



Policy Advisory

The Law Affecting Communication Among Professionals

Effective communication among professionals is critical to building collaborative relationships. Both the Individuals with Disabilities Education Act (IDEA) and the Head Start Program Performance Standards contain policy related to communication among professionals. IDEA is the federal law that governs the education of children with disabilities, including developmental delays. Part C of the IDEA authorizes the federal government and state governments to act on behalf of infants and toddlers (birth to three) (20 U.S.C. Part C). Part B authorizes them to act on behalf of young children (three to six) with disabilities (20 U.S.C. Part B). The Head Start Program Performance Standards have been designed to provide Head Start programs with expectations, guidance and support related to the quality of services they provide.

Considerations pertaining to communication

IDEA and Head Start Performance Standards both focus on the importance of collaboration. To comply with these policies it is important to do the following:

- (1) Learn about the eligibility and Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) processes and actively participate in these processes especially if requested by families or required by law.
- (2) Use effective communication practices to build and sustain collaborative relationships with families and other professionals serving children with whom you work.
- (3) Include at least one regular educator of the child on the evaluation team and the IEP team. Early educators have the right to be part of IFSP teams, if requested by the family.

What does IDEA require with respect to communication?

Significantly, neither Part B nor Part C of IDEA directly and explicitly addresses communication among professionals. But both do so indirectly by providing that professionals must be on teams that evaluate children for IDEA eligibility and teams that develop their IEPs/ IFSPs. The statutory requirement for teams consisting of identified professionals gives the implicit message that team members must communicate

effectively. This policy advisory identifies the requirements for membership on evaluation and IEP/IFSP teams. If you want to know more about the qualifications of team members and the standards and procedures they must follow, you will need to review the requirements regarding evaluation and development of an IEP or IFSP.

What does Part B require?

Who Are Members of the Evaluation Team?

Two teams bring their talents to bear for the young child receiving Part B services. The first team evaluates the child. The second develops the child's individual education program (IEP).

No child may receive special education and related services until a team determines the child meets the eligibility criteria (20 U.S.C. Sec. 1413(a)(1); 1414(a), (b), (c), and (d)(4)(A); 34 C.F.R. Sec. 300.320 and 300.321). Thus, evaluation must precede program and placement. Who does the evaluation and makes the program/placement decision?

The evaluation must be conducted by "a team of qualified professionals and the parent of the child" (20 U.S.C. Sec. 1414(b)(4)(A); 34 C.F.R. Sec. 300.531). This provision does not define the individual professionals of the team; instead, it simply says these professionals must be "qualified."

Another provision of the statute, entitled "additional requirements for evaluations and re-evaluations," provides that "the IEP team and other qualified professionals, as appropriate, shall review existing evaluation data on the child" (20 U.S.C. Sec. 1414(c)(1)). The related regulation (for implementing the statute) provides that "a group that includes the individuals described in Sec. 300.355, and other qualified professionals, as appropriate, shall review existing evaluation data on the child." The statute and regulation use the same language in identifying the nature of evaluation data, namely, "evaluations and information provided by the parent, current classroom-based, local, or State assessments, and classroom-based observations, and observations by teachers and related service providers" (20 U.S.C. Sec. 1414(c)(1) and 34 C.F.R. 300.533).

The statute (20 U.S.C. Sec. 1414(a), (b), and (c)) and the related regulations (34 C.F.R. 300.320 and 300.321) make it clear that the results of the evaluation are the basis for the child's IEP; the regulations provide that the evaluation results "must be used by the child's IEP team in meeting the requirements" for developing the child's IEP (34 C.F.R. 300.320 as to

the initial evaluation and 34 C.F.R. 321 as to any re-evaluation).

Curiously, the statute and regulations are circular: the "qualified professionals" on the team conducting the evaluation are the people on the child's IEP team. Yet the team is not constituted or convened until the evaluations are completed.

Who Are Members of the IEP Team?

The IEP team consists of (20 U.S.C. Sec. 1414(d)(1)(B)):

- the student's parents
- at least one regular educator of the child
- a representative of the local education agency (LEA) who is qualified to provide or supervise the provision of specially designed instruction and is knowledgeable about the general education curriculum and availability of resources in the LEA
- a person who can interpret the results of the evaluation
- at the parent's discretion, other individuals with knowledge or special expertise regarding the child
- the child "whenever appropriate."

What does Part C require?

Infants and toddlers who receive Part C services are entitled to an evaluation that is the foundation for an individualized family support plan (IFSP) (20 U.S.C. Sec. 1435(a)(4) and Sec. 1436). As in Part B, standards and procedures implicitly address inter-professional communication.

Who Are Members of the Evaluation Team?

- The evaluation team must consist of "appropriate qualified personnel" with no fewer than two professionals (20 U.S.C. Sec. 1435(a)(3)-(6); Sec. 1436(a), (c), and (d); 34 C.F.R. Sec. 303.321(b)).
- The evaluators must be trained to use appropriate measures and procedures to conduct a timely, comprehensive and multidisciplinary assessment of the child's unique strengths and needs and must base their evaluation on informed clinical opinion (20 U.S.C. Sec. 1435(a); 34 C.F.R. 321(c)).

Who Attends the Meeting to Develop the IFSP?

The meeting to develop the IFSP must occur no more than 45 days from the referral. The regulations implementing Part C require that the IFSP team must consist of:

- the parents
- other family members as requested by the parents and if feasible
- an advocate or person outside the family if the family requests the presence of such a person
- the service coordinator
- a person who was directly involved in conducting the evaluations and assessments
- a person who will be providing service(s) to the child or family as appropriate.

Unlike Part B, Part C does not provide that the evaluation team will be the IFSP team; it simply requires that the IFSP team must consist of “a person who was directly involved in conducting the evaluations and assessments.” A family’s team is determined after the outcomes and services are decided.

What policies on communication exist for those within the Early Head Start and Head Start?

Head Start Program Performance Standards outline the importance of communication and collaboration among professionals in relation to family partnerships, general program management, community partnerships, and the coordination of disability and health services.

Head Start program procedure requirements

General communication standards for Head Start programs emphasize the need to “establish and implement systems to ensure that timely and accurate information is provided to parents, policy groups, staff, and the general community.” Head Start agencies must also have a method for ensuring regular communication among program staff to promote high quality experiences for children and families (45 C.F.R. Sec. 1304.51 (b) and (e)).

Many children and families who will enroll or are currently enrolled in Head Start programs have partnerships with other agencies and receive services from multiple community resources. In an effort to streamline services and limit duplication of services, Head Start Program Performance Standards require programs to communicate with other agencies to support these preexisting plans and services. In addition, programs must work collaboratively with other agencies and families to identify resources, either through referrals or directly, that serve the child and family’s interests and goals (45 C.F.R. Sec. 1304.40 (a)(3) and 45 C.F.R. Sec. 1304.40(b)(1)).

While Head Start Program Performance Standards outline the importance of comprehensive and effective communication and decision making with families, the standards also identify a strong importance for community collaboration as well. Head Start programs have a responsibility in community planning to encourage collaboration and effective communication across agencies to share information that will improve service delivery for children and families. (45 C.F.R. Section 1304.41 (a)(1) and (2)). Similarly, Head Start programs must also take steps to establish ongoing collaboration with community agencies to support families’ access to services and to be responsive to the needs of the community. This includes services from:

- Health care providers
- Mental health providers
- Nutritional service providers
- Individuals or agencies that provide services to children with disabilities
- Child protective services
- Educational institutions such as schools, libraries, and museums
- Child care service providers

For children with disabilities and health needs, the standards stipulate that the health coordinator and the disabilities coordinator must work together to ensure children’s needs are met. There must also be communication between the disabilities coordinator and the other professionals responsible for disability and health services to work closely with the child’s teacher in identifying concerns and needs (45 C.F.R. 1308.18 (a) and (b)).

References

Individuals with Disabilities Education Act of 2004 (IDEA), Pub.L. No. 108-446. For complete source of information, go to <http://idea.ed.gov/>

Early Intervention Program for Infants and Toddlers with Disabilities. 76 Fed. Reg. 60140 (2011). For complete source of information, go to <http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>

Head Start Program Performance Standards and Other Regulations. (2006). English. 45 CFR 1301-1311. For complete source of information, go to <http://eclkc.ohs.acf.hhs.gov/hslc>

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