



Part 5: Part C Infant and Toddler Intervention Services and Part B Preschool Special Education Services; Information Resources for Clinical Audiologists

Background Information: “Part C” and “Part B” refer to different sections of the federal [Individuals with Disabilities Education Act \(IDEA\)](#)

Part C of the IDEA refers to the federal regulations for implementing interagency early intervention services for eligible infants and toddlers, up to 3 years of age with developmental concerns, and their families. **Part B** of the IDEA refers to the federal regulations for providing special education services, specialized instruction and related services to eligible students, 3 to 21 years of age, with identified disabilities and educational needs.

In Minnesota, support services under both Part C and Part B are provided at no cost to eligible Minnesota children and families regardless of income or immigration status. ([Minnesota Statute 125A.03](#))

The requirements for children’s eligibility and support services outlined in IDEA Part C Early Intervention are different from those outlined in IDEA Part B Special Education.

IDEA Part C Early Intervention Program for Infants and Toddlers with Developmental Delays or Disabilities; Minnesota System

Under IDEA Part C, each state that is providing interagency early intervention services names a *Lead Agency*. Some of a Lead Agency’s responsibilities include facilitating interagency collaboration for Part C initiatives, developing state plans, receiving and distributing allocated federal funds in support of Part C initiatives, sharing federal and state-level guidance to providers for early intervention services, and reporting state summaries of child and family outcomes of early intervention services. Each state also organizes its own outreach and child find efforts, establishes eligibility requirements for early intervention services, and determines by which types of entities those services may be delivered. Thus, the organization of any state’s Part C early intervention system will be unique to that state.

The Minnesota Department of Education is the designated Lead Agency for Part C services in Minnesota, with early intervention services offered primarily through the public school system. The majority of other states’ Part C systems are led by a state’s Department of Health and/or Human Services, with selected organizations or individual professionals contracted to provide the services to eligible infants, toddlers, and their families.

Minnesota is known as a *birth mandate* state. This means that, under Minnesota legislative statute, eligible young children with disabilities or developmental delays may receive core early intervention or special education services from birth on, as determined through the IFSP/IEP process, through the public school system at no cost to families regardless of income or immigration status.

Participation in Part C Infant and Toddler Intervention Services is voluntary for families of young children who have been determined eligible to receive those support services.

Additional overview information about [IDEA Part C](#) and [MN Part C Infant and Toddler Intervention](#) can be found on the Help Me Grow MN website.

Minnesota legislation related to MN Part C Infant and Toddler Intervention Services can be found at [MN Statutes: Interagency Early Childhood Intervention system](#). One MN Rule reference is [MN Rule 3525.1350 Infant and Toddler Intervention Services](#).

IDEA Part B Special Education Services for Students with Disabilities: Preschool Special Education Services

IDEA Part B Section 619 Preschool Special Education documents the regulations for states as they provide free and appropriate public education programs of support (FAPE) for eligible children from 3 to 5 years of age/kindergarten entrance. Federal and Minnesota statutes for Part B Special Education and Part B 619 Preschool Special Education include required processes for ensuring procedural safeguards for parents' and students' rights, evaluations, timelines, eligibility determination, Individual Education Programs (IEPs), IEP Team membership, service provision, monitoring child progress, program evaluations, and more.

Minnesota's public school districts are responsible for providing Part B 619 Preschool Special Education services for eligible young Minnesota children ages 3 to 5 years of age/kindergarten entrance as determined through the IEP process.

The term *Early Childhood Special Education (ECSE)* is often used by the MN Department of Education and school districts as the title of school districts' programs of services for young children with special needs, including both Part C Infant and Toddler Intervention and Part B 619 Preschool Special Education services.

Additional overview information about Minnesota [Early Childhood Special Education](#) can be found on the Help Me Grow website.

Minnesota statutes related to Special Education and Special Programs are listed in [MN Statutes Chapter 125A](#).

The Path from Referral to Eligibility Determination:

- **As noted in Part 2 of this resource, clinical audiologists must refer all young children identified with hearing loss, regardless of the type or degree of hearing loss, for an evaluation for possible support services as soon as the hearing concern is noted. It is the school district's responsibility to use that information when determining children's eligibility for educational services.**
- Each Minnesota school district has a secure online intake site that receives electronic referrals automatically from the Help Me Grow MN online referral system. Each district's intake site is checked daily from Monday through Friday throughout the calendar year (except on state and federal holidays).
 - Each Minnesota school district Early Childhood Special Education (ECSE) program has designated intake staff members who are responsible for monitoring the district intake site and providing the referral information to the program staff who will initiate the district's response. A district may have one intake person for both infants/toddlers and preschool-age children. Or there may be separate intake staff members for referrals of infants/toddlers and for referrals of preschoolers.
 - Contact information for each school district's ECSE intake staff can be found on the MN Department of Education webpages [Help Me Grow Birth to 2 Central Intake](#) and [Help Me Grow 3 to 5 Central Intake](#). *Referrals for young children with developmental concerns may also be made by contacting intake staff directly.*
- Once a school district receives a referral, an Early Childhood Special Education staff member from the child's resident school district will contact the child's parents to discuss concerns they may have for their child. District staff will talk with the family about the types of services and supports that may be provided to eligible Minnesota children and families. If the parents wish to continue, school staff will explain more about the next steps of completing a developmental screening or an eligibility evaluation for their child. Parents may agree or decline to proceed with the process.
- **After receiving a referral and parent consent to proceed, the school district is under legal timelines for completing initial evaluations, determining eligibility for services, and conducting IFSP/IEP meetings for eligible children.** For infants and toddlers, all requirements, including the initial IFSP meeting, must be completed within 45 calendar days of the district receiving the referral, unless the district is unable to obtain parental consent. For preschool-aged children, the evaluation must be completed within 30 school days of receiving parent consent.
- Early intervention and preschool special education evaluations and assessments are conducted by qualified personnel which may include an ECSE Teacher, a Teacher of Deaf/Hard of Hearing, an Educational Audiologist, and a Speech Language Pathologist. If there are additional developmental concern(s) for the child, staff from additional

disciplines may also be included as appropriate to help provide a full understanding of the child's current development and needs.

- Evaluations and assessments help the team fully understand and document the family's concerns and priorities for their child and family, and the child's current development and learning needs. Assessments may include observations of the child at home and in different early childhood environments, interviews with parents and caregivers, standardized and normative assessment tools, and the use of early childhood development resources, such as the [MN Early Childhood Indicators of Progress \(ECIPs\)](#).
- **A clinical audiologist's part in ensuring valid, timely evaluations of young children with hearing loss is to promptly share audiological records with the school district team, as they are a necessary component of the educational eligibility determination.** A suggested process for how clinical audiologists may share audiological records with a child's school district at the time of referral is shared in Part 3 of this resource and outlined in the document ["Obtaining Parent's/Guardian's Permission to Release Information \(ROIs\), Sharing Clinical Audiology Reports when Referring Young Children Through Help Me Grow MN; Spring 2021 Pilot Process"](#), Revised February 2022.
- Eligibility determinations are considered "the doorway" into Part C Infant-Toddler Intervention Services or Part B Preschool Special Education services in Minnesota.
 - **In Minnesota, infants and toddlers with any type or degree of bilateral or unilateral permanent hearing loss are automatically eligible for Part C Infant and Toddler Intervention Services. Infants and toddlers with chronic conductive hearing loss may also be eligible for support services under Part C.**
 - **Preschool-age children with hearing loss (ages 3- to 5-years/kindergarten entrance) are often found eligible for Part B Special Education Services under [Deaf and Hard of Hearing \(D/HH\)](#) disability criteria. Children with multiple developmental challenges may be found eligible for Part B Special Education Services under a different or additional [disability category](#). Young children from 3 through 6 years of age may also be determined eligible for special education under the early childhood [Developmental Delay](#) criteria.**
- Listed below are links to online documents that describe Minnesota's eligibility considerations for Part C Infant-Toddler Intervention Services, Part C collaborative teaming recommendations, and eligibility for Part B Special Education Services under current Minnesota D/HH Categorical Criteria:
 - [Determining Eligibility for Minnesota's IDEA Part C Infant and Toddler Intervention Services for Young Children with Hearing Differences \(July 2019\) \(pdf\)](#)
 - [Guidance on Hearing Loss Eligibility under Part C of IDEA - 6/18/19](#)
 - [Part C Intervention Services for Infants and Toddlers \(Birth to Age 3\) with Sensory Loss: Recommended Collaborative Practices, 12/23/20](#)
Recommended collaborative practices when providing early intervention

services for infants and toddlers with sensory loss, including those who are Blind/Visually Impaired, Deaf/Hard of Hearing, or DeafBlind.

- [DHH categorical eligibility criteria for Part B Special Education \(3-21 years of age\)](#)
- [Categorical Disabilities Criteria](#): Children with hearing loss and additional learning challenges may be found eligible for Special Education Services under different or additional disability criteria.

Part C IFSPs: Support Services for Eligible Minnesota Infants and Toddlers and Their Families

- After an infant or toddler has been determined eligible for MN Part C services, given parent/guardian consent, families and early intervention providers create an **Individual Family Service Plan (IFSP)**. The IFSP is a dynamic plan of action of services and supports that will be provided to the child and family. Regardless of the criteria under which the child was determined eligible for services, the child and family outcomes (goals) and early intervention services that are developed through the IFSP process are driven by the child and family needs and priorities expressed by the family.
- Part C Infant and Toddler Intervention Services are family centered. Parents/Guardians are considered critical partners in all aspects of the eligibility evaluation, assessments, IFSP development, and early intervention services.
- Families and providers together write the IFSP to document the child’s current functional levels in the following domains:
 - cognitive development,
 - physical development, including hearing and vision
 - communication development
 - social or emotional development, and
 - adaptive development.
- The IFSP also documents:
 - the family’s concerns, priorities, and resources,
 - the outcomes that the family would like to see for their child and family,
 - the “who, what, when, where, and how” of the support services that will be provided to the child and family, and
 - how the child’s development and progress on desired outcomes will be monitored.
- In Part C, there is an assigned *Service Coordinator* role for each child and family. The team member in this role helps facilitate collaboration among the IFSP team members, facilitates meetings, and provides additional assistance and connection to community resources for the family as needed.

- The selection of early intervention service providers is based on discussions of the individual child’s and family’s needs and the family’s priorities and desired outcomes for their child, as recorded on the IFSP. School district ECSE program teams will use that information as they assign qualified service providers to support the family and child toward achieving their IFSP outcomes.

Service providers for young children with hearing loss may include Teachers of the Deaf/Hard of Hearing, Early Childhood Special Education Teachers, Educational Audiologists, and/or Speech Language Pathologists with specialized background and skills in supporting the development of children with hearing loss. Additional specialists may be included for children who have multiple developmental challenges.

- Early intervention service providers share information resources with families and coach parents and caregivers as they support the child’s development in ways that are individualized for each child and family.

The field of early intervention for young children with hearing loss recognizes the importance of providing families with high-quality, unbiased information about language development and [communication opportunities](#) for young children who are deaf or hard of hearing as part of the resources and supports offered to families.

- Most early intervention services are provided in the child’s home, childcare, and/or community settings that are typical environments for very young children.
- IFSPs are reviewed by the team of parents and providers at least once every 6 months, with modifications made as appropriate to support the child and family. With parent consent, clinical audiologists may be asked to provide updated audiological records to assist with these IFSP reviews.
- *Transition* planning is included in the IFSP process. Under IDEA, Part C early intervention services can be provided for infants/toddlers up to their 3rd birthday. Prior to their 3rd birthday, a child may receive an evaluation to determine their eligibility for Part B Preschool Special Education services.
- Additional information for families about IFSPs is available from multiple sources, including [PACER Center: Individualized Family Service Plan](#)

Part B IEPs: Special Education Services for Eligible Minnesota Children 3 to 5 Years of Age/up to Kindergarten Entrance

- As in Part C, eligibility determinations are considered “the doorway” into Minnesota Part B Preschool Special Education Services. Regardless of the criteria under which a preschool-age child is determined eligible for services, the child’s identified educational needs form the basis for the goals, support services, and educational placements planned by the individual child’s team of parent(s)/guardian(s) and professionals.
- For children who are determined eligible for special education services, professionals and parents develop an **Individualized Education Program (IEP)** to address the educational needs that result from the child’s disability.
- The IEP includes:
 - A summary of the child’s *present levels of academic achievement and functional performance (PLAAFP)* in different areas of development. For a child with hearing loss, this would include information about their sensory needs, communication, social-emotional, and early literacy and numeracy development.
 - the child’s identified educational needs,
 - the goals and objectives designed to address the child’s needs,
 - the plan for specialized instruction and supplementary aids and services that will support the child’s progress on their learning goals and objectives, and
 - the place(s) where the services and supports will be provided.
- IEP team membership for preschool-age children is individualized to address the child’s educational needs and support their progress on their IEP goals. IEP teams, at a minimum, include parents, at least one special education teacher or provider of the child, a district representative, and a general education teacher.

Preschool-age children with hearing loss may receive services and consultation from disciplines including Teachers of the Deaf/Hard of Hearing, ECSE Teachers, Educational Audiologists, and Speech Language Pathologists. Additional specialists may be included on the team for children who have multiple developmental needs.

- IEPs are formally reviewed on an annual basis and modifications are made as appropriate to support the child and address their educational needs. With parent consent, clinical audiologists may be asked to provide updated audiological records to assist with this review.
- Additional information for families about IEPs is available from multiple sources, including PACER Center [Special Education Overview for Parents](#) and [A Guide to the Individualized Education Program \(IEP\)](#)

Ongoing Collaboration:

Thank you for your collaboration! Ongoing communication between clinical audiologists and educational teams is beneficial to all young children with hearing differences, their families, and the professionals who support them. Clinical audiologists are encouraged to communicate directly with a child's family, and given parent consent, an assigned representative of the child's IFSP/IEP team for information about services and supports that are provided to an individual child and family.

For policy and guidance information related to Part C Infant and Toddler Early Intervention Services and Preschool Special Education Services in Minnesota, questions can be emailed to MN Department of Education Early Childhood Special Education leadership staff at mde.ecse@state.mn.us.

This resource is made possible with a grant from the Minnesota Department of Education using federal funding CFDA 84.027A, Special Education - Grants to States. Unless otherwise specified, this resource does not necessarily represent the policy of Metro ECSU, the federal Department of Education, the MN Department of Education, the MN Department of Health, and you should not assume endorsement by the federal or state government.