-duplication of child find efforts and child find coordination, the regulations direct States to identify specific programs with which the lead agency for Part C services in each state must coordinate its child find efforts.

**303.302(c)(1)(ii)** specifies, among others, the following two programs as primary referral source programs with which the lead agency for Part C services must coordinate its child find efforts:

1. The Children’s Health Insurance Program (CHIP)
2. The State Early Hearing Detection and Intervention (EHDI) program.

**303.303(a)(2)(i)** requires primary referral sources to refer a child to the Part C program “as soon as possible but in no case more than seven days” after the child is identified.

#### *EHDI Collaboration Opportunity*

The Part C Child Find system provides opportunities, through exchange of referrals, for collaboration between Part C, the Maternal and Child Health programs, and the State EHDI program. As stated in the EHDI Reauthorization, EHDI coordinators have a responsibility to ensure health care providers who suspect or diagnose a hearing loss or who suspect developmental delays know how to make timely referrals to Part C. Referrals should be made as soon as possible, but no later than seven days after the child is identified.



## POST-REFERRAL PROCEDURES

### Screening Procedures

In their Part C State plan, each state may clarify whether an infant should be referred to the Part C program following a failed screen or only after a hearing loss has been diagnosed. Additionally, as noted in EHDI program guidance from the Maternal and Child Health Bureau (MCHB) and Centers for Disease Control and Prevention (CDC), the results of audiological evaluations and the referral should be reported to the State EHDI program upon receipt of written parental consent.

State EHDI and the Part C lead agency can develop efficient, streamlined procedures for referrals, such as electronic referrals at the State level or referrals to the appropriate local Part C contact. Limited shared data systems can allow both EHDI and Part C to monitor referrals and receipt of Part C services.

**303.320** allows the Part C lead agency to adopt procedures for screening after referral to Part C to determine whether a child is suspected of having a disability and needs an evaluation. This screening, under the auspices of the Part C program, requires that the lead agency provide notice to the parents and obtain their consent.

**303.320(a)(3)(i)** Screening is intended to be a tool to assist the lead agency and early intervention service (EIS) providers to determine whether an infant or toddler is suspected of having a disability and is in need of an evaluation.

**303.320** If a lead agency adopts a policy to use screening, the agency may use a variety of methods to ensure the identification of specific at-risk infants and toddlers who may be infants and toddlers with disabilities eligible for services under Part C of the Act.

The lead agency may establish screening procedures for children under the age of three, including at-risk infants and toddlers, who have been referred to the Part C program. Primary referral sources also may choose to conduct screenings of at-risk infants and toddlers prior to referring a child to the Part C program under §303.303. If a primary referral source conducts a screening under the supervision of the lead agency to identify children who may have disabilities, such screening procedures must meet the requirements in §303.320.

**303.310** requires that, within 45 calendar days after the lead agency or Early Intervention Service (EIS) provider receives a referral of a child, the screening (if applicable), initial evaluation, initial assessments (of the child and family), and the initial Individual Family Service Plan meeting for that child must be completed (45-day timeline).

**303.320** requires the lead agency to provide notice to parents of its intent to screen and regarding the results of the screening and clarifies that, at any time during the screening process, a parent may request an evaluation and Part C is required to provide the full evaluation regardless of the outcomes of the screening.

**303.320(b)(2)** indicates that personnel who conduct screening of a child must be trained to administer appropriate screening instruments. This means that paraprofessionals or other individuals who are trained to administer a specific screening instrument may conduct screenings.



### *EHDI Collaboration Opportunity*

Part C allows states to establish a screening policy as a first step in the evaluation and assessment process to determine if the child is suspected of having a disability. However, parents may decline the screening and obtain an evaluation and may also obtain an evaluation regardless of the results of the screening. In turn, EHDI programs are charged with developing statewide newborn, infant, and young child hearing screening and evaluation programs, and they are to assist in the recruitment and training of qualified personnel – this may include Part C personnel conducting screenings. EHDI defines infant hearing screening as “objective physiologic procedures to detect possible hearing loss and to identify those...who require further audiologic and medical evaluations.” Although Part C regulations do not define “screening” so specifically, Part C personnel who screen children’s hearing can benefit from the receipt of training from EHDI programs, ensuring that objective procedures such as OAE’s are implemented.

### Evaluation and Assessment of the Child and Family

If the referral information indicates that a child is suspected of having a disability, including a potential hearing loss, the child must be evaluated. Children with diagnosed or established conditions, as defined by each state, may not need to be evaluated to be determined eligible for Part C services. However, all eligible children must have a multi-disciplinary assessment of their unique strengths and needs, performed by qualified personnel.

The terms “evaluation” and “assessment” have different meanings due to their role in the Part C process.

**303.321(a)(2)(i)** clarifies that: (1) the term evaluation refers to the evaluation of a child that is used to determine his or her initial eligibility under Part C of the Act and (2) the term initial assessment refers to the assessment of the

child and the family assessment that are conducted prior to the child’s first IFSP meeting.

**303.321(a)(4)** requires all evaluations and assessments be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory as defined by each State. If one individual completes an evaluation or assessment while representing two or more separate disciplines or professions, that individual must meet the definition of qualified personnel in each area in which the individual is conducting the evaluation or assessment. Thus, a provider who is dually certified in audiology and speech-language pathology could evaluate an infant or toddler in both areas.

### Native Language

Evaluations and assessments will be given in the native language of the child if the evaluator determines that the language is developmentally appropriate for the child (given the child’s age and the communication skills).

**303.321(a)(5)** and **303.321(a)(6)** specify that unless clearly not feasible, all evaluations and assessments of a child must be conducted in the native language of the child, in accordance with the definition of native language in §303.25 (which provides that for limited English proficient (LEP) children, qualified personnel may determine the appropriate native language for evaluations and assessments of the child to be the language of the child if developmentally appropriate; otherwise it is the language of the child’s parents).

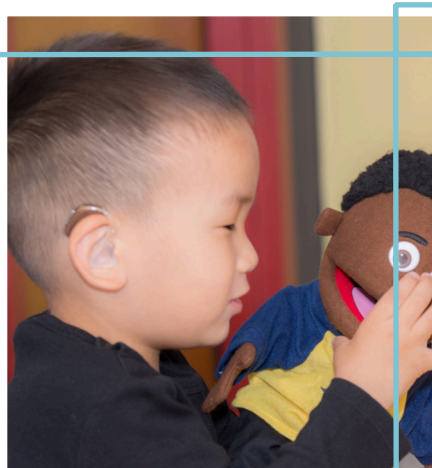
**303.321(a)(6)** specifies that unless it is clearly not feasible, family assessments must be conducted in the native language of the family members being assessed in accordance with the definition of native language.

**303.25(a)(1)** defines native language as the language normally used by an individual or by the parents of the child.

**303.25(a)(2)** provides clarification for native language use in evaluation and assessment of a child with limited English proficiency.

### *EHDI Collaboration Opportunity*

Both EHDI and Part C can join forces to create materials for families in a variety of languages to ensure culturally-competent services. In addition, EHDI programs can demonstrate the importance of honoring the family’s native language within the evaluation process. The use of sign language interpreters, language translators and interpreted and/or translated telephone services are examples of methods that support the provision of evaluation and assessments in the family’s native language. EHDI program personnel can assist and support Part C programs by sharing knowledge regarding local, regional and state language interpretation and translation resources.



## ELIGIBILITY

**303.21(a)(2)** includes as eligible for IDEA Part C those infants and toddlers with “a diagnosed physical or mental condition that has a high probability of resulting in developmental delay,” and includes , among others listed, sensory impairments, including hearing and vision. This recognizes that a mild sensory impairment may result in developmental delay, and thus may be included in a State’s eligibility criteria.

### *EHDI Collaboration Opportunity*

Depending upon a State’s criteria for established conditions, at least some children who are deaf or hard of hearing will not need a Part C-administered screening or multi-disciplinary evaluation to be determined eligible for Part C services. That is, a child’s medical records, including results of audiological evaluations, may be used to establish eligibility for some children with hearing loss.

This regulation allows States to serve children with a mild or moderate hearing loss that may result in developmental delay and not just those with severe hearing loss. It allows infants and toddlers with mild hearing loss to qualify for Part C services if the State elects to define sensory impairment in such a way. However, it does not require that States include children with mild or moderate hearing loss in their eligibility criteria. See the “for more information” section to learn where to find a specific State’s eligibility criteria.

### At-risk infant or toddler

**303.5** provides that, at the State's discretion, an infant or toddler who is at risk of experiencing developmental delays due to biological or environmental factors may be included in the State's eligibility criteria for Part C. The regulation clarifies that States are **not** required to ensure that an at-risk infant or toddler meets both types of factors.

#### *EHDI Collaboration Opportunity:*

Currently, few states make Part C services available to at-risk infants and toddlers. In states that do, EHDI coordinators should foster awareness that children with any degree of hearing loss should be considered under the states definition of "at-risk for delayed development." Also, both EHDI and Part C can ensure that children who are at-risk but not eligible for Part C are connected with other appropriate programs that foster development, such as Early Head Start. To learn about eligibility criteria and inclusion of at-risk infants or toddlers, go to the ECTA Center, <https://ectacenter.org/topics/earlyid/state-info.asp>



## INDIVIDUAL FAMILY SERVICE PLAN (IFSP)

The Individualized Family Service Plan (IFSP) is both an agreement and a legal document that puts in writing information about the child's development, the family's priorities, the child's strengths and needs, the outcomes the IFSP team- which includes the family - would like to the child to achieve and the services that will be made available under the plan.

**303.20** describes the role of the IFSP.

**303.24** states that the IFSP Team composition requires the parent and two or more individuals from separate disciplines or professions with one of these individuals being the service coordinator.

**303.342** Procedures for IFSP development, review and evaluation. For a child who has been determined eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period.

Periodic review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review.

Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family.



303.344 describes the role of the IFSP:

### *EHDI Collaboration Opportunity*

Both Part C regulations and the EHDI Reauthorization emphasize the importance that the information provided to families is accurate, comprehensive, and evidence-based to support families in decision making. State EHDI programs can play a valuable role in ensuring evidence-based information pertaining to hearing services and options regarding assistive technologies is provided to families throughout the IFSP process. EHDI programs can provide training and materials to Part C providers to support them in providing accurate, comprehensive, and evidence-based information to families.

EHDI programs are to develop programs and systems that focus on the needs of the family. Part C states that, if the family agrees, the IFSP must address the family's resources, priorities, and concerns in determining services. EHDI programs in turn are to offer mechanisms that foster family-to-family and deaf and hard of hearing consumer-to-family supports. Part C and EHDI State programs can work together to ensure that families are given the knowledge and information to access these family-to-family supports. Such information should be offered to families frequently by both EHDI and Part C. Additionally, these support groups can be listed on the IFSP to ensure these connections happen for families.

- (a) **Information about the child's status.** The IFSP must include a statement of the infant or toddler with a disability's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based on the information from that child's evaluation and assessments conducted under §303.321.
- (b) **Family information.** With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family under §303.321(c)(2).
- (c) **Results or outcomes.** The IFSP must include a statement of the measurable results or measurable outcomes expected to be achieved for the child.
- (d) **Early intervention services.** Specific early intervention services (found in §303.13) to meet the unique needs of the child and the family to achieve the results or outcomes must be listed.
- (e) **Other services.** The IFSP also must identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded under this part; and if those services are not currently being provided, include a description of the steps the service coordinator or family may take to assist the child and family in securing those other services.
- (f) **Dates and duration of services,** including date of initiation of the IFSP and anticipated duration of each service.
- (g) **Service coordinator.** The name of the service coordinator who will be responsible for implementing the early intervention services identified in a child's IFSP, including transition services, and coordination with other agencies and persons is provided.

## Early Intervention Service Providers

**303.12** defines early intervention service (EIS) provider including their responsibilities.

**303.12(b)(3)** specifies that providers are responsible for providing consultation and training to parents and others concerning the provision of early intervention services described in the IFSP of the infant or toddler with a disability. Additionally, this consultation and training will provide family members with the tools to facilitate a child’s development even when a teacher or therapist is not present.



### *EHDI Collaboration Opportunity*

EHDI programs should be familiar with the scope of early intervention services and qualified providers as specified in §303.13. EI services and/or consultations are required to be provided in a way that gives families the support necessary to help their children develop and learn when the service provider is not present. Examples could include but are not limited to care of hearing aids and implants, and development in listening and spoken language, ASL, or cued speech. This requirement applies to all EI providers including audiologists. EHDI and Part C State programs can work together to ensure the availability and identification of providers who can address the hearing-related needs of infants and toddlers and their families.

### *EHDI Collaboration Opportunity:*

The Part C regulations in 2011 clarified that “natural environments” include not only a child’s home, but also community or other settings that are natural or typical for an infant or toddler of the same age. EHDI programs can assist Part C programs in identifying appropriate adaptations of natural environments, with justifications as appropriate for a specific child's needs. Examples may include an environment that supports the child’s auditory needs, such as acoustic considerations of therapeutic settings and the opportunity to participate in a small group setting with other children developing language through ASL.

## Service in Natural Environments

**303.13(a)(8)** states that services, "to the maximum extent appropriate, are provided in natural environments", and references the definition of natural environment. at §303.26.

**303.26** defines natural environment, which provides that natural environments are settings that are natural or typical for a same-aged infant or toddler without a disability; these may include the home, community, or other settings that are typical for an infant or toddler without a disability.

**303.126** requires that each State’s system include policies and procedures to ensure early intervention services are provided in natural environments to the maximum extent appropriate and in settings other than the natural environment that are most appropriate, as determined by the IFSP team, including the family, only when early intervention services cannot be achieved satisfactorily in a natural environment.

**303.344(d)(1)(ii)** requires that the IFSP Team include on the child’s IFSP a statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate or the team justifies, based on the child’s outcomes, when an early intervention service is not provided in the natural environment for that child.



## Assistive Technology

**303.13(b)(1)** defines and clarifies assistive technology devices and services.

Additional Information: The definition of assistive technology does not identify specific devices. The determination of need for a specific device and/or service is made by the IFSP Team based on the child’s specific developmental outcomes. Cochlear implant mapping is not a covered service because a cochlear implant is a surgically implanted device. 303.16(c)(iii)

### *EHDI Collaboration Opportunity:*

EHDI can support IFSP teams to ensure that both caregivers and EI professionals have the resources to ensure consistent and effective operation of assistive devices. This is an opportunity to train EI providers in the importance of working closely with the audiologist and ensuring that the audiologist is listed as a member of the IFSP team. IFSP’s may also include parent training on hearing aid and/or cochlear implant troubleshooting as well as regular device checks as services.

## Sign Language and Cued Language Services

303.13(b)(12) defines sign language and cued language services separately from, and not included in, the definition of speech-language pathology services since these services may also be used with children who do not have hearing loss. Sign language and cued language services are defined to include “teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.”

Sign language and cued language, when determined appropriate by the IFSP team, may be listed separately on a child’s IFSP. Identifying these as separate services may provide families greater assurance that interpreting and transliteration services are available to support communication.

## Transportation and Related Costs

**303.13(b)(16)** address transportation and related costs that may be necessary to enable a child and family to receive early intervention services.

### *EHDI Collaboration Opportunity*

Transportation is a covered service for families with limited transportation only to the extent it is identified by the IFSP Team as needed to receive another Part C service. For example, taxi service to an audiological assessment, if justified on the IFSP, may be a covered service for families with limited transportation. State EHDI and Part C leaders can recommend such transportation supports be listed on IFSP if needed by the family, demonstrating the importance of audiological services to ensure optimal child developmental outcomes.



## TRANSITION

### Transition Notification

**303.209(b)(1)** requires, that for toddlers who may be eligible for preschool services under Part B of IDEA, the lead agency must notify not only the Local Educational Agency (LEA) where the toddler resides but also the State Educational Agency (SEA).

**303.209(b)(1)(i)** addresses children exiting by age three and determined eligible earlier than 90 days prior to turning three.

**303.209(b)(1)(ii)** addresses children determined eligible for Part C 45-90 days prior to turning age three.

**303.209(b)(1)(iii)** addresses children referred to lead agency less than 45 days prior to turning age three.

**303.209(b)(2)** states that transition notification must be consistent with any opt-out policy that the State has adopted under §303.401(e).

For toddlers who may be eligible for Part B preschool services, the Part C agency must notify both the LEA and the SEA according to the following guidelines:

- For toddlers exiting Part C by age three – at least 90 days prior to their third birthday
- For toddlers determined eligible for Part C 45-90 days prior to turning age three – as soon as possible after the eligibility determination
- For toddlers referred to Part C less than 45 days prior to turning age three, no evaluation/assessment/IFSP is required, but Part C (with parental consent if applicable) must notify the LEA and SEA if the child is potentially eligible for IDEA Part B services.

### Transition Plan and Conference

For toddlers potentially eligible for Part B, the conference must be held at least 90 days and not more than 9 months prior to the toddler's third birthday. The

LEA must participate. For toddlers not potentially eligible for Part B, Part C must make reasonable efforts to convene the conference. Parental approval is required to conduct the transition conference in all cases.

**303.209(c)(2)** addresses children exiting Part C and not potentially eligible for Part B.

**303.209(c)(1)** addresses children exiting Part C and potentially eligible for Part B.

**303.209(d)** states that IFSPs must include, at least 90 days before the child turns three, a transition plan for all infants and toddlers with a disability who are exiting from Part C.

**300.124** addresses LEA participation in the conference.

The plan must include: a review of program options; steps to exit from Part C (including confirmation of the transition notification); and appropriate transition services that have been identified by the IFSP team as needed by the toddler and his/her family. The family will participate in the plan's development.



#### *EHDI Collaboration Opportunity*

It is important that EHDI coordinators be aware of the general requirements for transition, any state-specific guidelines, and Part B eligibility criteria so they may provide information on all program options, accurate responses to family inquiries, and effectively direct families to resources. EHDI coordinators may also be helpful in assisting the Part C agency in identifying potential resources for toddlers determined not likely eligible for Part B services and in assisting the Part B agency in understanding eligibility consideration specific to toddlers who are deaf or hard of hearing.

## STATE INTERAGENCY COORDINATING (SICC'S)

**303.601** Composition of the Council. Required representation is listed, including parents, providers, and payors of services as state and local levels. Council members are to be identified by the state's governor. Although EHDI programs are not specifically listed, their participation may be requested by the governor.

**303.604 Functions of the Council: Required Duties.** The Council must advise and assist the lead agency in the performance of its responsibilities in section 635(a)(10) of the Act, including—

- (a) Advising and assisting the lead agency. The Council must advise and assist the lead agency in the performance of its responsibilities in section 635(a)(10) of the Act.
- (b) Advising and assisting on transition. The Council must advise and assist the SEA and the lead agency regarding the transition of toddlers with disabilities to preschool and other appropriate services.
- (c) Annual report to the Governor and to the Secretary.

**303.605 Authorized activities by the Council.** The Council may carry out the following activities:

- (a) Advise and assist the lead agency and the SEA regarding the provision of appropriate services for children with disabilities from birth through age five.
- (b) Advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.
- (c) Coordinate and collaborate with the State Advisory Council on Early Childhood Education and Care for children, as described in section 642B(b)(1)(A)(i) of the Head Start Act, 42 U.S.C. 9837b(b)(1)(A)(i), if applicable, and other State interagency early learning initiatives, as appropriate.



### *EHDI Collaboration Opportunity*

State EHDI program representation on the Part C SICC is important to ensure successful provision of early intervention services for infants and toddlers who are deaf or hard of hearing. This reinforces the EHDI Reauthorization directive to ensure linkages to Part C. In turn, Part C representation can be present on EHDI boards. Through these state infrastructures, EHDI and Part C can work together on shared data systems to monitor successful referrals and receipt of services, data which are of use to both state agencies. Through the SICC, streamlined processes can be created. EHDI can also ensure the inclusion of family-to-family support groups and consumer-to-family support groups are at the table to ensure family-centered policies are developed.



## IN CONCLUSION

EHDI programs have made great strides in the early detection of hearing loss in infants. Approximately 3 newborns per 1,000<sup>3</sup> have a hearing loss that impacts learning of speech and language. Three additional children per 1,000 acquire hearing loss in early childhood<sup>4</sup>. Results of the Centers for Disease Control (CDC) 2018 Annual Survey<sup>5</sup> indicated that seventy-one percent of infants with a documented diagnosis were identified by three months of age. Although this is great progress, the 2018 CDC Survey also indicated just 66% of infants with a documented diagnosis could be verified as having enrolled in early intervention services. Effective collaboration between EHDI and Part C programs remains central to closing the gap between identification and intervention. EHDI programs can build and maintain relationships with Part C through identifying and working on areas of common concern, establishing regular communication between programs, participating on EHDI and Part C committees, and providing EHDI training and technical assistance to Part C partners. The 2013 “Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention After Confirmation That a Child is Deaf or Hard of Hearing”<sup>6</sup> and the more recent “Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs”<sup>7</sup> are resources that can assist EHDI and Part C programs in identifying potential areas for collaboration. Opportunities for children who are

deaf and hard of hearing to develop their full potential in language, cognition, social and emotional growth, and early literacy depend on how well the systems and services function. Maintaining and strengthening the partnership between and Part C programs must

continue to be a priority to ensure that all children who are deaf and hard of hearing are identified and their parents are connected to the services and resources they select for their child.

## FOR MORE INFORMATION:

### Family-Centered Practices promoted by EI Organizations

The ECTA Center provides up-to-date Part C information by state, along with laws, regulations and best practices, along with state-specific eligibility criteria. Go to <https://ectacenter.org/partc/partc.asp> and <https://ectacenter.org/topics/earlyid/state-info.asp> for eligibility information, and ECTA/DaSy database of state definitions of sensory impairments: <https://ectacenter.org/topics/earlyid/state-info.asp>

The Infant Toddler Coordinators Association promotes the exchange of information and ideas in the administration of Part C and to provide support to state and territory Part C coordinators. Go to: <https://www.ideainfanttoddler.org/association-information.php>

The Division for Early Childhood, Council for Exceptional Children published recommended practices for early intervention in 2014. Go to [www.dec-sped.org/recommendedpractices](http://www.dec-sped.org/recommendedpractices)

The Joint Committee of Infant Hearing has published position statements summarizing the state of the science and art in infant hearing and preferred practice recommendations in early identification and appropriate intervention of newborns and infants at risk for or with hearing loss. Go to <http://www.jcih.org/history.htm>

Part C Eligibility Considerations for Infants and Toddlers who are deaf or hard of hearing: [http://www.infanthearing.org/earlyintervention/docs/part\\_c\\_eligibility.pdf](http://www.infanthearing.org/earlyintervention/docs/part_c_eligibility.pdf)

Eligibility and Service Delivery Policies: Differences Between IDEA Part C and IDEA Part B <http://www.infanthearing.org/earlyintervention/docs/aspect-idea-part-c-and-idea-part-b.pdf>

Early Intervention for Children Birth to 3: Families, Communities, & Communication [http://www.infanthearing.org/ehdi-ebook/2020\\_ebook/18%20Chapter18EarlyIntervention2020.pdf](http://www.infanthearing.org/ehdi-ebook/2020_ebook/18%20Chapter18EarlyIntervention2020.pdf)

Family Support and Partnership tools: <http://www.infanthearing.org/familysupport/index.html>

## REFERENCES

1. Part C of the IDEA is published at 20 U.S.C. §§1401 through 1408 and 1431 through 1444 and its applicable regulations are at 34 C.F.R. Part 303
2. Early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children is published at 42 U.S.C. SS (make same mark as above) 280g-1
3. Ross, D. S., Holstrum, W. J., Gaffney, M., Green, D., Oyler, R. F., & Gravel, J. S. (2008). Hearing screening and diagnostic evaluation of children with unilateral and mild bilateral hearing loss. *Trends in Amplification*, 12(1), 27.. <https://doi.org/10.1177/1084713807306241>
4. Northern, J. L., & Downs, M. P. (2002). *Hearing in Children (5th ed.)*. Lippincott Williams & Wilkins.
5. *Annual Data Early Hearing Detection and Intervention (EHDI) Program Summary*. (2018) <https://www.cdc.gov/ncbddd/hearingloss/ehdi-data2018.html>
6. Muse, C., Harrison, J., Yoshinaga-Itano, C., Grimes, A., Brookhouser, P. E., Epstein, S., Buchman, C., Mehl, A., Vohr, B., Moeller, M. P., Martin, P., Benedict, B. S., Scoggins, B., Crace, J., King, M., Sette, A., & Martin, B. (2013). Supplement to the JCIH 2007 Position statement: principles and guidelines for early intervention after confirmation that a child is Deaf or Hard of Hearing. *Pediatrics*, 131(4), e1324–e1349. <https://doi.org/10.1542/peds.2013-0008>
7. Joint Committee on Infant Hearing (2019). Year 2019 Position statement: principles and guidelines for early hearing detection and intervention programs. (2019a). *Journal of Early Hearing Detection and Intervention*, 4(2), 1–44. <https://digitalcommons.usu.edu/jehdi/vol4/iss2/1/>

## DOCUMENT CITATION 2021

National Center for Hearing Assessment and Management. Understanding the IDEA Part C regulations: the role of EHDI. 2013.

This document can be found on [www.infanthearing.org/earlyintervention/](http://www.infanthearing.org/earlyintervention/)

This document was produced by a committee convened by NCHAM and has been funded in part by a cooperative agreement (U52MC04391) from the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) at the United States Department of Health of Human Services.



The development and distribution of this material was supported in part by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) as part of award U52MC0439, totaling \$3,400,000. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.