

Appendix 1: BabyNet Forms and Instructions

Note: all forms except BN001 are accessible through the BabyNet Educational Record and Data Gathering Electronic System (BRIDGES).

BN001	Referral to BabyNet
BN002	Family Guide to the BabyNet System
BN003	Notice of Child and Family Rights
BN004	BabyNet Complaint Form
BN005	Assignment of Surrogate Parent
BN006	Parent Authorization for Surrogate Parent
BN007-A	Notice of BabyNet Record Retention and Destruction
BN007-B	Notice of BabyNet Record Retention and Destruction-REFERRAL ONLY
BN008	Consent for Developmental Screening
BN009	Family Hearing and Vision Questionnaire
BN010	Consent for Eligibility Evaluation, Assessment of Family, and Assessment of Child
BN011	Health Insurance Resources Summary Form
BN012	Written Notice Related To Private Insurance/Medicaid & System of Payment Policies
BN013	Consent to Release and/or Obtain Information
BN014	Primary Health Care Provider Summary
BN015	Written Prior Notice and Meeting Notification
BN016	(Placeholder: Assessment of Family's Resources, Priorities, and Concerns)
BN017	BabyNet IFSP Consent and Signatures
BN018	BabyNet Referral Status Update
BN019	Parent/Caregiver Verification of Services
BN020-A	Assistive Technology Justification
BN020-B	Assistive Technology Purchase Request
BN021	Transportation Log
BN022	Transition Referral
BN023	Transition Conference
BN024	(Placeholder)
BN025	(Placeholder)



BabyNet

South Carolina's Early Intervention System

Referral to BabyNet



Primary referral sources, including hospitals, physicians health care providers, social service agencies, day care providers, therapists, etc., are required to refer a child, birth to three years of age who may benefit from early intervention services, to BabyNet within two working days after identification (34 CFR Sec.303.321). Once referred, BabyNet will ask the parent(s)/ guardian for consent before determining eligibility.

1. CHILD INFORMATION

Referral Date:	*Child's Last Name:	*Child's First Name:	MI:	SSN:
*DOB:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	*Address:		
*City:	County:	*State:	*Zip	
Medicaid #:	Other Insurance Information:		BRIDGES ID #	

2. PARENT/GUARDIAN INFORMATION (USE FOSTER PARENT IF IN FOSTER CARE)

*Parent(s)/Guardian:	Relationship:	* Home Phone if Available
Work Phone:	Other Phone:	E-mail Address:
Primary Language/Mode of Communication		* Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No

3. REASON FOR REFERRAL

Presenting Concerns: Referral of child birth to three for (check one):

<input type="checkbox"/> Suspected Developmental Delay List developmental Area(s) of concern: Developmental Screening completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Referral Source is requested to send the Developmental Screening results to the local BabyNet System Point of Entry (SPOE) Office at the time of referral
<input type="checkbox"/> Condition associated with a high probability of developmental delay List all medical diagnoses: Child is currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CAPTA Referral. The Child Abuse Prevention and Treatment Act (CAPTA P.L. 111-320) requires the South Carolina Department of Social Services to refer infants and toddlers, ages birth to three, with substantiated abuse or neglect, and those affected by substance abuse to the BabyNet Early Intervention System. <input type="checkbox"/> Substantiated child maltreatment <input type="checkbox"/> Identified as affected by illegal substance abuse or withdrawal from prenatal drug exposure Worker safety precautions recommended:

4. REFERRAL SOURCE

Name:	Title/Agency		
Address:	City:	State:	Zip:
Phone Number:	Fax Number:	E-mail Address:	

5. BABYNET REFERRAL CONTACT INFORMATION		
<u>BABYNET DISTRICT:</u>	<u>FAX:</u>	<u>CONTACT:</u>
ANDERSON <i>Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee, Saluda</i>	Fax: (864) 225-8121	ATTN: Alyssa Bowser Phone: (864) 225-6465 abowser@scfirststeps.org
CHARLESTON <i>Berkeley, Charleston, Dorchester</i>	Fax: (843) 740-3198	ATTN: Martha Johnson Phone: (843) 740-3193 majohnson@scfirststeps.org
COLLETON <i>Beaufort, Colleton, Hampton, Jasper</i>	Fax: (843) 379-7840	ATTN: Jacquelyn Walker Phone: (843) 782-3404 jwalker@scfirststeps.org
HORRY <i>Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Kershaw, Lee, Marlboro, Marion, Sumter, Williamsburg</i>	Fax: (843) 839-5046	ATTN: Angela Lassen Phone: (843) 839-5133 alassen@scfirststeps.org
RICHLAND <i>Fairfield, Lexington, Newberry, Richland</i>	Fax: (803) 734-0236	ATTN: Sheri Sandoval Phone: (803) 734-0111 ssandoval@scfirststeps.org
<i>Aiken, Allendale Bamberg, Barnwell, Calhoun, Orangeburg</i>	Fax: (803) 533-5953	ATTN: Michelle Woodall Phone: (803) 533-5446 mwoodall@scfirststeps.org
SPARTANBURG <i>Cherokee, Spartanburg, Union</i>	Fax: (864) 591-8640	ATTN: Wanda Blakely Phone: (864) 591-8642 wblakely@scfirststeps.org
<i>Greenville, Pickens</i>	Fax: (864) 331-1456	ATTN: Karen McCollister Phone: (864) 331-1451 kmccollister@scfirststeps.org
YORK <i>Chester, Lancaster, York</i>	Fax: (803) 222-6269	ATTN: Devora Killian Phone: (803) 222-5360 dkillian@scfirststeps.org

INSTRUCTIONS
BabyNet Referral Form
SCFS/BN001 rev March 2014

Form is used when referring a child to the BabyNet Early Intervention System.

*** (Required)**

1. CHILD INFORMATION:

- **Referral Date:** * Date referral form is completed.
- **Child's Last Name:** * Enter legal last name of BabyNet eligible child.
- **Child's First Name:** * Enter the first name of BabyNet eligible child. Do not use nicknames.
- **MI:** Enter child's middle initial.
- **SSN:** Enter child's Social Security Number.
- **DOB:** * Enter child's date of birth.
- **Gender:** Check box indicating child's sex.
- **Address:** * List address where child resides.
- **City:** * List city for address.
- **State:** * Enter state for address.
- **Zip:** * Enter Zip code for address.
- **County:** Enter County where child resides.
- **Medicaid #:** Enter the child's Medicaid number.
- **BabyNet #:** Enter the child's BabyNet number.
- **Other Insurance Information:** List the name of any other type insurance the child has.
- **School District:** Enter the school district the child would attend.

2. PARENT/GUARDIAN INFORMATION (USE FOSTER PARENT IF IN FOSTER CARE):

- **Parent/Guardian:** * Enter the parent(s)/guardians full name.
- **Relationship:** Enter parent's relationship to child (i.e. foster parent, biological parent, adoptive, surrogate).
- **Home Phone:** * If available: Enter parents/foster parent's home phone number, if applicable.
- **Work Phone:** Enter parent's/foster parent's work phone number, if applicable.
- **Other Phone:** Enter alternative contact numbers.
- **E-mail Address:** Enter the parent's e-mail address if available.
- **Best Way to Contact Parent:** Enter best way to contact parent/foster parent.
- **Primary Language/mode of Communication:** Enter primary language of parent/foster parent.
- **Interpreter Needed:** * Check yes if an interpreter is needed or no if an interpreter is not needed.

3. REASON FOR REFERRAL Check one

- **Suspected Developmental Delay**
 - List developmental areas of concern
 - If developmental screening has been conducted, please attach to referral form
- **Condition associated with a high probability of developmental delay**
 - List developmental delay or condition: (i.e., diagnosis).
 - Is the Child Currently in the Hospital: Select Yes, or No
- **CAPTA Referral**
 - Check the appropriate box to indicate if child was referred for:
 - Indicated child maltreatment
 - Affected by illegal substance abuse or withdrawals for prenatal drug exposure or Developmental delay
- **Worker Safety/Security Precautions:** List any worker safety or security precautions that might exist.

4. REFERRAL SOURCE/DSS CASEWORKER

- **Name/Title/Profession:** Enter name/title/profession of worker making referral.
- **Agency:** Enter name of agency.
- **Address:** List address for agency.
- **City:** List city for address.
- **State:** Enter state for address.
- **Zip:** Enter zip code for address.
- **Phone:** Enter phone number.
- **Fax:** Enter referral source's fax number.
- **Email Address:** Enter referral source's email address.

5. BABYNET CONTACT INFORMATION is listed on the second page of the form

Appendix 3: Childhood Outcomes Summary Process

Policy 1: Child Outcomes Summary Process at Program Entry

Entry is defined as at the Initial IFSP. For all children age 30 months or less when the Initial IFSP is developed the BabyNet Service Coordinator of record at the time the initial plan is signed by the family will complete and document the following activities **within 30 days of initial IFSP**:

- A. Complete the Child Outcomes Summary (COS) form using the results of the initial Curriculum Based Assessment (CBA); the appropriate Child Outcomes Crosswalk for the CBA; and the Decision Tree.
- B. On the COS form, document the following:
 - i. Only items appearing on of the initial IFSP and the instrument's cross-walk with the outcomes;
 - ii. Family (and if appropriate, child care provider) input about how the child uses skills in across situations and settings including home and community, using the '**Child Outcome Discussion Prompts**' to guide the conversation/s;
 - iii. Any *prior* available service provider(s) input on child function and input on rating of each outcome.
- C. ***If there are prior available Service Providers.***

The BabyNet Service Coordinator will request input on a child's function and input on the child outcomes summary rating for each outcome (example: PT makes the initial referral to BabyNet, Service Coordinator forwards a COS form to prior providers for their input on child function; see Policy 2 below) by any ***prior available Service Provider(s)***.
Any ***prior available Service Provider(s)*** is requested to complete and document the following upon receipt of COS form from BabyNet Service Coordinator:

 - i. For each outcome, synthesis of data and observations relevant to provider's area of service regarding child's functional abilities relative to same-age peers, and
 - ii. Using the Decision Tree, assign and record a rating to the child's functional abilities compared to same-age peers.
 - iii. Return the completed COS form to the child's BabyNet Service Coordinator. If provider does not return COS form, BNSC can contact the provider(s) by phone and document their input on the COS form.
- D. After gathering all IFSP team member input the Service Coordinator should:
 - i. Review all input, and use the Decision Tree to assign a consensus rating to the child's functional abilities compared to same-peers. Record child's consensus rating for each outcome on the COS form.
 - ii. Input data for each outcome in the ENTRY data portal link
 - iii. Print computer screen page
 - iv. Click 'submit' button on screen to input data
 - v. File printed copy of ENTRY data and all completed COS forms in child's record

Policy 2: Child Outcomes Summary Process at Program at Exit

Exit is defined as at the time of exit from the system. For all children who have been continuously enrolled in BabyNet system for at least 6 months of service, the BabyNet Service Coordinator of record at the time of exit will complete and document the following activities **within 10 days of exit**:

- A. Complete the Child Outcomes Summary (COS) form using the results of the initial Curriculum Based Assessment (CBA); the appropriate Child Outcomes Crosswalk for the CBA; and the Decision Tree.
- B. On the COS form, document the following:

- i. Only items appearing on of the initial IFSP and the instrument’s cross-walk with the outcomes;
 - ii. Family (and if appropriate, child care provider) input about how the child uses skills in across situations and settings including home and community, using the ‘**Child Outcome Discussion Prompts**’ to guide the conversation/s;
 - iii. Any service provider(s) input on child function and input on rating of each outcome
- C. Any **Service Provider(s)** IFSP team member (s) is required to complete and document the following upon receipt of COS form from BabyNet Service Coordinator (*See BNSP contract for specific obligations*):
- i. For each outcome, synthesis of data and observations relevant to provider’s area of service regarding child’s functional abilities relative to same-age peers, and
 - ii. Using the Decision Tree, assign and record a rating to the child’s functional abilities compared to same- age peers
 - iii. Return the completed COS form to the child’s BabyNet Service Coordinator. If provider does not return COS form, BNSC can contact the provider(s) by phone and document their input on the COS form.
- D. After gathering all IFSP team member input the Service Coordinator should:
- i. Review all input, and use the Decision Tree to assign a consensus rating to the child’s functional abilities compared to same-peers. Record child’s consensus rating for each outcome on the COS form.
 - ii. Input data for each outcome in the EXIT data portal link
 - iii. Print computer screen page
 - iv. Click ‘submit’ button on screen to input data
 - v. File printed copy of EXIT data and all completed COS forms in child’s record

Policy 3- Child Outcomes Summary Process for Program Re-Entry

For children who re-enter the BabyNet system within 60 days of exit, a new COS form is not required. The child’s recent COS exit rating should be used as the new re-entry COS entry rating for these children. All child id #s will be reconciled during collection period to guard against duplicate COS ratings for children. For children who re-enter the BabyNet system after 60 days of exit a new COS form and updated CBA is required. See policy 1 for completion of new COS form for these children.

Policy 4: Child Outcome Summary Data Quality

Quarterly Child Outcomes Missing Data Reports will be shared with BabyNet State Office designees and BabyNet Program Managers for agency quality review, dissemination and correction. Corrected missing data should be returned back to TECS office within 14 days of receipt of report. Corrections should be submitted timely by Faxing information to 803-935-5300 ATTN: Renee Sewell or Emailing information to renee.sewell@uscmed.sc.edu

Appendix 4: Comprehensive System of Personnel Development

(Placeholder)

**Appendix 5: Council for Exceptional Children,
Division of Early Childhood Recommended Practices**



April 14, 2014

<http://www.dec-sped.org/>

This document is available online at: <http://www.dec-sped.org/recommendedpractices>

To reference the DEC Recommended Practices, please use the following citation:

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April 14, 2014

Introduction

The DEC Recommended Practices were developed to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through five years of age, who have or are at-risk for developmental delays or disabilities. The purpose of this document is to help bridge the gap between research and practice by highlighting those practices that have been shown to result in better outcomes for young children with disabilities, their families, and the personnel who serve them. The DEC Recommended Practices support children's access and participation in inclusive settings and natural environments and address cultural, linguistic, and ability diversity. They also identify key leadership responsibilities associated with the implementation of these practices.

The DEC Recommended Practices are based on the best-available empirical evidence as well as the wisdom and experience of the field. The practices are organized into eight topic areas, but they should be viewed holistically across the topic areas. Family Practices, for example, are grouped in one topic area but are fundamental to all of the topic areas. We believe that when practitioners and families have the knowledge, skills, and dispositions to implement these practices as intended, children who have or are at risk for developmental delays/disabilities and their families are more likely to achieve positive outcomes, and families and practitioners are more likely to help children achieve their highest potential.

While developmentally appropriate practices are the foundation of quality programs for all young children and families (Copple & Bredekamp, 2009), we believe that young children who have or are at risk for developmental delays/disabilities often need more specialized practices that allow them to participate and engage meaningfully in their daily living routines and learning activities. While we acknowledge the important role of developmentally appropriate practices in the education and care of all children, we do not include those foundational practices in this document.

The purpose of the DEC Recommended Practices is to highlight those practices specifically known to promote the outcomes of young children who have or are at risk for developmental delays/disabilities and to support their families in accordance with the DEC/NAEYC (2009) position statement on early childhood inclusion. We assume that those who implement the practices:

- Have foundational knowledge of developmentally appropriate early childhood practices.
- Have a basic understanding of relevant professional, legal, and regulatory guidelines for serving every child.
- Act in accordance with the principles of the DEC Code of Ethics and in accordance with the principles of access and participation as described in the DEC/NAEYC (2009) position statement on inclusion.
- Engage in ongoing professional development to increase their knowledge, skills, and dispositions for implementing the Recommended Practices as intended.

In addition to implementing the DEC Recommended Practices, practitioners working in the field should be guided by their discipline-specific professional standards, competencies, and codes of ethics. All practitioners who work with young children, including those at risk for developmental delays/disabilities, are expected to access professional development and technical assistance systems to build knowledge and skills related to developmentally appropriate practices, the DEC Recommended Practices, and discipline-specific knowledge.

Building on previous efforts to produce DEC Recommended Practices as well as surveys and other opportunities to receive suggestions from the field, we also established the following parameters to guide the production of the current set of DEC Recommended Practices. These parameters include:

- *Recommended Practices* are those with the highest expected leverage and impact on outcomes, providing the “biggest bang.”
- *Recommended Practices* are supported by research, values, and experience.
- *Recommended Practices* represent the breadth of the topic area.
- *Recommended Practices* are observable.
- *Recommended Practices* are *not* disability-specific.
- *Recommended Practices* can be delivered in all settings including natural/inclusive environments.
- *Recommended Practices* should build on, but not duplicate, standards for typical early childhood settings such as the NAEYC Developmentally Appropriate Practices.

For the purposes of this document, the definition of young children who have or are at risk for developmental delays/disabilities is not limited to children eligible for services under IDEA. This set of DEC Recommended Practices has eight topic areas. In our presentation of practices that appears below, we begin with the topic area of Leadership, which provides

guidance for local and state leaders who support practitioners. We define **leaders** as those in positions of leadership or authority in providing services to all young children who have or are at risk for developmental delays/disabilities and their families. Examples of such leaders include state, regional, and local administrators; early childhood coordinators; building principals; and assistant directors and coordinators.

The other seven topic areas provide guidance for practitioners:

- Assessment
- Environment
- Family
- Instruction
- Interaction
- Teaming and Collaboration
- Transition

For these Recommended Practices, we define **practitioners** as those who are responsible for and paid to enhance the optimal development of young children who have or are at risk for developmental delays/disabilities. This includes providing care, education, or therapy to the child as well as support to the child's family.

Leadership

The work of practitioners on the frontline is critical to improving outcomes for young children who have or are at risk for developmental delays/disabilities and their families. But practitioners do not operate in a vacuum. Their ability to implement the DEC Recommended Practices can be supported or constrained by the program, school, agency, or organization for which they work.

State and local leaders establish the conditions that are essential for the successful implementation of the DEC Recommended Practices by, for example, the policies and procedures they develop and implement. Leaders in early intervention and early childhood special education can be program directors and other administrators, practitioners, family members, students, higher education faculty, and others. The set of practices in this section address the responsibilities of those in positions of program authority and leadership related to providing services to young children who have or are at risk for developmental delays/disabilities and their families. Examples of such leaders include state, regional, and local directors and other administrators; early childhood coordinators; building principals; and assistant directors and coordinators.

The provision of these services is a complex undertaking governed by federal and state laws, funded by multiple sources, and structured and administered in different ways. Some of the challenges to implementing the DEC Recommended Practices may be beyond the immediate control of state agency staff or local administrators. These challenges may require sustained advocacy from a variety of groups to create the systems change needed to establish more conducive policies and procedures. Leaders have a professional responsibility to use all the mechanisms within their control to create the conditions needed to support practitioners in implementing the following Recommended Practices.

We recommend the following practices associated with leadership:

- L1.** Leaders create a culture and a climate in which practitioners feel a sense of belonging and want to support the organization's mission and goals.
- L2.** Leaders promote adherence to and model the DEC Code of Ethics, DEC Position Statements and Papers, and the DEC Recommended Practices.
- L3.** Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families.
- L4.** Leaders belong to professional association(s) and engage in ongoing evidence-based professional development.
- L5.** Leaders advocate for policies and resources that promote the implementation of the DEC Position Statements and Papers and the DEC Recommended Practices.
- L6.** Leaders establish partnerships across levels (state to local) and with their counterparts in other systems and agencies to create coordinated and inclusive systems of services and supports.

- L7.** Leaders develop, refine, and implement policies and procedures that create the conditions for practitioners to implement the DEC Recommended Practices.
- L8.** Leaders work across levels and sectors to secure fiscal and human resources and maximize the use of these resources to successfully implement the DEC Recommended Practices.
- L9.** Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.
- L10.** Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision.
- L11.** Leaders collaborate with higher education, state licensing and certification agencies, practitioners, professional associations, and other stakeholders to develop or revise state competencies that align with DEC, Council for Exceptional Children (CEC), and other national professional standards.
- L12.** Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.
- L13.** Leaders promote efficient and coordinated service delivery for children and families by creating the conditions for practitioners from multiple disciplines and the family to work together as a team.
- L14.** Leaders collaborate with other agencies and programs to develop and implement ongoing community-wide screening procedures to identify and refer children who may need additional evaluation and services.

Assessment

Assessment is the process of gathering information to make decisions. Assessment informs intervention and, as a result, is a critical component of services for young children who have or are at risk for developmental delays/disabilities and their families. In early intervention and early childhood special education, assessment is conducted for the purposes of screening, determining eligibility for services, individualized planning, monitoring child progress, and measuring child outcomes. Not all of the practices that follow apply to all purposes of assessment. For example, practice **A9**. focuses on monitoring child progress but does not relate to assessment for eligibility.

We recommend the following assessment practices to guide practitioners:

- A1.** Practitioners work with the family to identify family preferences for assessment processes.
- A2.** Practitioners work as a team with the family and other professionals to gather assessment information.
- A3.** Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- A4.** Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.
- A5.** Practitioners conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language.
- A6.** Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
- A7.** Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.
- A8.** Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.
- A9.** Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed.
- A10.** Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs.
- A11.** Practitioners report assessment results so that they are understandable and useful to families.

Environment

Young children who have or are at risk for developmental delays/disabilities learn, play, and engage with adults and peers within a multitude of environments such as home, school, child care, and the neighborhood. Environmental practices refer to aspects of the space, materials (toys, books, etc.), equipment, routines, and activities that practitioners and families can intentionally alter to support each child's learning across developmental domains. The environmental practices we address in this section encompass the physical environment (e.g., space, equipment, and materials), the social environment (e.g., interactions with peers, siblings, family members), and the temporal environment (e.g., sequence and length of routines and activities). They relate not only to supporting the child's access to learning opportunities but also ensuring their safety. It is important for practitioners to remember that these environmental dimensions are inextricably intertwined for young children who have or are at risk for developmental delays/disabilities and their families. Through implementation of the environmental practices, practitioners and families can promote nurturing and responsive caregiving and learning environments that can foster each child's overall health and development.

We recommend the following practices associated with the child's environment:

- E1.** Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.
- E2.** Practitioners consider Universal Design for Learning principles to create accessible environments.
- E3.** Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.
- E4.** Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences.
- E5.** Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.
- E6.** Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.

Family

Family practices refer to ongoing activities that (1) promote the active participation of families in decision-making related to their child (e.g., assessment, planning, intervention); (2) lead to the development of a service plan (e.g., a set of goals for the family and child and the services and supports to achieve those goals); or (3) support families in achieving the goals they hold for their child and the other family members.

Family practices encompass three themes:

1. **Family-centered practices:** Practices that treat families with dignity and respect; are individualized, flexible, and responsive to each family's unique circumstances; provide family members complete and unbiased information to make informed decisions; and involve family members in acting on choices to strengthen child, parent, and family functioning.
2. **Family capacity-building practices:** Practices that include the participatory opportunities and experiences afforded to families to strengthen existing parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy beliefs and practices.
3. **Family and professional collaboration:** Practices that build relationships between families and professionals who work together to achieve mutually agreed upon outcomes and goals that promote family competencies and support the development of the child.

We recommend the following family practices for practitioners:

- F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.
- F2. Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.
- F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
- F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
- F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

- F7.** Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
- F8.** Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child's growth and development.
- F9.** Practitioners help families know and understand their rights.
- F10.** Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.

Instruction

Instructional practices are a cornerstone of early intervention and early childhood special education. Teachers, other practitioners, family members, and other caregivers use instructional practices to maximize learning and improve developmental and functional outcomes for young children who have or are at risk for developmental delays/disabilities.

Instructional practices are intentional and systematic strategies to inform what to teach, when to teach, how to evaluate the effects of teaching, and how to support and evaluate the quality of instructional practices implemented by others.

Instructional practices are a subset of intervention activities conducted by practitioners and parents. We use the term “instructional practices” rather than the terms “teaching practices” or “intervention” because instruction is the predominant term used in the research literature to refer to intentional and systematic strategies to maximize learning.

The recommended instructional practices below are written from the perspective of the practitioner. They may also be implemented by families or others who interact with the child, often with support of the practitioner.

We recommend the following practices to support instruction:

- INS1.** Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.
- INS2.** Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments.
- INS3.** Practitioners gather and use data to inform decisions about individualized instruction.
- INS4.** Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
- INS5.** Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.
- INS6.** Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
- INS7.** Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.
- INS8.** Practitioners use peer-mediated intervention to teach skills and to promote child engagement and learning.
- INS9.** Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.

- INS10.** Practitioners implement the frequency, intensity, and duration of instruction needed to address the child’s phase and pace of learning or the level of support needed by the family to achieve the child’s outcomes or goals.
- INS11.** Practitioners provide instructional support for young children with disabilities who are dual language learners to assist them in learning English and in continuing to develop skills through the use of their home language.
- INS12.** Practitioners use and adapt specific instructional strategies that are effective for dual language learners when teaching English to children with disabilities.
- INS13.** Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

Interaction

Sensitive and responsive interactional practices are the foundation for promoting the development of a child's language and cognitive and emotional competence. These interactional practices are the basis for fostering all children's learning. For children who have or are at risk for developmental delays/disabilities, they represent a critical set of strategies for fostering children's social-emotional competence, communication, cognitive development, problem-solving, autonomy, and persistence.

We selected interactional practices to promote specific child outcomes, and these will vary depending on the child's developmental levels and cultural and linguistic background. Practitioners will plan specific ways to engage in these practices across environments, routines, and activities. In addition, practitioners will assist others in the child's life (family members, other caregivers, siblings, and peers) in learning sensitive and responsive ways to interact with the child and promote the child's development.

We recommend the following practices to support interaction:

- INT1.** Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.
- INT2.** Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.
- INT3.** Practitioners promote the child's communication development by observing, interpreting, responding contingently, and providing natural consequences for the child's verbal and non-verbal communication and by using language to label and expand on the child's requests, needs, preferences, or interests.
- INT4.** Practitioners promote the child's cognitive development by observing, interpreting, and responding intentionally to the child's exploration, play, and social activity by joining in and expanding on the child's focus, actions, and intent.
- INT5.** Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

Teaming and Collaboration

Educational programs and services for young children who have or are at risk for developmental delays and disabilities, by their nature, always involve more than one adult. The quality of the relationships and interactions among these adults affects the success of these programs. Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve desired child and family outcomes and goals.

It is a given that the family is an essential member of the team and that the team includes practitioners from multiple disciplines as needed. The teaming and collaboration practices we present include strategies for interacting and sharing knowledge and expertise in ways that are respectful, supportive, enhance capacity, and are culturally sensitive.

We recommend the following practices to support teaming and collaboration:

- TC1.** Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
- TC2.** Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
- TC3.** Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.
- TC4.** Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.
- TC5.** Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

Transition

Transition refers to the events, activities, and processes associated with key changes between environments or programs during the early childhood years and the practices that support the adjustment of the child and family to the new setting. These changes occur at the transition from hospital to home, the transition into early intervention (Part C) programs, the transition out of early intervention to community early childhood programs, the transition into Part B/619, and the transition to kindergarten or school-age programs.

Transition is a process that generally involves many activities on the part of the practitioner in collaboration with the family. As with other life transitions or changes, positive relationships—in this case positive teacher-child and practitioner-family relationships—are associated with greater satisfaction, better adjustment, and better child outcomes.

We recommend the following practices associated with transition:

- TR1.** Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.
- TR2.** Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.

Citations

Copple, C., & Bredekamp, S. (2009). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8* (3rd ed.). Washington, DC: NAEYC.

DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Retrieved from DEC website: <http://www.dec-sped.org/papers>

DEC would like to extend our sincerest appreciation to the dedicated DEC members who gave their time and expertise to update and revise the DEC Recommended Practices.

DEC Recommended Practices Commission Members

Mary McLean (<i>Chair</i>)	Pam Winton	Lori Erbrederis Meyer
Barbara J. Smith (<i>Past Chair</i>)	Chelsea Guillen	Susan Sandall
Rashida Banerjee	Kathleen Hebbeler	Patricia Snyder
Judy Carta	Mary Louise Hemmeter	Judy Swett
Tricia Catalino		

DEC Recommended Practices Commission Support

Betsy Ayankoya	Dale Epstein
----------------	--------------

DEC Recommended Practices Topic Group Members

Serra Acar	Howard Goldstein	Alissa Rausch
Allison Baker	Rena Hallam	Robyn Ridgely
Kaitlin Bargreen	Eva Horn	Lori Roggman
Erin Barton	Susan Killmeyer	Beth Rous
Stephen Bagnato	Sumeyye Koten-Glucu	Dathan Rush
Bill Brown	Marisa Macy	Rosa Milagros Santos
Jennifer Brown	Helena Mawdsley	Ilene Schwartz
Deborah Cassidy	Jeanette McCollum	M'Lisa Shelden
Laurie Dinnebeil	Katherine McCormick	Eleni Soukakou
Carl Dunst	Eileen McKeating	Jane Squires
Lillian Duran	Robin McWilliam	Carol Trivette
Marilyn Espe-Sherwindt	Carla Peterson	Juliann Woods
Lise Fox	Lois Pribble	Tweety Yates
Jennifer Fung	Alissa Rausch	

DEC Recommended Practices Evidence Review Group

Mary Beth Bruder	Alisa Rausch	Phil Strain
Glen Dunlap	Lori Roggman	Carol Trivette
Carl Dunst	Rosa Milagros Santos	

**Appendix 6: Council for Exceptional Children,
Division of Early Childhood Recommended Practices Glossary**



April 18, 2015

<http://www.dec-sped.org>

This document is available online at <http://www.dec-sped.org/recommendedpractices>

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Term	Definition & Citation
Access:	<p>Access refers to providing a wide range of activities and environments (adults, peers, materials) for every child by removing physical barriers, making adaptations, and offering multiple ways to promote engagement for learning and development.</p> <p>DEC/NAEYC. (2009). <i>Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)</i>. Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute. Retrieved from http://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf</p>
Accommodations:	<p>Accommodations include any changes to materials, response modes, assessment, or instructional procedures that allow children with disabilities to fully demonstrate their knowledge and skills. Accommodations are designed to eliminate barriers. For example, a preschool child with a visual impairment might use a large print book during a small-group dialogic reading activity while classmates use a regular print book.</p> <p>DEC/NAEYC. (2009). <i>Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)</i>. Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute. Retrieved from http://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf</p>
Activities:	<p>An activity is “a situation-specific experience, opportunity, or event that involves a child’s interaction with people, the physical environment, or both, that provides a context for a child to learn about his or her own abilities and capabilities as well as the propensities and proclivities of others.” (Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001, p. 70)</p> <p>Dunst, C. J., Bruder, M. B., Trivette, C. M., Hamby, D., Raab, M., & McLean, M. (2001). Characteristics and consequences of everyday natural learning opportunities. <i>Topics in Early Childhood Special Education</i>, 2, 68-92.</p>
Adaptations:	<p>Adaptations refer to changes or modifications to activities or materials in the environment to facilitate or maximize a child’s participation.</p> <p>Sandall, S. R., & Schwartz, I. S. (2008). <i>Building blocks for teaching preschoolers with special needs</i> (2nd ed.). Baltimore, MD: Brookes.</p>
Adaptive:	<p>Adaptive refers to having the conceptual, social, and practical skills young children use in their everyday lives.</p> <p>Horn, E., Snyder, P., & McLean, M. (2014). Assessment of adaptive behavior. In M. McLean, M. L. Hemmeter, & P. Snyder (Eds.), <i>Essential elements for assessing infants and preschoolers with special needs</i> (pp. 316-354). Boston, MA: Pearson.</p>

Assessment:	<p>Assessment refers to the process of collecting information for the purpose of making informed decisions.</p> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Assistive technology (or assistive devices):	<p>The term ‘assistive technology device’ means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability.</p> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p> <p>Individuals with Disabilities Education Act, 20 U.S.C. & 602 (2004).</p>
Autonomy:	<p>Autonomy in young children represents their drive toward becoming more independent. When children are provided with an appropriate level of support and environment that promotes autonomy, they grow in competence and ultimately develop the capacity to make their own productive decisions.</p> <p>Erikson, E. (1963). <i>Childhood and Society</i>, (2nd Ed.). New York, NY: Norton Press.</p>
Behavior:	<p>Behavior refers to the actions people (children and adults) do; this term refers to actions that are desirable or adaptive (e.g., speaking, playing with toys, interacting with peers) or undesirable or challenging (e.g. self-injury).</p> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Behavior momentum:	<p>Behavior momentum is the theoretical principle underlying the effectiveness of the high-probability request procedure. It is often used as a synonym for the high-probability request procedure.</p> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Challenging behavior:	<p>A challenging behavior is any repeated pattern of behavior, or perception of behavior, that interferes with or is at risk of interfering with optimal learning or engagement in prosocial interactions with peers and adults.</p> <p>Smith, B., & Fox, L. (2003). <i>Systems of service delivery: A synthesis of evidence relevant to young children at risk of or who have challenging behavior</i>. Tampa, FL: Center for Evidence-Based Practice: Young Children with Challenging Behavior, University of South Florida.</p>

Coaching:	Coaching refers to a cyclical process designed to support practitioners, primary caregivers, or other adults to implement interactional or instructional practices with fidelity. Primary components of coaching include needs assessment, goal setting, action planning; observation; and reflection and feedback.
	National Center on Quality Teaching and Learning. (2014). Practice Based Coaching: Collaborative Partnerships. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/teaching/docs/practice-based-coaching.pdf
Cognitive:	The term cognitive refers to skills such as attending to stimuli, or noting similarities and differences between stimuli, or mental abilities such as remembering, thinking, reasoning, and problem-solving.
	Wolery, M., & Wolery, R. A. (1992). Promoting functional cognitive skills. In D. B. Bailey & M. Wolery (Eds.), <i>Teaching infants and preschoolers with disabilities</i> (2nd ed., pp. 521-572). New York, NY: Merrill.
Collaboration:	Collaboration refers to interactive relationships between adults, such as family members and professionals who work together to achieve mutually agreed upon outcomes/goals.
	Division for Early Childhood. (2014). <i>DEC recommended practices in early intervention/early childhood special education 2014</i> . Retrieved from http://www.dec-sped.org/recommendedpractices
Communication:	Communication is any means by which an individual relates or exchanges, experiences, ideas, preferences, knowledge, and feelings.
	McCauley, R. & Fey, M. (2006). <i>Treatment of language disorders in children</i> . Baltimore, MD: Brookes.
Consequences:	Consequence is a term used to describe what follows a behavior. Some consequences, especially those that are immediate and relevant to current motivational states, have significant influence on future behavior; others have little effect.
	Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). <i>Applied behavior analysis</i> (2nd ed.). Upper Saddle River, NJ: Pearson.
Consultation:	Consultation involves professionals providing training, technical assistance, and/or feedback to those individuals working directly with children (e.g., a consulting physical therapist might work with an early interventionist on issues related to positioning an infant with cerebral palsy).
	Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i> . Missoula, MT: Division for Early Childhood.

Contextually relevant:	Contextually relevant refers to embedding instruction into ongoing classroom routines and play activities. This typically involves inserting brief instructional exchanges within ongoing activities without breaking the flow of the activity or interrupting children’s engagement in the ongoing activity.
	Venn, M. L., Wolery, M., Werts, M. G., Morris, A., DeCesare, L. D., & Cuffs, M. S. (1993). Embedding instruction in art activities to teach preschoolers with disabilities to imitate their peers. <i>Early Childhood Research Quarterly, 8</i> , 277-294.
Correspondence training:	Correspondence training is a procedure that reinforces a match (correspondence) between what children say and do. There are several variations of the procedure including the “plan, do, and review” approach, which involves asking the child what he or she is going to do (“plan”), providing an opportunity for the child to engage in the behaviors listed in the plan (“do”), and after the session asking the child what he or she did (“review”). Reinforcement can be delivered at each step of the procedure.
	Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i> . Missoula, MT: Division for Early Childhood.
Cultural and linguistic diversity:	Cultural and linguistic diversity refers to “behavioral, value, linguistic, and other differences ascribed to people’s cultural backgrounds. Cultural diversity almost invariably includes some level of diversity in how language is understood and used . . . [the terms] cultural diversity and cultural linguistic diversity [are often used] synonymously” (Barrera, Corso, & Macpherson, 2003, p. 6).
	Barrera, I., Corso, R., & Macpherson, D. (2003). <i>Skilled dialogue: Strategies for responding to cultural diversity in early childhood</i> . Baltimore: Paul H. Brookes.
Data:	Data are units of information that are collected to inform decision making.
	Vogt, W. P. (1993). <i>Dictionary of statistics and methodology: A non-technical guide to the social sciences</i> . Newbury Park, CA: Sage.
Differential reinforcement:	Differential reinforcement involves providing positive consequences (reinforcers) contingent upon a given behavior for the child and not for other behaviors, or delivering a reinforcer for a behavior in one situation but not in other situations.
	Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i> . Missoula, MT: Division for Early Childhood.

<p>Dominant language:</p>	<p>When skills in one language are stronger or the person is more proficient in using one language or another, this language is referred to as the dominant language.</p> <p>Chernobilsky, E. (2008). Language dominance. In J. M. Gonzalez (Ed.). <i>Encyclopedia of bilingual education</i> (pp. 430-436). Thousand Oaks, CA: Sage.</p>
<p>Dual language learners:</p>	<p>Dual language learners are children who are learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. Other terms used include, Limited English Proficient (LEP), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).</p> <p>National Head Start Training and Technical Assistance Resource Center. (2008). <i>Dual Language Learning: What does it take?</i> (Contract No. 233-02-0002). Washington, DC: U.S. Department of Health and Human Services. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/teaching/eecd/Dual%20Language%20Learners%20and%20Their%20Families/Learning%20in%20Two%20Languages/DLANA_final_2009%5B1%5D.pdf</p>
<p>Duration:</p>	<p>Duration is the length of time between the initiation and ending of a behavior.</p> <p>Wolery, M. (2004). Monitoring children's progress and intervention implementation. In M. McLean, M. Wolery, & D. B. Bailey, Jr. (Eds.), <i>Assessing infants and preschoolers with special needs</i> (pp. 545-584). Upper Saddle River, NJ: Pearson.</p>
<p>Engagement:</p>	<p>Engagement is defined as the amount of time children spend involved with the environment (with adults, peers, or materials) in a way that is appropriate for the children's age, abilities, and surroundings.</p> <p>McWilliam, R. A., & Bailey, D. B. (1992). Promoting engagement and mastery. In D.B. Bailey & M. Wolery (Eds.), <i>Teaching infants and preschoolers with disabilities</i> (2nd ed., pp. 229-255). New York, NY: Merrill.</p>
<p>Evidence-based professional development:</p>	<p>Evidence-based professional development refers to using specific strategies, interventions and models that are supported by evidence to facilitate teaching and learning experiences that are transactional and designed to support the acquisition of professional knowledge, skills, and dispositions, as well as the application of this knowledge in practice.</p> <p>National Professional Development Center on Inclusion. (2008). <i>What do we mean by professional development in the early childhood field?</i> Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute.</p>
<p>Explicit feedback:</p>	<p>Explicit feedback is information provided by a person (parent, teacher, peer, self) or the environment (book, toy) about one's performance.</p> <p>Hattie, J., & Timperley, H. (2007). The power of feedback. <i>Review of Educational Research</i>, 77, 81-112. doi10.3102/003465430298487</p>

Family:	<p>A family is defined as two or more people who regard themselves as family and who carry out the functions that families typically perform. This means that people who are not related by birth, marriage, or adoption and who do not reside together may be a family unit if they regard each other as family and if they jointly carry out the functions that are typically assumed by families. Parental roles may include a single parent, grandparents as parents, two parents of the same sex, and other constellations that differ from the traditional mother-father roles. In addition to parents, families are comprised of siblings and the full range of extended family, including grandparents, aunts/uncles, and cousins.</p>
	<p>Turnbull, A., Turnbull, R., Erwin, E., Soodak, L., & Shogren, K. (2015). <i>Families, professionals, and exceptionality: Positive outcomes through partnerships and trust</i> (7th ed.). Upper Saddle River, NJ: Pearson.</p>
Family functioning:	<p>Family functioning refers to activities that families typically undertake to nurture, care and provide for one another to meet their members' individual and collective needs. There are eight categories of family functions: (1) affection, (2) self-esteem, (3) spiritual, (4) economics, (5) daily care, (6) socialization, (7) recreation, and (8) education.</p>
	<p>Turnbull, A., Turnbull, R., Erwin, E., Soodak, L., & Shogren, K. (2015). <i>Families, professionals, and exceptionality: Positive outcomes through partnerships and trust</i> (7th ed.). Upper Saddle River, NJ: Pearson.</p>
Feedback:	<p>Feedback is information about one's performance that could come from a person (e.g., parent, teacher, peer, self) or the environment (e.g., book, toy).</p>
	<p>Hattie, J., & Timperley, H. (2007). The power of feedback. <i>Review of Educational Research</i>, 77, 81-112. doi10.3102/003465430298487</p>
Fidelity:	<p>Fidelity refers to how accurately a person (usually an adult) uses an instructional procedure or other intervention practice.</p>
	<p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Frequency:	<p>Frequency refers to how often an event occurs in reference to a unit of time. For example, how many times per minute a behavior occurs, or how many times per day a given instructional procedure is used.</p>
	<p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>

Functional assessment:	A functional assessment is the systematic process of identifying challenging behavior, events that predict challenging behavior (antecedents) and events that maintain challenging behavior (consequences).
	Artman-Meeker, K., & Hemmeter, M. L. (2014). Functional assessment of challenging behaviors. In M. McLean, M. L. Hemmeter, & P. Snyder (Eds.), <i>Essential elements for assessing infants and preschoolers with special needs</i> (pp. 242-270). Boston, MA: Pearson.
Goals:	A goal is a measurable statement that identifies what knowledge, skills, or behaviors a child is expected to demonstrate.
	Individuals with Disabilities Education Act, 20 U.S.C. & 602 (2004).
Group facilitation strategies:	Group facilitation strategies are strategies used to ensure that everyone in the group is engaged. They include strategies for clarifying comments and issues, focusing discussion, synthesizing differences within a context of mutual respect, identifying underlying agreements, and seeking consensus.
High probability procedure:	A high probability procedure involves providing reinforcement for relatively easy or readily done behaviors (i.e., high probability behaviors) before asking the child to engage in a behavior that is less likely to occur. Usually, the adult asks the child to do three or four high-probability behaviors in rapid fashion and provides enthusiastic reinforcement for each before quickly asking the child to perform the less likely behavior.
	Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i> . Missoula, MT: Division for Early Childhood.
Inclusive environments:	Inclusive environments are settings where the values, policies, and practices support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society.
	DEC/NAEYC. (2009). <i>Early childhood inclusion: A summary</i> . Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute. Retrieved from http://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_ECSummary_A.pdf

Individualized instruction:	Individualized instruction refers to instruction that is tailored to meet a child’s needs, background, interests, and phase of learning with respect to the current target behavior, and learning style and history.
	Grisham-Brown, J., Hemmeter, M. L., & Pretti-Frontczak, K. (2005). <i>Blended practices for teaching young children in inclusive settings</i> . Baltimore, MD: Brookes.
Informal resources & supports:	Informal resources and support networks are made up of family, friends, neighbors, church members, association members, coworkers, or others who are not paid to, but provide social support to children and their families.
	Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i> . Missoula, MT: Division for Early Childhood.
Instruction/ Instructional practices:	Instruction/Instructional practices include intentional and systematic teaching methods or strategies to organize or structure “children’s experiences and observations to maximize the likelihood they will learn the desired behaviors.” (Wolery, 2012, p. 42)
	Boat, M., Dinnebeil, L., & Bae, Y. (2010). Individualizing instruction in preschool classrooms. <i>Dimensions of Early Childhood</i> , 38, 4-10.
	Wolery, M. (2012). Voices from the field. <i>Young Exceptional Children</i> , 15, 41-44.
Intensity:	As it relates to instructional procedures or practices, intensity refers to how often a given procedure or practice is used (in one setting or in multiple settings). As it relates to the totality of intervention, intensity often refers to the number of hours of intervention per week and the number of weeks of intervention.
	Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i> . Missoula, MT: Division for Early Childhood.
Interests:	Interests refer to topics, activities, and items about which children are motivated and curious. This is demonstrated by children expressing a preference for them in their talk, play, and when given choices.
	Wolery, M. (2004). Using assessment information to plan intervention programs. In M. McLean, M. Wolery, & D. B. Bailey, Jr. (Eds.), <i>Assessing infants and preschoolers with special needs</i> (pp. 517-544). Upper Saddle River, NJ: Pearson.
Intervention strategies:	Intervention strategies are instructional practices that are used to help children reach individualized learning objectives.
	Wolery, M. (2004). Using assessment information to plan intervention programs. In M. McLean, M. Wolery, & D. B. Bailey, Jr. (Eds.), <i>Assessing infants and preschoolers with special needs</i> (pp. 517-544). Upper Saddle River, NJ: Pearson.

Leadership:	<p>Early childhood leadership encompasses both the ability to create and run excellent programs for young children <i>and</i> the ability to be effective and powerful in decision making that affects children and families.</p> <hr/> <p>Mitchell, A. (1997). Reflections on early childhood leadership development: Finding your own path. In S. L. Kagan & B. T. Bowman (Eds.), <i>Leadership in early care and education</i> (pp. 85-96). Washington, DC: NAEYC</p>
Mand-model:	<p>The mand-model is a procedure that involves observing the child's focus of attention, asking a non-yes/no question (i.e., a mand) of the child about the focus of his or her attention, and waiting for an answer from the child. If no answer is forthcoming, then a model of the answer is provided. The procedure is embedded into children's play or interactions.</p> <hr/> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Milieu teaching:	<p>Milieu teaching is a conversation-based model of early language intervention that uses child interest and initiations as opportunities to model and prompt language use in everyday contexts.</p> <hr/> <p>Hancock, T. B., & Kaiser, A. (2006). Enhanced milieu teaching. In R. McCauley & M. Fey (Eds.) <i>Treatment of language disorders in children</i>. Baltimore, MD: Paul Brookes.</p> <p>Hart, B., & Rogers-Warren, A. (1978). A milieu approach to teaching language. <i>Language Intervention Strategies</i>, 2, 192-235.</p>
Model:	<p>The term model is used in two distinct ways. First, it refers to the people (adults, other children) who perform behaviors one wants a given child to imitate. Second, it refers to the behaviors of another (an adult or peer) that are done with the intention that the child will imitate the behaviors. When used in the second way, models often are prompts provided to show children how to do a target behavior.</p> <hr/> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Modeling:	<p>Modeling is an instructional strategy in which skills or strategies are demonstrated so that students (children or adults) can tell what is expected of them.</p> <hr/> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>

Most-to-least prompting:	<p>Most-to-least prompting is a response prompting procedure in which prompts are initially provided at a level at which a child will correctly perform the behavior, followed by a gradual reduction in the amount of assistance provided in successive trials, which requires a child to perform more of the skill independently.</p>
	<p>Wolery, M., & Gast, D. L. (1984). Effective and efficient procedures for the transfer of stimulus control. <i>Topics in Early Childhood Special Education</i>, 4, 52-77.</p>
Natural consequences:	<p>Natural consequences are positive or negative outcomes that are neither planned nor controlled that result from an individual's behavior.</p>
	<p>Pryor, D. B. & Tollerud, T. R. (1999). Applications of Adlerian principles in school settings. <i>Professional School Counseling</i>, 24, 299-304.</p>
Natural environments:	<p>Natural environments are settings in which children without disabilities spend time. Common places include the home, child care programs, family daycare homes, and community settings (e.g., stores, barber shops, doctor's offices, parks, etc.) and programs (e.g., children's hour at the library, gymnastics classes, etc.) available to all children in society. Activities and routines may need to be adapted to ensure that children with disabilities are able to participate and be integral members.</p>
	<p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Naturalistic Teaching:	<p>Naturalistic teaching refers to intentional teaching strategies that are used in the context of ongoing activities and routines. Examples include incidental teaching and naturalistic time delay.</p>
	<p>Grisham-Brown, J., Hemmeter, M. L., & Pretti-Frontczak, K. (2005). <i>Blended practices for teaching young children in inclusive settings</i>. Baltimore, MD: Brookes.</p>
Naturalistic time delay:	<p>Naturalistic time delay is a procedure implemented during children's ongoing interactions with the environment and at a point in which adult assistance or help has been regularly given in the past. It involves the adult waiting (delaying the help) for the child to initiate a target behavior at the point when help has regularly been given. During the delay, the adult looks expectantly at the child. If the child does not initiate during this delay, the adult provides a prompt (i.e., the regularly occurring help) and allow the child to continue the sequence.</p>
	<p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>

Outcomes:	An outcome is a benefit experienced as a result of services and supports provided for a child or family. An outcome results in improved child and family functioning.
Early Childhood Technical Assistance Center. (2014). <i>Outcomes measurement: Outcomes FAQ</i> . Retrieved from http://ectacenter.org/eco/pages/faqs.asp	
Participation:	Participation refers to being a part of everyday life situations that include regular activities and routines of any setting in which children spend time (see natural environments). Children’s involvement in the activities and routines may need to be adapted to ensure they are able to be an integral member of the activity or routine.
Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i> . Missoula, MT: Division for Early Childhood.	
Peer-mediated intervention:	Peer-mediated intervention is a collection of procedures, all of which involve using peers to promote the behavior of a child with disabilities. This may involve having peers model specific behaviors for the child with disabilities to imitate, it may involve teaching the children to initiate social interactions to the child with disabilities, it may involve teaching the children to respond to social initiations by the child with disabilities, it may involve teaching children to tutor the child with disabilities.
Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i> . Missoula, MT: Division for Early Childhood.	
Physical environments:	The physical environment encompasses structural conditions such as space, equipment, and material resources (e.g., books and toys), and relates to safety and access. It may be a home, day care center, school, or neighborhood.
Kolobe, T. H., Arevalo, A., & Catalino, T. A. (2012). The environment of intervention. In S. K. Campbell, R. J. Palisano, & M. N. Orlin (Eds.), <i>Physical therapy for children</i> (4th ed., pp. 879-902). St. Louis, MO: Elsevier.	

Practice:	<p>A practice is an approach used to promote [children’s or adults’] development and learning that adults implement when interacting with other adults, children, or materials within or across contexts. To be considered a practice, the approach must be clearly described and commonly understood in the field and literature. Several terms may be used in the literature to refer to the same practice. It is also possible for a named practice to refer to an array of specific procedures or for several practices to be combined as part of a comprehensive approach to promote development and learning.</p> <hr/> <p><i>WWC evidence review protocol for early childhood education interventions for children with disabilities, version 2.0</i> (n.d.). Retrieved from Institute of Education Sciences, What Works Clearinghouse website: http://ies.ed.gov/ncee/www/document.aspx?sid=30</p>
Practitioner:	<p>A practitioner is a person who is responsible for and paid to enhance the optimal development of young children who have or are at risk for developmental delays/disabilities. This includes providing care, education or therapy to the child, as well as support to the child’s family.</p> <hr/> <p>Division for Early Childhood. (2014). <i>DEC recommended practices in early intervention/early childhood special education 2014</i>. Retrieved from http://www.dec-sp.ed.org/recommendedpractices</p>
Preferences:	<p>Preferences are activities, items, or people which are favored or desired above others.</p> <hr/> <p>Wolery, M. (2004). Using assessment information to plan programs. In M. McLean, M. Wolery, & D. B. Bailey, Jr. (Eds.), <i>Assessing infants and preschoolers with special needs</i> (pp. 517-544). Upper Saddle River, NJ: Pearson.</p>
Prevention strategies:	<p>Prevention strategies are strategies designed to preclude the occurrence of challenging behavior.</p> <hr/>
Professional standards:	<p>Professional standards provide a set of expectations or benchmarks for measuring whether, and if so, at what level, educators have mastered the core knowledge and skills. Standards are frequently used as a guide for accreditation or licensing and tend to describe “the qualifications and credentials needed” to work in certain roles (Harbin, Rous, & McLean, 2005, p. 142).</p> <hr/> <p>Winton, P. J., & West, T. (2011). Early childhood competencies: Sitting on the shelf or guiding professional development? In C. Howes & R. Pianta (Eds.), <i>Foundations for teaching Excellence: Connecting early childhood quality rating, professional development, and competency systems in states</i> (pp.69-92). Baltimore, MD: Brookes. Harbin, G. L., Rous, B., & McLean, M. (2005). Issues in designing in-state accountability systems. <i>Journal of Early Intervention</i>, 27(3), 137-164.</p>

Promotion strategies:	<p>Promotion strategies are strategies designed to promote positive behavior.</p>
Prompting/prompt strategies:	<p>Prompting/prompt refers to any assistance or help given by another person (usually an adult) to assist children in knowing how to do a given behavior or to perform a target behavior in the presence of a target stimulus. Prompts take many forms, including verbal cues or hints, gestures, models of the target behavior, pictures, partial physical prompts, and full physical prompts. Prompts are divided into two broad classes based on their effects on children's behavior: controlling prompts and noncontrolling prompts. Controlling prompts ensure the child will respond correctly when those prompts are delivered, and noncontrolling prompts increase the probability of correct responses but do not ensure correct responding.</p> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Prompt fading:	<p>Prompt fading is the process by which teacher assistance (prompting) is removed when teaching children specific skills.</p> <p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Receiving program:	<p>The receiving program is the school, agency, or program that the child will move into.</p>
Responding contingently:	<p>Responding contingently is providing consequences consistently and immediately to a child's behavior so that a child learns to make connections between specific behaviors and their consequences.</p> <p>Wolery, M., Bailey, D. B., Sugai, G. M. (1988). <i>Effective teaching: Applied behavior analysis with exceptional students</i>. Boston, MA: Allyn & Bacon.</p>

Response shaping instructional strategies:	<p>Response shaping instructional strategies involve reinforcing successive approximations of a target behavior. Initially, the child's current behavior is reinforced until it occurs consistently, and then a slightly more complex variation of the behavior is reinforced and the original form of the behavior is not reinforced. Over time, progressively more complex forms of the behavior are reinforced and the less complex forms are not reinforced.</p>
	<p>Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (Eds.). (2005). <i>DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education</i>. Missoula, MT: Division for Early Childhood.</p>
Routines:	<p>Routines are events that occur consistently in a child's or children's natural environments. For example, arrival/departure at childcare, snack and naptime at preschool, and bath and story time at home.</p>
	<p>Pretti-Frontczak, K., & Bricker, D. (2004). <i>An activity-based approach to early intervention</i> (3rd ed.). Baltimore, MD: Brookes.</p>
Scaffolding:	<p>Scaffolding refers to a learning situation in which a teacher provides prompts and hints to support the learner and then gradually withdraws these supports as the learner performs with increasing independence.</p>
	<p>Bodrova E., & Leong, D. J. (2012). Tools of the mind: Vygotskian approach to early childhood education. In J. L. Roopnarine & J. Jones, <i>Approaches to early childhood education</i> (6th ed., pp. 241-260). Columbus, OH: Merrill/Prentice Hall.</p>
Self-regulation:	<p>Self-regulation is the capacity to control one's impulses to stop doing something (even if one desires to continue doing it) and to start doing something if needed (even if one doesn't want to do it).</p>
	<p>Bodrova E., & Leong, D. J. (2012). Tools of the mind: Vygotskian approach to early childhood education. In J. L. Roopnarine & J. Jones, <i>Approaches to early childhood education</i> (6th ed., pp. 241-260). Columbus, OH: Merrill/Prentice Hall.</p>
Sending program:	<p>The sending program is the school, agency or program that a child attends and from which the child will move from (e.g., the Part C agency the child participated in until age 3).</p>
Social environments:	<p>Social environments refer to interactions and relationships with family members, peers, caregivers, extended family members, and other adults in children's natural environments. The term also relates to emotional wellness, mental health, and the quantity and quality of support for social-emotional development.</p>
	<p>Kolobe, T. H., Arevalo, A., & Catalino, T. A. (2012). The environment of intervention. In S. K. Campbell, R. J. Palisano, & M. N. Orlin (Eds.), <i>Physical therapy for children</i> (4th ed., pp. 879-902). St. Louis, MO: Elsevier.</p>

Stakeholders:	<p>Stakeholders are persons or groups that have invested money, time, and energy into something. Stakeholders include representation of persons that are affected by the change or innovation such as parents, providers, TA providers, and administrators.</p> <p>Early Childhood Technical Assistance Center. (2014). <i>A guide to the implementation process: Stages, steps, and activities</i>. Retrieved from http://ectacenter.org/implementationprocess/interactive/</p>
Systematic instructional strategies:	<p>Systematic instructional strategies refer to systematic teaching procedures used within and across environments, activities, or routines to promote children’s learning and participation. These strategies include response shaping, prompting and prompt fading procedures, naturalistic teaching procedures such as models, expansions, incidental teaching, mand-model procedure, naturalistic time delay, differential reinforcement, high probability procedures (i.e., behavioral momentum) and correspondence training.</p>
Teaching:	<p>Teaching is the act of building nurturing and responsive relationships with children, attending to the individual needs of children, and providing instruction to support children to advance their development.</p> <p>Grisham-Brown, J., Hemmeter, M. L., & Pretti-Frontczak, K. (2005). <i>Blended practices for teaching young children in inclusive settings</i>. Baltimore, MD: Brookes.</p>
Team:	<p>A team includes representatives from multiple disciplines and the family who join forces or combine efforts in response to the service setting, unique needs and desired outcomes of the child and family. Each individual on the team contributes to a clearly-defined portion of the effort.</p> <p>Dettmer, P., Thurston, L., & Dyck, N. (2005). <i>Consultation, collaboration and teamwork for students with special needs</i> (5th ed.). Boston, MA: Pearson.</p>
Temporal environments:	<p>Temporal environments refer to the scheduling or sequencing of daily routines and activities in children’s natural environments with attention to elements relating to time (e.g., transitions, length of activities).</p> <p>Sandall, S. R., & Schwartz, I. S. (2008). <i>Building blocks for teaching preschoolers with special needs</i> (2nd ed.). Baltimore, MD: Brookes.</p>

Transition [1]:	Transition refers to the events, activities and processes associated with key transitions during the early childhood years. These are the transition from hospital to home, the transition into early intervention (Part C) programs, the transition out of early intervention, the transition into Part B/619, and the transition to kindergarten or school age programs.
	Division for Early Childhood. (2014). <i>DEC recommended practices in early intervention/early childhood special education 2014</i> . Retrieved from http://www.dec-sped.org/recommendedpractices

Transition [2]:	Transition also refers to the physical movement of children in the classroom (or play group) from one activity to another. This can occur in a staggered fashion (e.g., small groups of children moving or one child moving) but it eventually results in the movement of the majority of children from one activity to another.
	Alger, H. A. (1984). Transitions: Alternatives to manipulative management techniques. <i>Young Children</i> , 39, 16-25.

Appendix 7: Definitions

Definitions:

For the purpose of South Carolina's Early Intervention System (BabyNet), the following terms are consistent with the definitions specified in P.L. 108-446 and 34 CFR 303 and defined as follows. The services and personnel identified and defined in this section do not comprise exhaustive lists of the types of services that may constitute early intervention services, or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service, if the service and personnel providing the service both meet federally required criteria.

A

Advocacy means influencing systems and decision-makers on behalf of individual children and families and participating in efforts to strengthen and improve services for all children.

Annual IFSP Meeting means a meeting that shall be conducted at least annually to evaluate the Individualized Family Service Plan (IFSP) for a child and the child's family and to revise its provisions as appropriate.

Appropriate Professional Requirements means entry level requirements that are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services and established suitable qualifications for personnel providing early intervention services pursuant to IDEA Part C to eligible children and their families who are served by State, local, or private agencies.

Assessment for IDEA Part C (BabyNet) (also see, "Initial Assessment") purposes means the ongoing, multidisciplinary procedures used by qualified personnel throughout the period of a child's eligibility under IDEA Part C to identify:

- a. The child's unique strengths and needs and the services appropriate to meet those needs;
- b. The resources, priorities, and concerns of the family related to the development of the child;
- c. The supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability; and
- d. The current and potential activities, relationships, routines, and culture that constitute the child's natural environments.

Appropriately Trained and Supervised, as it applies to paraprofessional staff, means that the training, experience, and supervision of paraprofessional staff is consistent with the professional standards established by State requirements for their profession and BabyNet criteria for the provision of early intervention services.

B-C

BabyNet is the name of South Carolina's State Early Intervention System under part C of the Individuals with Disabilities Education Act of 2004.

Child or Children Eligible for Early Intervention Services means infants and toddlers, birth to age three, with developmental delays who meet the requirements for eligibility as determined by Lead Agency, with the advice and assistance of the ICC and in accordance with federal statute.

Central Directory means a system-wide directory of information about public and private early intervention services, resources, and experts available in the State; research and demonstration projects

being conducted in the State; and professional and other groups that provide assistance to children eligible under IDEA Part C and their families.

Central Referral means the State's toll free number that links families and other referral sources to the network of local system points of entry (BabyNet) offices.

Coaching means an adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice, and develop a plan for refinement and use of the action in immediate and future situations.

Comprehensive Child Find System means the total system that is consistent with IDEA and BabyNet Policies and Procedures. It is coordinated with all other major efforts conducted by all State Agencies responsible for administering the various education, health, and social service programs relevant to IDEA Part C to locate, evaluate, and identify children with disabilities. This includes children in traditionally underserved populations including, minority, low income, children living in rural communities, and children living in urban communities and highly mobile children (e.g., migrant and homeless children) residing in South Carolina, and who are in need of early intervention services. Child Find includes the process developed and implemented to determine which children are receiving needed early intervention services.

Consent means:

- a. The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;
- b. The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom or what agency;
- c. The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. Revocation of consent must be in writing; and
- d. If a parent revokes consent, that revocation is not retroactive (i.e., it does not negate any action that has occurred after the consent was given and before the consent was revoked). Revocation is not effective until received by the Incoming or Designated Service Coordinator to which the consent was granted.

D-E

Day, unless otherwise specified, means calendar day.

Developmental domains: the five categories of development that must be evaluated under the IDEA Part C eligibility process. Developmental domains are: Cognitive; Physical (including vision and hearing); Communication; Social or emotional; and Adaptive.

Dispute resolution means the procedures, as specified in the State's Interagency Agreement, which will be carried out to ensure timely resolution of intra-agency and interagency disputes.

Early Intervention Program Settings are defined as follows:

- a. Program designed for children with developmental delays or disabilities means an organized early intervention center/classroom or developmental child care program of at least one hour in duration provided on a regular basis. The program is usually directed toward the facilitation of several developmental areas.
- b. Program designed for children who are typically developing means services are provided in a regular nursery school/child care center or facility regularly attended by a group of children. Most of the children in these settings do not have disabilities.
- c. Home means services are provided in the principal residence of the child's family or care givers.

- d. Hospital means services are provided in a residential medical facility and the child is receiving early intervention services on an inpatient basis.
- e. Service provider location means services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services
- f. Other means any service setting not described by the settings or programs listed above.

Early Intervention Record means any personally identifiable information directly related to an IDEA Part C eligible child and the child's family that pertains to evaluation and assessment, the development of an IFSP, and/or the delivery of early intervention services.

Early Intervention Services (EIS) means services that are:

- a. Designed to meet the developmental needs of each child eligible under IDEA Part C and the needs of the family related to enhancing the child's development;
- b. Selected in collaboration with the parents;
- c. Provided under public supervision by qualified personnel in conformity with an individualized family service plan;
- d. Provided at no cost to families unless federal or state law provides for a schedule of sliding fees or provisions for family cost participation; and
- e. Meet the standards of the State and IDEA Part C.

Early intervention service (EIS) agency: Any entity (state agency, Board of Disabilities and Special needs, private company, or individual provider) responsible for implementation of BabyNet program within specified geographic area, or for specified populations.

Early Intervention System (BabyNet) refers to the South Carolina Early Intervention System (BabyNet) and means the total effort in South Carolina that is directed at meeting the needs of infants and toddlers eligible under IDEA Part C and their families.

Evaluation for IDEA Part C (BabyNet) (also see, *"Initial Evaluation"*) purposes means the procedures used by appropriate, qualified, multidisciplinary personnel to determine a child's initial and continuing eligibility, consistent with the definition of infants and toddlers with disabilities including determining the status of the child in each of the following developmental areas: (1) cognitive development; (2) physical development, including vision and hearing; (3) communication development; (4) social or emotional development; and (5) adaptive skills.

F - H

Family Assessment means an assessment that is 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.

Family Educational Rights and Privacy Act (FERPA) means the collective name for federal legislation (20 USC § 1232g) prohibiting educational agencies or institutions from releasing education records of students unless consistent with terms of the Act.

Highest Requirement in the State means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline.

Homeless Children means individuals who lack a fixed, regular, and adequate nighttime residence and includes:

- a. children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- b. children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- c. children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- d. Migratory children who qualify as homeless because the children are living in circumstances described in 1 through 3 above.

I

Impartial means that the person appointed to implement the complaint resolution process:

Is not an employee of any agency or program involved in the provision of early intervention services or care of the child; and

Does not have a personal or professional interest that would conflict with the person's objectivity in implementing the complaint resolution process.

Initial Assessment means the multidisciplinary assessment of the child, and the family assessment conducted prior to the child's first IFSP meeting

Initial Evaluation refers to the child's multidisciplinary evaluation to determine his or her initial eligibility for IDEA Part C (BabyNet).

Initial Service Coordinator means the individual designated to assist the child and family from the time of the initial referral into the early intervention system through the initial IFSP process including the multidisciplinary evaluation and assessment and the development of the initial IFSP document.

Individualized Family Service Plan (IFSP) means a written plan, developed in accordance with IDEA Part C, for providing early intervention and other services to an eligible child and the child's family.

Individuals with Disabilities Education Act (IDEA) means the collective name for federal legislation codified at 20 USC §1400 et seq. as amended, providing federal funds for early intervention services and special education and related services to children with disabilities in accordance with standards set by the Act.

Infant or Toddler with a Disability means an individual birth to age three who qualifies for early intervention services under IDEA Part C criteria because the child:

- a. Is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development; physical development, including vision and hearing; communicative development; social or emotional development; adaptive development; or
- b. Has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay; or
- c. Exhibits developmental delays for which there are no standardized measures or for which existing standardized procedures are not appropriate for the child's age or a given developmental area.

Informed Clinical Opinion means:

- a. As a component of the multidisciplinary evaluation, informed clinical opinion means that the professional(s) have used qualitative and quantitative information to assess the child's development; or

- b. A set of procedures for determining eligibility when the use of standardized instruments or measures will not accurately reflect the child’s developmental status.

Informed Consent means the parent has been fully informed of all information relevant to the activity for which the consent is sought in the parent’s native language or mode of communication; understands and agrees in writing to the carrying out of the activity for which the consent is sought and the consent describes the activity and lists the records (if any) that will be released and to whom; and understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

Intra-agency dispute means the inability of divisions, offices, bureaus, units or programs within a department or agency to agree as to which is responsible for coordinating services; providing appropriate services; paying for appropriate services; or any other matter related to the department’s or agency’s statutory responsibilities.

Interagency dispute means any disagreement between two or more agencies concerning the responsibility for coordination of services, provision of appropriate services, payment for appropriate services or any other matter related to the early intervention system in South Carolina.

Interagency Coordinating Council (ICC) means the South Carolina Interagency Coordinating Council under IDEA Part C.

J-O

Lead Agency means the Department, designated by the Governor to administer the early intervention system in accordance with the requirements of IDEA Part C.

Local Coordination Team: Regional or service area team with local level representatives of families, the BabyNet collaborating agencies, other BabyNet service providers and other local partner agencies who meet on a periodic basis in accordance with these policies to promote local networking, problem solving, and improvement activities regarding service provision priorities and needs at the local level.

Multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including initial and subsequent evaluation(s) and initial assessment of the child’s unique strengths and needs, and development of the IFSP.

Natural Environment means settings that are natural or normal for the child and family, including home and community settings in which children without disabilities participate and that are considered natural or normal for the child’s age peers who have no disability.

Native Language means:

- a. The language normally used by the individual, or, in case of a child, the language normally used by the parents of the child;
- b. For the BabyNet eligibility evaluation and any assessment(s) of the child’s strengths and needs, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.
- c. For an individual with deafness or blindness, or for an individual with no written language, the mode of communication is that normally used by the individual (such as sign language, Braille, or oral communication).

P

Paraprofessional means an individual with at least a high school diploma or recognized equivalent that is employed in the provision of early intervention services under the supervision of a professional with appropriate credentials for their profession (licensed or certified according to South Carolina requirements)

Parent means

- a. A natural or adoptive parent of a child;
- b. an individual appointed as guardian or given legal custody;
- c. a foster parent;
- d. a person acting in the place of a biological parent including grandparent, stepparent or other relative or a person who is legally responsible for the child's welfare;
- e. Or a surrogate parent (a person appointed in accordance with procedural safeguards to represent the child in all matters related to BabyNet evaluations and assessments, development and review of IFSPs, on-going provision of BabyNet services and any other rights under IDEA Part C.
- f. A foster parent may act as a parent if:
 - i. The natural parent's authority to make decisions on the child's behalf has been extinguished under South Carolina law; and
 - ii. Is willing to make the decisions required of parents under the IDEA; and
 - iii. Has no interest that would conflict with the interests of the child.

Part B: Sections of IDEA describing services to be provided to eligible children three to five years of age through local education agencies (school districts).

Part C: Sections of IDEA describing services to be provided to eligible children ages' birth to three.

Participating State Agency (PSA) means parties to the BabyNet Interagency Memorandum of Agreement (MOA).

Payor of Last Resort means that funds provided under IDEA Part C may not be used to satisfy a financial commitment for a service for an eligible infant /toddler and/or their family that would have been paid for by any other public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of IDEA Part C. Funds under IDEA Part C shall only be used to provide an early intervention service to an eligible child when the child and family is neither entitled, has not given consent for use by Part C, nor has access, to that service under any other federal, state, local, or private source.

Periodic Review means a review of the IFSP for a child and the child's family to be conducted every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine the degree to which progress towards achieving the outcome is being made and whether modification or revision of the outcomes or services is necessary.

Personally Identifiable Information (PII) means the information that includes:

- a. The name of the child, the child's parent(s), or other family member(s);
- b. The address of the child;
- c. A personal identifier, such as the child's or parent's social security number; or
- d. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

Preschool age means the age range of three (3) through five (5) years.

Primary Coach: In the delivery of early intervention services in the natural environment, the primary coach approach to teaming is when one member of an identified IFSP team is selected as the team lead, receives coaching from the other team members, and uses coaching with parents and other care providers.

Primary Referral Source means hospitals (including prenatal and postnatal care facilities), physicians, parents, child care programs, local educational agencies, public health facilities, other social services agencies, other health care providers.

Primary Service Coordinator means the individual appointed by the Lead Agency or selected by the initial IFSP team who is responsible for working directly with the family to plan, coordinate and monitor provision of BabyNet services and other services required to meet the family's and child's needs

Procedural Safeguards means the processes established by federal and state regulations to ensure that the mandates of IDEA are properly carried out by the early intervention system.

Profession or Discipline means a specific occupational category that:

- a. Provides early intervention services to children and their families under IDEA Part C;
- b. Has been established or designated by the State; and
- c. Has a required scope of responsibility and degree of supervision.

Public Awareness Program means the program that focuses on the early identification of children who are eligible to receive early intervention services and includes the preparation and dissemination of materials by the lead agency to all primary referral sources and parents on the availability of early intervention services. The program must inform the public about the early intervention system, the Child Find system, and the central directory.

Q-Z

Qualified Personnel means an individual who has met the State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is conducting evaluations and assessments, as well as providing early intervention services, including all of the following types of personnel:

- a. Audiologists
- b. Family therapists
- c. Nurses
- d. Occupational therapists
- e. Orientation and mobility specialists
- f. Pediatricians, and other physicians for diagnostic and evaluation purposes
- g. Physical therapists
- h. Psychologists
- i. Registered dietitians
- j. Social workers
- k. Special education teachers, including teachers of children with hearing impairments (including deafness) and teachers of children with vision impairments (including blindness)
- l. Speech-language pathologists
- m. Vision specialists, including ophthalmologists and optometrists

Referral means the process that guides families toward and assists them in obtaining available resources and/or information regarding the early intervention system.

Services: Services provided through BabyNet, including: any of the 17 required IDEA Part C services; additional services covered by BabyNet; or other hospital or community based-services provided as part of the IFSP or in response to identified family needs.

Service Coordination means the activities carried out in accordance with IDEA Part C to assist and enable a child eligible under IDEA Part C and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided through the IFSP.

Service Provider means staff of a BabyNet contract agency or qualified person designated to provide early intervention services for an eligible child and the child’s family, in accordance with an approved IFSP.

State Approved or Recognized Certification, Licensing, Registration, or other Comparable Requirements means the requirements that the State Legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry level standards for employment in a specific profession or discipline in the State.

Surrogate Parent, for BabyNet purposes, means an individual who has been assigned by the lead agency to act as a surrogate for the parent in order to ensure that the rights of a child eligible under IDEA Part C are protected.

South Carolina’s Early Intervention System (BabyNet) means the name for the Lead Agency established by the Governor’s Office to be responsible for the planning, implementation, supervision, monitoring, and technical assistance for the state-wide early intervention system for infants and toddlers with disabilities in accordance with IDEA Part C.

System point of entry (SPOE): Locations where EIS staff or contractors responsible for initiation of Part C services are located.

Transition means the steps to be taken, in accordance with federal regulations for IDEA, to support the child’s purposeful and organized move from:

- a. One program to another; or
- b. Early intervention system to a preschool program.

Appendix 8: Approved Established Risk Conditions for BabyNet

Federal regulations for BabyNet define an *infant or toddler with a disability* as an individual under three years of age who needs early intervention services because...the individual has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Examples include conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. (34 CFR §303.21)

Condition or Diagnosis	ICD-9 Code	ICD-10 Code
10p13A3:A91 Deletion	758.39	Q93.-
10q26.11-13 Deletion Syndrome	758.39	Q93.-
11q Deletion (Jacobson's Syndrome)	758.39	Q93.-
13q Syndrome	758.39	Q93.-
18q Deletion Syndrome	758.39	Q93.-
3Q39	758.39	Q93.-
49xxxxx Syndrome (Multiple x Chromosome Syndrome)	758.39	Q93.-
4p Minus Syndrome	758.39	Q93.-
6p Minus Syndrome	758.39	Q93.-
6q Minus Syndrome	758.39	Q93.-
7q Minus Syndrome	758.39	Q93.-
8p Chromosome Deletion	758.39	Q93.-
Ageneis of the Corpus Callosum	758.39	Q04.-
Albinism	742.2	E70.-
Amniotic Band Syndrome	270.2	P02.-
Amyoplasia Congenita Disruptive Sequence	658.8	Q79.-
Anencephaly	756.89	Q00.-
Angelman Syndrome	655	Q93.-
Anophthalmia	759.89	Q11.-
Argininosuccinate Lyase Deficiency	743	E72.-
Argininosuccinic Aciduria	270.6	E72.-
Arthrogryposis	270.6	Q74.-
Asphyxia/Hypoxic Ischemic Encephalopathy	728.3	P91.-
Athetoid Cerebral Palsy	768.7	G80.-
Atresia of the External Auditory Canal	333.71	Q16.-
Attachment Disorder	742.9	F94.-
Auditory Neuropathy	744.01	H93.-

Autism Spectrum Disorder (ASD)	388.4	F84.-
Automatic Eligibility, NOS	299	F89.-
Bilateral Micromelia	000.01	Q73.-
Bilateral Optic Nerve Coloboma	000.00	H47.-
Bilateral Retinal Detachment with Blindness	742.59	H33.-
Bilateral Visual Acuity less than or equal to 20/70 corrected vision best eye Birthweight less than or equal to 1200 grams or less than or equal to 28 weeks gestational age, until age 2 years	743.57	H53.-
	361	P07.-
Brittle Cornea Syndrome (Ehlers-Danlos Syndrome)	369.23	Q79.-
Carpenter Syndrome	765.01	Q87.-
Cataracts with Visual Impairment	765.02	Q12.-
Caudal Regression Syndrome	765.03	Q.76.-
Cerebral Palsy/Static Encephalopathy	765.04	G80.-
Cerebellar hypoplasia	742.2	Q04.-
Cervical Spinal Cord Injury		S14.-
Charge Association Syndrome	743.3	Q89.-
Citrullinemia	756.19	E72.-
Cleft Hands, Bilateral	343.9	Q71.-
Coffin Lowry Syndrome	759.89	Q89.-
Congenital malformation of brain, unspecified with seizures	742.4	Q04.-
Corneal Opacities (Peter's Anomaly, Sclera Cornea)	270.6	Q13.-
Cornelia de Lange	755.58	Q87.-
Cortical Vision Impairment	759.89	H47.-
Cri du Chat	743.44	Q93.-
Crouzon Syndrome (Craniofacial Dysostosis)	759.89	Q75.-
Cystinosis	377.75	E72.-
Dandy Walker Syndrome	758.31	Q03.-
DiGeorge Syndrome (Velo Cardio Facial Syndrome)	756	D82.-
Down Syndrome (Trisomy 21)	270	Q90.-
Duplication Short Arm Chromosome #20	742.3	Q92.-
Edwards' Syndrome (Trisomy 18)	758.1	Q91.-
Encephalocele	279.11	Q01.-
Expressive Language Disorder	315.31	F80.-
Fazio Londe Disease (Progressive Bulbar Paralysis)	758	G12.-
Fetal Alcohol Syndrome	758.39	Q86.-
Fragile X	742	Q99.-
Glaucoma with Visual Impairment	335.22	Q15.-

Glutaric Acidemia Type 1	760.71	E72.-
Grade IV Intraventricular Hemorrhage	759.83	P52.-
Harlequin Fetus Syndrome	743.2	Q80.-
Hearing Loss greater than or equal to 20db	277.8	H90.-
Hemiparesis	772.14	G80.-
Herpes Encephalitis	757.1	B00.-
Holoprosencephaly	389.9	Q04.-
Hutchinson Gilford Progeria Syndrome	54.3	E34.-
Hydrancephaly	742.2	G91.-
Hydrocephaly	746.89	G91.-
Hydromyelia/Syringohydromyelia	758.89	Q06.-
Incontinentia Pigmenti Syndrome	742.3	Q82.-
Infantile Spasms	742.3	G40.-
Isochrome 18p Syndrome	746.7	Q92.-
Jacobsen's Syndrome	757.33	Q93.-
Joubert Syndrome	345.6	Q04.-
Kabuki Syndrome	759.89	Q89.-
Karsch Neugebauer Syndrome	759.89	Q71.-
Klinefelter Syndrome	759.89	Q98.-
Krabbe Disease	755.58	E75.-
Larsen Syndrome	758.7	Q74.-
Leber's Congenital Amaurosis	330	H35.-
Lennox Gastaut Syndrome	755.8	G40.-
Lowe Syndrome (oculo-cerebro-renal)	362.76	E72.-
Lumbar/Sacral Spinal Cord Injury		S34.-
Maple Syrup Urine Disease (MSUD)	277.5	E71.-
Marshall Smith Syndrome	345	Q87.-
Melnick-Frasier Syndrome	270.8	Q87.-
Methylmalonic Acidemia	759.89	E71.-
Microdactyly	759.89	Q89.-
Microphthalmia–dermal aplasia–sclerocornea syndrome (MIDAS)	744.23	Q11.-
Microtia	270.7	Q17.-
Miller Dieker Syndrome	759.89	Q93.-
Mixed Receptive-Expressive Language Disorder	315.32	F80.-
Moebius Syndrome	758.33	Q87.-
Mucopolysaccharidosis (MPS)	759.89	E76.-
Myelodysplasia	270.3	Q06.-

Myotonic Muscular Dystrophy	742.59	G71.-
Myotubular Myopathy	359.21	G71.-
Neural Tube Defects	359	Q00.-
Non Ketotic Hyperglycemia	742.9	E72.-
Noonan's Syndrome	759.89	Q87.-
Ohtahara Syndrome (Early infantile epileptic encephalopathy)	270.7	G40.-
Opitz Syndrome	345.11	Q87.-
Optic Atrophy	756	H47.-
Ornithine Metabolism Disorder	377.1	E72.-
Osteogenesis Imperfecta	270.6	Q78.-
Osteopetrosis	756.51	Q78.-
P1 Deletion Chromosome	756.52	Q93.-
Pachygyria	758.39	Q04.-
Pallister Killian Syndrome (Tetrasomy 12p)	742.4	Q92.-
Patau Syndrome (Trisomy 13)	758.89	Q91.-
Pathological Head Growth		G93.-
Perinatal Asphyxia		P28.-
Phocomelia	758.8	Q73.-
Pierre Robin Syndrome/Sequence	299.9	Q87.-
PKU	755.4	E70.-
Pompe Disease	756	E74.-
Prader Willi Syndrome	270.1	Q87.-
Propionic Acidemia	271	E71.-
Retinitis Pigmentosa	277.8	H35.-
Retinoblastoma	362.21	C69.-
Retrolental Fibroplasia, ROP, Stage 4 or Stage 5	759.81	H35.-
Rhizomelic Chondrodysplasia Punctata	362.74	Q77.-
Ring Chromosome 13	277.86	Q93.-
Ring Chromosome 9	190.5	Q93.-
Rubinstein Taybi Syndrome	758.39	Q87.-
Schizencephaly	758.39	Q04.-
Seckel Syndrome	759.89	Q87.-
Septo Optic Dysplasia	759.89	Q04.-
Shaken Baby Syndrome/Abusive Head Trauma	742.9	T74.-
Smith Magenis Syndrome	313.89	Q93.-
Spastic Diplegia	995.55	G80.-

Spastic Hemiplegia	758.33	G80.-
Spastic Quadriplegia	343	G80.-
Spina Bifida	343.1	Q05.-
Stickler Syndrome	952.9	Q87.-
TAR Syndrome	336	Q87.-
Tay-Sachs Disease	287.5	E75.-
Thoracic Spinal Cord Injury	343.2	S24.-
Treacher Collins Syndrome	758.89	Q75.-
Trisomy 1	756	Q92.-
Trisomy 10	758.89	Q92.-
Trisomy 4	758.89	Q92.-
Trisomy 5p	758.89	Q92.-
Trisomy 8 Mosaicism Syndrome	758.89	Q92.-
Trisomy 9	758.89	Q92.-
Tuberous Sclerosis	758.2	Q85.-
Turner's Syndrome	759.5	Q96.-
Usher Syndrome	758.6	H35.-
Vater Syndrome with Limb Anomalies	758.89	Q87.-
Waardenberg Syndrome	758.32	E70.-
Werdnig-Hoffman Disease (Infantile Spinal Muscular Atrophy)	756.17	G12.-
Williams's Syndrome	335	Q93.-
Wolf-Hirschorn Syndrome	758.33	Q93.-
Zellweger Spectrum Syndrome	277.86	E71.-

Appendix 9: Family Guide to the BabyNet System (Placeholder)