

Recommended Guidelines for Informed Clinical Opinion for *Early On*

WHAT is an “Informed Clinical Opinion”?

Informed Clinical Opinion (ICO) is a methodology for determining eligibility for *Early On* based on developmental delay that makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention services. The ICO should:

- reflect a meaningful assessment of the individual child’s development
- reflect a meaningful assessment of the family resources, priorities, and concerns
- address the functional impact and the implications of noted delays or differences in development
- suggest areas that may require further evaluation
- suggest areas to address on the IFSP
- help identify areas in which the family’s knowledge, skills, and ability to enhance their child’s development can be supported.

An Informed Clinical Opinion is NOT a means to circumvent the eligibility criteria for *Early On*. The ICO will need to document that a delay that meets eligibility criteria likely exists (i.e. related to the proposal of eligibility for developmental delay based on 25% delay in one area of development, or 20% in two or more areas of development).

Informed Clinical Opinion is NOT an eligibility category, rather the purpose is to capture information about a delay relating to the child’s development/behavior that is not or cannot be captured through traditional eligibility tools.

WHEN would ICO be used?

ICO is the methodology that will be used to determine eligibility based on developmental delay for all children whose age is under 2 months (corrected) at entry to *Early On*.

ICO can be used determine eligibility based on developmental delay for children whose age is older than 2 months (corrected) at entry to *Early On*, when delay is suspected but traditional eligibility tools do not show the delay.

WHO can contribute to the ICO?

Professionals meeting *Early On* personnel qualifications, the child’s parents.

WHAT must be included?

In order to reach an informed clinical opinion about the eligibility of a particular infant or toddler, a multi-disciplinary team must synthesize and interpret information from two or more of the following types of sources:

- Clinical interviews with parents
- Evaluation of the child at play
- Observation of parent-child interaction
- Information from caregivers that spend significant time with the child
- Neurodevelopmental or other physical examinations
- Additional psychometric and diagnostic data

Additionally, an ICO must:

- Be compiled into a written document
- identify which sources of information were used
- identify who provided information (their discipline/qualifications)
- identify the estimated % of delay
- contain recommendations related to the IFSP
- be attached to IFSP (to ensure that this information is captured as a part of IFSP development).

HOW will it link to evaluation and assessment (child outcomes)?

- An ICO developed at intake to *Early On* must state whether the child's developmental skills are at or close to those of their same aged peers.
- An ICO developed during annual re-determination of eligibility must include a statement about the child's degree of progress during their time in *Early On* – made no progress, made progress but skills do not yet reach those of their same aged peers, or made progress and either remains at or is now achieving skills similar to those of same aged peers.

Tools workgroup suggests that examples of tools that can help with ICO be added to this document.

*SOURCE: Shackelford, J. (May, 2002). **Informed Clinical Opinion.** The National Early Childhood Technical Assistance Center, University of North Carolina, Chapel Hill, NC.*