

Comparison of Pertinent Part B and Part C IDEA Requirements Related to Children and Youth who are Deaf/Hard of Hearing with OSEP Analysis of Comments and Rationale for Part C Changes

	Part B, Education of Children with Disabilities (2004)(2006)	Part C, Early Intervention Program for Infants & Toddlers with Disabilities (2011)
Audiology	<p>300.34(c)(1) AUDIOLOGY includes-</p> <ul style="list-style-type: none"> (i) Identification of children with hearing loss, (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing; (iii) Provision of habilitation activities, such as language habilitation, auditory training, speech reading, (lipreading), hearing evaluation, and speech conservation; (iv) Creation and administration of programs for prevention of hearing loss; (v) Counseling and guidance of children, parents, and teachers regarding hearing loss; and (vi) Determination of the children's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification. 	<p>303.13(b)(2) AUDIOLOGY SERVICES includes-</p> <ul style="list-style-type: none"> (i) Identification of children with auditory impairments, using at risk criteria and appropriate audiological screening techniques; (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment; (iv) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services; (v) Provision of services for the prevention of hearing loss; and (vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing of appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices. <p>OSEP Analysis of Comments and Rationale for Change (Federal Register 9/28/2011) Sec. 303.13(b)(2) (Audiology services) is substantively unchanged from current Sec. 303.12(d)(2), except that the term in current Sec. 303.12(d)(2) is changed from audiology to audiology services because the section outlines specific audiology services provided.</p>
Cochlear Implant Exception	<p>300.34 RELATED SERVICES <i>(b) Exception; services that apply to children with surgically implanted devices, including cochlear implants.</i></p> <p>(1) Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.</p> <p>(2) Nothing in paragraph (b)(1) of this section—</p> <ul style="list-style-type: none"> (i) Limits the right of a child with a surgically implanted device (e.g., cochlear implant) to receive related services (as listed in paragraph (a) of this section) that are determined by the IEP Team to be necessary for the child to receive FAPE. (ii) Limits the responsibility of a public agency to appropriately monitor and maintain medical devices that are needed to maintain the health and safety of the child, including breathing, nutrition, or operation of other bodily functions, while the child is transported to and from school or 	<p>303.16 HEALTH SERVICES (c)The term does not include--</p> <p>(1) Services that are--</p> <ul style="list-style-type: none"> (iii) Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant. <ul style="list-style-type: none"> (A) Nothing in this part limits the right of an infant or toddler with a disability with a surgically implanted device (e.g. cochlear implant) to receive the early intervention services that are identified on the child's IFSP as being needed to meet the child's developmental outcomes. (B) Nothing in this part prevents the EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly. <p>OSEP Analysis of Comments and Rationale for Change (Federal Register 9/28/2011) Page 60153 <u>Discussion:</u> Excluding services related to the optimization (e.g., mapping) of a medical device that is surgically implanted, including cochlear implants, from the definition of <i>health services</i> in § 303.16, is consistent with section 602(1)(B) of the Act, which provides that the term <i>assistive technology device</i> does not include a medical device that is surgically implanted, or the replacement of such device. Further, this exclusion is consistent with the definition of <i>related services</i> in 34 CFR 300.34(b) of the part B regulations, which provides that related services do not include a surgically implanted device, including a cochlear implant or a medical device that is surgically implanted, the optimization of that device's</p>

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	<p>is at school; or</p> <p>(iii) Prevents the routine checking of an external component of a surgically implanted device to make sure it is functioning properly, as required in §300.113(b).</p>	<p>functioning (e.g., mapping of a cochlear implant), maintenance of that device, or the replacement of that device.</p> <p>The term “mapping” refers to the optimization of a cochlear implant and is not included in the definition of <i>health services</i> in § 303.16. Specifically, “mapping” and “optimization” refer to adjusting the electrical stimulation levels provided by the cochlear implant that is necessary for long-term postsurgical follow-up of a cochlear implant. The maintenance and monitoring of surgically implanted devices such as cochlear implants require the expertise of a licensed physician or an individual with specialized expertise beyond that typically available from early intervention service providers. While the cochlear implant must be mapped properly in order for an infant or toddler with a disability to hear well while receiving early intervention services, the mapping does not have to be done as a part of early intervention service delivery in order for it to be effective. Particularly with young children, EIS providers are frequently the first to notice changes in an infant’s or toddler’s ability to perceive sounds. A decrease in an infant’s or toddler’s ability to perceive sounds may manifest itself as decreased attention or understanding on the part of the infant or toddler or increased frustration in communicating. Such changes may indicate a need for remapping, and we would expect that EIS providers would communicate with the child’s parents about their observations. To the extent that adjustments to the devices are required, a specially trained professional would provide the remapping, but this is not the responsibility of the lead agency or EIS provider.</p> <p>While providing mapping as an early intervention service is neither required nor permitted by part C of the Act, § 303.16(c)(1)(iii)(B) makes clear that nothing in part C of the Act or these regulations prevents an early intervention service provider from routinely checking that the external components of a cochlear implant of an infant or toddler with a disability are functioning properly. Trained lay individuals can routinely check an externally worn processor connected to the cochlear implant to determine if the batteries are charged and the external processor is operating. For example, EIS providers can be trained to check the externally worn speech processor to ensure that it is turned on, the volume and sensitivity settings are correct, and the cable is connected. The exclusion of mapping as a health service is not intended to deny an infant or toddler with a disability access to any early intervention service. Each infant’s or toddler’s IFSP Team, which includes the child’s parent, determines the early intervention services, and the level of those services, required by an eligible infant or toddler. Finally, as discussed in our response to comments received on § 303.13(b)(1), it is the Department’s position that the exclusion of services related to the optimization (e.g., mapping) of surgically implanted medical devices, such as cochlear implants, from the definition of health services is consistent with the Act.</p> <p><i>Changes:</i> None.</p>
<p>Sign Language, Speech-Language, Pathology Services</p>	<p>300.34(c)(4) INTERPRETING SERVICES <i>Interpreting services</i> includes-</p> <p>(i) The following when used with respect to children who are deaf or hard of hearing: oral transliteration services, cued language transliteration services, and sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell; and</p> <p>(ii) Special interpreting services for</p>	<p>303.13(b)(12) SIGN LANGUAGE AND CUED LANGUAGE SERVICES <i>Sign language and cued language services</i> include teaching sign language, cued language, and auditory/or language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.</p> <p>303.13(b)(15) SPEECH-LANGUAGE PATHOLOGY SERVICES include--</p> <p>(i) Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;</p> <p>(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and</p>

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	<p>children who are deaf-blind.</p> <p>300.34(c)(15) SPEECH-LANGUAGE PATHOLOGY SERVICES - there is no reference to speech-language services specifically for children who are deaf or hearing impaired.</p>	<p>(iii) Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.</p> <p>OSEP Analysis of Comments and Rationale for Change (Federal Register 9/28/2011) Page 60150 <u>Discussion:</u> In reviewing new §303.13(b)(12) (proposed §303.13(b)(12)(iv)), we determined it was necessary to clarify and distinguish between services that focus on teaching and interpretation. Thus, we have clarified that sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation. <u>Changes:</u> We have revised new §303.13(b)(12) to define <i>sign language and cued language services</i> to include “teaching sign language, cued language, and auditory/or language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.” Transliteration, in new §303.13(b)(12), refers to the rendering of one language or mode of communication into another by sound such as voicing over difficult-to-understand speech in order to clarify the sounds, not the meaning. We agree that including amplification as an example of transliteration is appropriate and have added amplification as an example in the definition. However, because the regulations do not use the term “translation” (i.e., rendering one language into another by its meaning), there is no need to define that term. Additionally, we decline to adopt the commenter’s suggestion that we move the reference to cued language interpreting and transliteration services to the definition of <u>native language</u> in §303.25(b). These services are types of early intervention services that the IFSP Team may identify as needed by the eligible child and family and therefore including them under the definition of <u>early intervention services</u> in new §303.13(b)(12) (proposed §303.13(b)(12)(iv)) is appropriate. Further, including the reference recommended by the commenter in §303.25(b) is not necessary because we believe the examples in paragraph (b) of that definition, regarding mode of communication that is normally used by an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, are appropriate and further examples are not needed to understand the meaning of the term <u>native language</u>. <u>Changes:</u> We have added the parenthetical “(such as amplification)” as an example of transliteration services in new §303.13(b)(12).</p>
Assistive Technology	<p>300.5 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 the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.</p> <p>300.6 ASSISTIVE TECHNOLOGY SERVICE means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes-</p> <p>(a) The evaluation of the needs of a</p>	<p>303.13(b)(1)(i) 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 the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including cochlear implants, or the optimization (e.g., mapping) or the maintenance or replacement of that device.</p> <p>303.13(b)(1)(ii) ASSISTIVE TECHNOLOGY SERVICE means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes--</p> <p>(A) The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child’s customary environment;</p> <p>(B) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;</p> <p>(C) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;</p> <p>(D) Coordinating and using other therapies, interventions, or services</p>

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	<p>child with a disability, including a functional evaluation of the child in the child's customary environment;</p> <p>(b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;</p> <p>(c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;</p> <p>(d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;</p> <p>(e) Training or technical assistance for a child with a disability or, if appropriate, that child's family; and</p> <p>(f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.</p> <p>300.105(b) ASSISTIVE TECHNOLOGY</p> <p>On a case-by-case basis, the use of school-purchased assistive technology devices in a child's home or in other settings is required if the child's IEP Team determines that the child needs access to those devices in order to receive FAPE.</p>	<p>with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;</p> <p>(E) Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and</p> <p>(F) Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.</p> <p>OSEP Analysis of Comments and Rationale for Change (Federal Register 9/28/2011) Page 60147 <u>Discussion:</u> The definitions of <u>assistive technology device and service</u> in §303.13(b)(1) align with section 602(1) and (2) of the Act. The definitions in section 602(1)(A) and (2) of the Act are substantially similar to the definitions of assistive technology device and assistive technology service in section 3(3) and (4) of the Assistive Technology Act of 1998 (P.L. 105-394) (AT Act), but the language in section 602 of the Act is more specific to the needs of children with disabilities. Furthermore, unlike the AT Act, section 602(1)(B) of the Act expressly excludes from the definition of assistive technology device those medical devices that are surgically implanted or the replacement of such devices. Thus, while the definitions are similar, it is not appropriate to include in these regulations the specific language from the AT Act. <u>Changes:</u> None.</p>
Hearing Aid/Cochlear Implant Function	<p>300.113 ROUTINE CHECKING OF HEARING AIDS AND EXTERNAL COMPONENTS OF SURGICALLY IMPLANTED MEDICAL DEVICES</p> <p>(a) <i>Hearing aids.</i> Each public agency must ensure that hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly.</p> <p>(b) <i>External components of surgically implanted medical devices.</i></p> <p>(1) Subject to paragraph (b)(2) of this section, each public agency must ensure that the external components of surgically implanted medical devices are</p>	<p>303.16(c) HEALTH SERVICES</p> <p>The term does not include--</p> <p>(1) Services that are--</p> <p>(iii) Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including cochlear implants.</p> <p>(A) Nothing in this part limits the right of an infant or toddler with a disability with a surgically implanted device (e.g. cochlear implant) to receive the early intervention services that are identified on the child's IFSP as being needed to meet the child's developmental outcomes.</p> <p>(B) Nothing in this part prevents the EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly.</p>

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	<p>functioning properly.</p> <p>(2) For a child with a surgically implanted medical device who is receiving special education and related services under this part, a public agency is not responsible for the post-surgical maintenance, programming, or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device).</p>	
Consideration of Special Factors	<p>300.324(2) DEVELOPMENT, REVIEW AND REVISION OF IEP. CONSIDERATION OF SPECIAL FACTORS. The IEP team must</p> <p>(iv) Consider the communication needs of the child and in the case of a child who is deaf or hard of hearing, consider the child’s language and communication needs, opportunities for direct communications with peers and professional personnel in the child’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child’s language and communication mode; and</p> <p>(v) Consider whether the child requires assistive technology devices and services.</p>	<p>OSEP Analysis of Comments and Rationale for Change (Federal Register 9/28/2011) Page 60201</p> <p><u>Discussion:</u> The commenters referenced the special factors in 34 CFR 300.324(a)(2) of the part B regulations, which are from 614(d)(3)(B) of the Act. Part C of the Act does not contain similar specific language regarding special factors that must be considered by the IFSP Team. However, it is the Department’s position that the regulations, as written, adequately address the commenters’ concerns.</p> <p>Section 303.344(d)(1) requires that each IFSP include a statement of the specific early intervention services that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified in the IFSP.</p> <p>Therefore, each IFSP Team must explore any factor (including, as applicable and appropriate, the factors included in 34 CFR 300.342(a)(2)) that are relevant to an infant or toddler with a disability achieving the results or outcomes identified in his or her IFSP."</p>
Native Language	<p>300.29 NATIVE LANGUAGE-</p> <p>(a) Native language, when used with respect to an individual who is limited English proficient, means the following:</p> <p>(1) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a)(2) of this section.</p> <p>(2) In all direct contact with a child (including evaluation of the child), the language normally used by the child in the home or learning environment.</p> <p>(b) For an individual with deafness or blindness, or for an individual with no written language, the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).</p>	<p>303.25 NATIVE LANGUAGE-</p> <p>(a) Native language, when used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 602(18) of the Act), means:</p> <p>(1) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a)(2) of this section; and</p> <p>(2) For evaluations and assessments conducted pursuant to § 303.321(a)(5) and (a)(6), the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.</p> <p>(b) <i>Native language</i>, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication).</p> <p>OSEP Analysis of Comments and Rationale for Change (Federal Register 9/28/2011) Page 60156</p> <p><u>Discussion:</u> We agree with commenters that requiring the native language to be used in all direct contact with a child, especially in providing early intervention services to an infant or toddler with a disability may not be necessary or feasible in all circumstances. For example, a child may not require the use of native language when part C services are directly</p>

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		provided to the child when the child’s receptive or expressive language has not yet developed to indicate a clear spoken language preference. Thus, we have not included in these final regulations the requirement in proposed 303.25(a)(2) that native language be used in all direct contact with the child. However, as recipients of Federal financial assistance, part C lead agencies must comply with the requirements in Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on race, color, or national origin in programs or activities receiving Federal financial assistance.
Disability Definitions	<p>300.8(b) DEFINITIONS</p> <p>[2] <i>Deaf-blindness</i> means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.</p> <p>[3] <i>Deafness</i> means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance.</p> <p>[5] <i>Hearing impairment</i> means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section</p>	<p>303.21 INFANT OR TODDLER WITH A DISABILITY</p> <p>(a) <i>Infant or toddler with a disability</i> means an individual under three years of age who needs early intervention services because the individual-</p> <p>(1) is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:</p> <ul style="list-style-type: none"> (i) Cognitive development. (ii) Physical development, including vision and hearing. (iii) Communication development. (iv) Social or emotional development. (v) Adaptive development; or <p>(2) Has a diagnosed physical or mental condition that –</p> <ul style="list-style-type: none"> (i) Has a high probability of resulting in developmental delay; and (ii) Includes 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. <p>OSEP Analysis of Comments and Rationale for Change (Federal Register 9/28/2011) Page 60155</p> <p><u>Discussion:</u> Concerning the commenter’s request that the qualifier “severe” be deleted from the phrase “sensory impairments,” in §303.21(a)(2)(ii), we agree with the commenter that even a mild sensory impairment may result in developmental delay and have revised the definition accordingly. Summer services should not be denied to a child transitioning from early intervention services under Part C of the Act to programs under Part B of the Act simply because that child transitions during the summer months. Once a child is determined eligible for Part B services, an IEP, or if consistent with 34 CFR 300.323(b) of the Part B regulations, an IFSP, must be developed. If a child’s IEP Team determines that extended school year services are necessary for the child to receive FAPE, the child must receive those services in accordance with the IEP (or IFSP under 34 CFR 300.323(b) of the Part B regulations). Issues relating to transition of infants and toddlers from Part C to Part B services are discussed in more detail in the <u>Analysis of Comments and Changes</u> for subpart C in response to comments received on §303.209.</p> <p><u>Changes:</u> Additionally, we have removed the word “severe” as a qualifier to the term “sensory impairments in § 303.21(a)(2)(ii).</p>
Program	<p>300.22 INDIVIDUALIZED EDUCATION PROGRAM or IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with 300.320 through 300.324</p> <p>300.101 FAPE:CHILDREN ADVANCING FROM GRADE TO</p>	<p>303.20 INDIVIDUALIZED FAMILY SERVICE PLAN or IFSP means a written plan for providing early intervention services to an infant or toddler with a disability under this part and the infant’s or toddler’s family that--</p> <ul style="list-style-type: none"> (a) Is based on the evaluation and assessment described in Sec. 303.320; (b) Includes the content specified in Sec. 303.344; (c) Is implemented as soon as possible once parental consent to early intervention services on the IFSP is obtained (consistent with Sec. 303.420); and

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	<p>GRADE (c) (1) Each state must assure that FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade.</p>	<p>(d) Is developed in accordance with the IFSP procedures in Sec. Sec. 303.342, 303.343, and 303.345.</p>
Educational Environment	<p>300.114(a) LEAST RESTRICTIVE ENVIRONMENT. (2) Each public agency must ensure that</p> <ul style="list-style-type: none"> (i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and (ii) Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. 	<p>303.26 NATURAL ENVIRONMENTS. Natural environments means settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of Sec. 303.126.</p> <p>303.126 EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS. Each system must include policies and procedures to ensure, consistent with Sec. Sec. 303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided--</p> <ul style="list-style-type: none"> (a) To the maximum extent appropriate, in natural environments; and (b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP team, only when early intervention services cannot be provided satisfactorily in a natural environment.
Service Provider/ Qualified Personnel	<p>[NOTE: There are no specific qualifications for teachers or related services providers serving students with disabilities who have hearing impairments.] The following regulations apply to all personnel.</p> <p>300.156 PERSONNEL QUALIFICATIONS</p> <ul style="list-style-type: none"> (a) General. The SEA must establish and maintain qualifications to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained, including that those personnel have the content knowledge and skills to serve children with disabilities. (b) Related services personnel and paraprofessionals. The qualifications under paragraph (a) of this section must include qualifications for related services personnel and paraprofessionals that -- <ul style="list-style-type: none"> (1) are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the 	<p>303.12 EARLY INTERVENTION SERVICE PROVIDER.</p> <ul style="list-style-type: none"> (a) Early intervention service provider or EIS provider means an entity (whether public, private, or nonprofit) or an individual that provides early intervention services under part C of the Act, whether or not the entity or individual receives Federal funds under part C of the Act, and may include, where appropriate, the lead agency and a public agency responsible for providing early intervention services to infants and toddlers with disabilities in the State under part C of the Act. (b) An EIS provider is responsible for— <ul style="list-style-type: none"> (1) Participating in the multidisciplinary individualized family service plan (IFSP) Team’s ongoing assessment of an infant or toddler with a disability and a family-directed assessment of the resources, priorities, and concerns of the infant’s or toddler’s family, as related to the needs of the infant or toddler, in the development of integrated goals and outcomes for the IFSP; (2) Providing early intervention services in accordance with the IFSP of the infant or toddler with a disability; and (3) Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP of the infant or toddler with a disability. <p>303.13(c) QUALIFIED PERSONNEL. The following are the types of <i>qualified personnel</i> who provide early intervention services under this part:</p> <ul style="list-style-type: none"> (1) Audiologists. (2) Family therapists. (3) Nurses. (4) Occupational therapists. (5) Orientation and mobility specialists. (6) Pediatricians and other physicians for diagnostic and evaluation

	Part B, Education of Children with Disabilities (2004)(2006)	Part C, Early Intervention Program for Infants & Toddlers with Disabilities (2011)
	<p>professional discipline in which those personnel are providing special education or related services; and</p> <p>(2) Ensure that related services personnel who deliver services in their discipline or profession-</p> <p>(i) Meet the requirements of paragraph (b)(1) of this section; and</p> <p>(ii) Have not had certification or licensure requirements waived on an emergency, temporary, or provisional basis; and</p> <p>(iii) Allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulation, or written policy, in meeting the requirements of this part to be used to assist in the provision of special education and related services under this part to children with disabilities.</p>	<p>purposes.</p> <p>(7) Physical therapists.</p> <p>(8) Psychologists.</p> <p>(9) Registered dietitians.</p> <p>(10) Social workers.</p> <p>(11) Special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with visual impairments (including blindness).</p> <p>(12) Speech and language pathologists.</p> <p>(13) Vision specialists, including ophthalmologists and optometrists.</p> <p>OSEP Analysis of Comments and Rationale for Change (Federal Register 9/28/2011) Page 60152 <u>Discussion:</u> The types of qualified personnel listed in §303.13(c)(11) include “teachers of children with hearing impairments (including deafness).” This language is consistent with the Part B regulations in 34 CFR 300.8(a)(1), which defines a child with a disability to mean a child as having a “hearing impairment (including deafness).” The terms hearing impairment, deafness, hearing impaired, and hard of hearing are all used in the field. For purposes of consistency among the regulations under the Act, we have continued to refer to these teachers as teachers of children with hearing impairments (including deafness). Changes: None.</p>
Specially Designed Instruction	<p>300.39 SPECIAL EDUCATION</p> <p>(a) General.</p> <p>(1) Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including—</p> <p>(i) Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and</p> <p>(ii) Instruction in physical education.</p> <p>(3) Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—</p> <p>(i) To address the unique needs of the child that result from the child’s disability; and</p> <p>(ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.</p>	<p>303.13 (b)(14) SPECIAL INSTRUCTION</p> <p>Special instruction includes-</p> <p>(i) The design of learning environments and activities that promote the infant’s or toddler’s acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;</p> <p>(ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability;</p> <p>(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and</p> <p>(iv) Working with the infant or toddler with a disability to enhance the child’s development.</p>