

## Services in Natural Environments

### Introduction and Intent

Early intervention under Part C of the Individuals with Disabilities Education Act (IDEA) includes a broad array of services in order to address the needs of eligible children and their families. Regulations regarding services require that a family is aware of the services that may be available. They require that each family is fully informed about and agree with the services that will be provided for their child and family. Services are individualized, family-centered and selected in collaboration with the parents. They are designed to meet the unique needs of the child and family. According to the *Mission and Key Principles for Providing Early Intervention in Natural Environments* (2008, March), the primary role of a service provider is to work with and support the family members and caregivers in the child's life.

Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar context. Therefore, early intervention services are provided in natural environments to the maximum extent appropriate to meet the needs of the child. They are provided by qualified personnel and in conformity with the Individualized Family Service Plan (IFSP). In Michigan, services are provided at no cost to families.

This section includes information regarding:

- Early Intervention Services
- Service Determination
- Natural Environments
- Elements of Success
- Justifications
- Prior Written Notice
- Written Parental Consent
- Timelines
- Documentation of Service Delivery
- Inability to Provide Service
- Federal Statute
- Federal Regulations
- *Early On* Michigan Part C of IDEA State Plan
- Michigan Administrative Rules for Special Education (MARSE)
- Related Forms and Documents
- References

### Early Intervention Services

Early intervention services are determined based on what is necessary to help the child and family achieve the outcomes identified on the IFSP. Outcomes are determined by the IFSP team, consisting of:

- parent(s) or legal guardian(s)
- service coordinator

- person(s) directly involved in conducting any evaluations and assessments\*
- other family members, as requested by the parent or guardian, if feasible to do so
- an advocate or person outside of the family, if the parent requests that the person participate

\*If the person who conducted any evaluations and assessments is unable to attend, arrangements must be made for the person's involvement through other means (e.g. telephone call, knowledgeable authorized representative attend, making pertinent records available at the IFSP meeting).

The IFSP team considers multiple factors when identifying appropriate supports and services to address the IFSP outcomes, including the expertise needed to support the family, abilities and interests of the child and family, and family and community resources. All services are documented within the IFSP. In Michigan, services are provided at no cost to the family.

According to the Part C regulations the IFSP must include the specific early intervention services, based on peer-reviewed research (to the extent possible) that are necessary to meet the unique needs of the child and family to achieve the results or outcomes. Peer-reviewed research is a process by which the research has been evaluated by a group of experts in the appropriate field. Early intervention services that have been reviewed by field experts can often be found in professional scholarly journals.

When determining services, the IFSP team identifies the skills to target that will help the child become adaptive, competent, socially connected, and engaged to promote learning in the natural environment (DEC RP INS2). Services are family-centered, developmentally supportive and promote the child's participation in their natural environments. All services, including Michigan Mandatory Special Education (MMSE) services, are documented in the Early Intervention Services section of the IFSP and delivered by the appropriate provider.

When there is an immediate need for services an interim IFSP may be created. Early intervention services may begin for eligible children before an evaluation and/or any assessments are completed if the following conditions are met:

- Parent consent is obtained.
- An interim IFSP is developed that includes:

- The name of the service coordinator who will be responsible for implementing the interim IFSP and coordinating with other agencies and persons; and
- The early intervention services that have been determined to be needed immediately by the child and the child's family.
- Evaluations and assessments are completed within the 45-day timeline from referral.

Early intervention services include:

- Assistive Technology
- Audiology
- Family Training, Counseling, Home visits
- Health Services
- Medical Services
- Nutrition Services
- Nursing Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Sign Language and Cued Language Services
- Service Coordination
- Social Work
- Special Instruction
- Speech and Language
- Transportation
- Vision
- Other Early Intervention Services

For information regarding qualifications of staff for *Early On* please see the MDE *Early On* Personnel Standards. For information regarding qualifications for Special Education staff, please see the Michigan Administrative Rules for Special Education (MARSE) in addition to the *Early On* Personnel Standards.

### **Service Determination**

Determination of services and specifics about their provision needs to be thoughtful. Services are intended to assist the family in supporting the child. Therefore, decisions should also include considerations about the amount of support the family needs to successfully use natural learning opportunities throughout everyday routines, activities at home and in community settings (DEC RP INS5). All services are intended to support developmental progress and meet the child and family outcomes established by the IFSP team.

The IFSP team's decision to provide an early intervention service includes discussion about the following: frequency, length, intensity, location, service delivery method, and duration. According to the Division for Early Childhood (DEC) Recommended Practices (RPs) practitioners implement the frequency, intensity, and duration of the service needed to address the child's current development/learning and the level of support needed by the family to achieve the child's outcomes (INS10).

The following information about each service is required on the IFSP. Each descriptor helps the family know what to expect concerning service delivery and to be fully informed about details of their services.

### **Frequency**

Frequency refers to the number of days or sessions that the service is to be provided. A reasonable range is allowable. Frequency should include a period of time, such as twice a week or once a month, and should not be interrupted due to the convenience or schedule of the provider or agency. *Early On* services are intended to be offered year-round and provided according to the individual needs of each child and family.

### **Length**

This is referring to the length of time the service is provided during each session; such as an hour or other specified time period. A reasonable range is allowable.

### **Duration**

This is the projected start and proposed end date of the service. The actual start date must be as soon as possible but not more than 30 calendar days from parental consent for each service. The end date should reflect when a child is expected to achieve the related outcome(s) on the IFSP.

### **Service Delivery Method**

This refers to how the service will be delivered. Multiple methods may be used for delivery of a single service.

Options may include:

- Direct - child and caregiver both present.
- Indirect - collaborative consultation between providers to enhance a direct service provider's support to a child and caregiver.
- Tele Therapy – interaction between provider and child and caregiver via technology, such as Skype or FaceTime.

**Intensity**

Intensity is whether the service is provided on an individual or group basis. If a service is provided and there is only one child with an IFSP receiving that service during that session, then the intensity is considered individual. If a service is provided and there is more than one child with an IFSP receiving the same service during that session, then the intensity is considered group.

When services are provided to more than one child with an IFSP in a group setting, the length of the session listed on the IFSP is reflective of the time that the provider will be providing the service to the group.

**Location**

Location is where a service is delivered. Selection of a location will be impacted by the child and family outcomes on the IFSP. The child's IFSP team determines the location of service delivery for each early intervention service. There are three possible locations:

- Home: Early intervention services are provided in the child's home. Selection of home as the location does not preclude the provider from occasionally providing service in other natural environments to support the family's routines; such as in another family member's home or a trip to the grocery store.
- Community-based setting: Early intervention services are provided in a setting where children without disabilities typically are found. These settings include, but are not limited to, child care centers (including family day care and preschools), libraries, parks, restaurants and community centers.
- Other setting: Early intervention services are provided in a setting that is not home or community-based. These settings include, but are not limited to, hospitals (unless child is currently hospitalized), residential facilities, clinics, special education centers or classes for children with disabilities. If "other setting" is chosen you must state the

justification for not providing the service in a natural environment.

Any early intervention service setting, regardless of whether the service is provided individually or within a group, must meet the definition of a natural environment unless it is determined by the IFSP team that the outcome cannot be achieved satisfactorily for the infant or toddler in a natural environment.

### **Natural Environments**

The concept of natural environments encompasses more than the location of service. It reflects the core mission of early intervention, which is to provide supports and services to families to help their children develop to their fullest potential.

Since 1989 the federal regulations for Part C have required, to the maximum extent appropriate, early intervention take place in settings that are natural or typical for same-aged infants or toddlers without a disability. In the 1991 amendments to the IDEA Part C, Congress added the language of “natural environments” as part of the definition of early intervention services as well as making it a required element of the Individualized Family Service Plan (IFSP). The 1997 amendments of the IDEA further strengthened the requirements related to natural environments. The amendments required States to “...develop and articulate specific policy and procedures for the provision of early intervention services in natural environments” and to include on Individualized Family Service Plans “...a justification of the extent, if any, to which the services will not be provided in a natural environment.”

Interventionists need to be mindful that working in natural environments does not simply involve providing clinical services in a home or community setting. It involves engaging with the family in daily routines to capitalize on everyday learning activities. This increases opportunities for children and families to participate in everyday activities and within their local communities. 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 (DEC RP Environment #1).

The concept of natural environments includes:

- **Settings**, such as the child’s home, backyard, or place of work. Settings also include places such as a child-care site, relative’s home, park, grocery store, or library.

- **Materials**, which can be anything found in the child's physical environment— toys, rocks, books, swings, grass, spoons, a high chair, or a favorite wagon.
- **People**, such as parents, siblings, relatives, friends, neighbors, teachers, or anyone else with whom the child might interact.
- **Activities** that incorporate the interests and routines of the child and family. These might be daily activities such as eating, bathing, and dressing; recreation such as playing, reading, walking, camping, swimming, and going to the playground; and community participation such as going to worship, celebrating holidays, taking part in cultural practices, going to the grocery store, and riding in different forms of transportation.

Natural environments are defined as settings that are natural or typical for a same-aged infant or toddler without a disability. They are the places where children live, learn, and play. Young children who have developmental delays/disabilities learn, play, and engage with adults and peers within a multitude of environments. It is required that services be provided in a natural environment to the maximum extent possible.

**Examples of service settings that may be natural environments include the following:**

- Home
- Child care centers
- Community swimming pools
- Faith-based programs
- Grandparent's home
- Grocery store
- Gymnastic programs
- Library
- Neighbor's home
- Parks
- Restaurants

**Examples of service settings that typically are not natural environments include the following:**

- Hospitals (unless child is hospitalized)
- Clinics
- Therapist's/service provider's office
- Space within an ISD/school building
- Rehabilitation centers

- Playgroups mainly for children with disabilities

### **Elements of Success**

#### **Family Centered**

A primary purpose of the early intervention system is the improvement of families' abilities and capacities to support and promote their child's healthy development. Family-centered practices acknowledge that families are the center of their children's lives and that infants and toddlers are uniquely dependent on their family members for nurturing, care, and social connection. The birth or diagnosis of a child with a disability or developmental delay changes and challenges a family. Parents and other family members often need additional information, resources and support during this time. However, families have a tremendous capacity and desire to support their children's learning and development within the context of their daily interactions and routines. Families who have children with disabilities want to have fun and do the typical things that families do but are not necessarily sure how, given the developmental challenges of their child. It is the role of the early interventionist to assure that early intervention services are useful and relevant to families' lives and not just "one more thing to do". Early intervention is relevant in the lives of families when it fits into the context of their culture and life-style, when it uses family resources and strengths, and when it focuses on addressing family concerns and priorities.

#### **Culturally Competent**

The children and families in *Early On* are from diverse racial, ethnic, and socio-economic backgrounds. Cultural differences in goals and beliefs, in the accepted roles of family members and in expectations for behavior clearly impact how families function. *Early On* providers can only be effective when demonstrating respect for, and responsiveness to, these differences. The individualization of services and supports through the IFSP process is key. There is also a need to acknowledge and address any disparities in access, evaluation and services that may have historically been the experience of diverse families seeking early intervention. Achieving cultural competence is an ongoing, developmental process that needs to be addressed at the family, program and system level.

#### **Functional Approach**

Early intervention supports and services are more effective when they are provided during the child's daily routines, activities and tasks. Home visits within the natural environment begin with an evaluation/assessment completed in the home

environment. An important part of this initial home visit includes discovering what daily routines go well and what daily functional, routines are challenging. From this important information, routines based outcomes are formulated. The premise is that early interventionists utilize coaching strategies to assist parents in achieving their outcomes by working within the context of the family's daily routines. "Coaching is an adult learning strategy in which the coach promotes the learner's (coachee'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" (Rush and Sheldon, 2013). For coaching in early intervention, the parent/caregiver is the learner and the early interventionist is the coach. The early interventionist helps the parent/caregiver discover ways to assist their child in the development of skills within the routines of their daily lives. The early interventionist works with family in a way that is most supportive to the individual needs of that family, designing approaches that will offer success to the family and the child. 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 (DEC RP INS13).

A functional approach to early intervention teaches parents and caregivers to use the many learning opportunities that naturally occur in a child's daily activities to enhance the child's skill development. This approach supports optimal functioning for children and families within their typical routines, to maintain their relationships and stay connected with their community.

### **Collaborative Services**

Many children require assistance from multiple public and private agencies and organizations. Families are best served when community agencies and organizations have a shared commitment to supporting young children. Many aspects of the IFSP process work better when providers collaborate across agencies. All of the agencies supporting the family should collaborate in order to best serve the child and family.

An important component of every IFSP meeting is the discussion of how the child's IFSP team, which includes their parents as equal members, will work together to support the outcomes of the IFSP. For example, it may be most supportive of the family for one provider to make home visits, and meet

regularly with supporting team members to share information and obtain input. When specialized, discipline specific consultation is necessary another service provider can accompany the initial provider on a visit to meet with the family. The number of providers into the family's home is minimized and the family and the lead provider still gain the benefit of the expertise of the other team members.

### **Justification**

With proper strategizing and planning, the vast majority of early intervention services should be provided in a child's natural environment. However, a few unusual circumstances may warrant providing services outside of a child's natural environment.

An example of unusual circumstance is when specialized equipment necessary to support achievement of an outcome is unable to be transported to the child or is not found in the natural environment, the appropriate location of services for the child might be a setting other than a natural environment.

There may be circumstances when an IFSP team determines that it is appropriate for a child to receive a particular early intervention service in a location that is not the child's natural environment. The determination of setting for each early intervention service on the IFSP must be completed individually. If one early intervention service cannot be provided in a natural environment it does not mean that others cannot be. A justification is required for each early intervention service provided to a child that is not in the natural environment. Services provided solely to the parent, such as family counseling, are not required to take place in a natural environment. Therefore, no justification is required on the IFSP.

Justification for not providing a service in the natural environment should include sufficient rationale to support the IFSP team's decision that the child's outcome(s) could not be met in a natural environment. Personal preference or convenience of providers are unacceptable justifications for not providing service in the natural environment.

### **Payor**

This is the agency that is responsible for paying for this service.

### **Other Supports and Services**

As appropriate, include other supports and services that the child or family needs or is currently receiving through other sources, but that are neither required nor funded under Part C

of IDEA. These may include the identification of informal supports which are recognized as an integral part of the Part C process, as well as medical and other services (e.g., immunizations and “well-baby” care) that are necessary but not required. The use of informal supports and community-based resources for early intervention services for children and families is encouraged and supported. If those services are currently not being provided, include a description of the steps the service coordinator or family may take to assist the child and family in securing those services on the IFSP.

### **Prior Written Notice**

Once decisions have been made about services to be included on the IFSP, Prior Written Notice (PWN) is provided to the parent(s) regarding the services being included or not included. PWN is given anytime a change in frequency, length, method, intensity, location, or duration is made to a service listed on an IFSP. The PWN must be provided before requesting parental consent to the service or change in a service.

A PWN prototype, meeting the PWN content requirements, has been developed. Local service areas may elect to use the prototype or develop a form of their own that includes all required content. These requirements are outlined in the “Prior Written Notice” section of the **Procedural Safeguards** chapter of this Manual.

### **Written Parental Consent**

After the PWN has been provided, service areas must request written parental consent for services. The IFSP signature page serves as written parental consent for the services listed on the IFSP.

### **Timelines**

Whenever a new Part C service is listed on an IFSP the service must be initiated as soon as possible but not more than 30 calendar days from parental consent for the service.

Consultative services are considered Part C services and must meet the 30 calendar day timeline. Compliance with this timeline is reflected in SPP/APR Indicator 1 which is outlined in the “SPP/APR” section of the **Monitoring and Compliance** chapter of this Manual.

### **Documentation of Service Delivery**

Documentation is intended to tell the story of service delivery for the child and family. Level of detail of documentation may vary depending on your service area requirements and for billing purposes.

The purpose of documentation is two-fold. First, it demonstrates meeting the timeline requirement. Second, it provides detail

about the service that was delivered. Documentation needs to include:

- name of the service;
- date of that service;
- length of the service; and
- a brief description of the service provided.

Formats for documentation may include service logs, contact forms, and/or home visit records.

Documentation is required for all services listed on the IFSP, including consultative services.

### **Inability to Provide Services**

There are times when a service cannot be delivered according to the IFSP due to a variety of family reasons; the family moves unexpectedly, the family is consistently unavailable or you are unable to locate a family. Service areas need to establish procedures about how to handle these and other situations. In these instances, you can follow the same requirements as outlined in the “Referral” section of the **Individualized Family Service Plan (IFSP) Process** chapter of this Manual. Written procedures are recommended.

Procedures must include:

- At least two different modes of contact when attempting to reach the family. Possible modes of contact include, but are not limited to; phone call, text message, email or letter.
- A minimum of 3 attempts to contact the family. If after at least three attempts there has been no response or interaction with the family, the child may be exited.
- As a final attempt, a letter sent to the family indicating that the child will be exited unless a response from the family is received by a set date. The letter must state that *Early On* has been unable to reach the family and include *Early On* contact information.

If contact is re-established within 12 months of the IFSP signature date, the IFSP is still a valid document. You can choose which option below seems reasonable:

- Continue with providing services listed on the IFSP and document exceptional family circumstance for not being able to provide service(s), or
- Hold an Annual IFSP meeting to evaluate content of the IFSP. If contact is re-established more than 12 months after the IFSP signature date, it would result in a new

referral. More information about referrals can be found in the “Referral” section of the **Individualized Family Service Plan (IFSP) Process** chapter of this Manual. When documented attempts to contact the family are not successful, you may exit the child using an appropriate MSDS exit code.

### **Federal Statute Subchapter III**

[§ 1432\(4\)\(E\) Early Intervention Services](#)

[§ 1435\(a\)\(16\) Natural Environments](#)

[§ 1436 Individualized Family Service Plan](#)

[§ 1439 Procedural Safeguards](#)

### **Federal Regulations 34 CFR 303**

[§ 303.13 Early intervention services.](#)

[§ 303.26 Natural environments.](#)

[§ 303.31 Qualified personnel.](#)

[§ 303.119 Personnel standards.](#)

[§ 303.126 Early intervention services in natural environments.](#)

[§ 303.342 Procedures for IFSP development, review, and evaluation.](#)

[§ 303.344 Content of an IFSP.](#)

[§ 303.345 Interim IFSPs--Provision of services before evaluations and assessments are completed.](#)

[§ 303.420 Parental consent and ability to decline services.](#)

[§ 303.421 Prior written notice and procedural safeguards notice.](#)

### **Early On Michigan Part C of IDEA State Plan**

#### **Section A General**

##### **Early On Services**

- A. Are designed to meet the developmental needs of each child eligible under Part C and the needs of the family related to enhancing the child’s development.
- B. Are designated as *Early On* services per signed, written agreement (state or local) pertaining to *Early On* service provision.
- C. Are selected in collaboration with the parents.
- D. Are provided—
  1. Under public supervision.
  2. By qualified personnel, as defined in the State Plan and including the types of personnel listed in the personnel standards.
  3. In conformity with an Individualized Family Service Plan (IFSP).
  4. At no cost to the family.

5. Specific to the individual child's and family's needs throughout the entire calendar year.
- E. E. Meet the standards of the State, including the requirements of Part C of IDEA.

**'Other' Services** means services that do not meet the definition of *Early On* services.

**Timely Service** is defined as the provision of each service as soon as possible, but no later than 30 calendar days from when a parent/guardian consents to the provision of that early intervention service.

### **Section B Foundations of a Statewide System**

#### **Personnel standards (§ 303.119)**

Michigan has policies and procedures relating to the establishment and maintenance of qualifications to ensure that personnel necessary to implement *Early On* are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which personnel are providing early intervention services. Paraprofessionals and assistants who are appropriately trained and supervised in accordance with Michigan law, regulation, or written policy, may assist in the provision of *Early On*. Further, it is the policy of Michigan that appropriately and adequately trained personnel are hired to provide *Early On* services, including, in a geographic area of the state where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the State personnel standards.

#### **Early intervention services in natural environments (§ 303.126)**

Michigan has policies and procedures in place to assure that, to the maximum extent appropriate, all *Early On* services documented on the IFSP are provided in natural environments. Parents and the IFSP team may determine that settings other than the natural environment are most appropriate, but only when the *Early On* services cannot be achieved satisfactorily in a natural environment.

### **Section D**

#### **Procedures for IFSP development, review, and evaluation (§ 303.342)**

The contents of the IFSP are fully explained to the parents, prior written notice is given, and informed written consent from the parents is obtained prior to the provision of early intervention services. If the parents do not consent to a particular early intervention service or withdraw consent after first providing it, that service is not provided. The early intervention services to which parental consent is obtained are provided in a timely manner. Michigan's definition of Timely Service is "the provision of each service as soon as possible, but no later than 30 calendar days

from when a parent/guardian provides written consent to the provision of that early intervention service.”

### **Content of an IFSP (§ 303.344)**

In addition, the IFSP includes:

- A. A statement of specific early intervention services, based on peer reviewed research (to the extent practicable) necessary to meet the unique needs of the infant or toddler and the family, including the location of early intervention services, length and duration of the service, frequency, intensity, method of delivering services, and payment arrangements. Location means the actual place or places where a service will be provided. The term frequency and intensity refers to the number of days or sessions that the service is provided and whether the service is provided on an individual or group basis. Method means how the service is provided. Length means the length of time the service is provided during each session (such as an hour or other specified time period), and duration means a projection of when a service will no longer be provided (such as when the child is expected to achieve the results or outcomes in his or her IFSP).
- B. A statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which services will not be provided in a natural environment. Each IFSP team (including the parent and other team members) will carefully consider the most appropriate setting(s) most likely to achieve the outcomes desired, and therefore may determine that settings other than the natural environment are most appropriate, but only when the early intervention services cannot be achieved satisfactorily in a natural environment.
- C. As appropriate, other services which the child is currently receiving, or may need, but which are not required under Part C of IDEA are included. These may include the identification of informal supports which are recognized as an integral part of the Part C process, as well as medical and other services (e.g., immunizations and “well-baby” care) that are necessary but not required. The use of informal supports and community-based resources for early intervention services for children and families is encouraged and supported. If those services are currently not being provided, the IFSP includes a description of the steps the service coordinator or family may take to assist the child and family in securing those services.
- D. The projected date for initiation of each service (as soon as possible after the IFSP meeting in which the parent consents to the service) and the anticipated duration of each service are included.

### **Interim IFSP - Provision of services before evaluation and assessment are completed (§ 303.345)**

*Early On* services for an eligible child and the child’s family may commence prior to the completion of the formal evaluation and assessment if parental consent is

given in accordance with the procedural safeguards for *Early On*. In such instances, an interim IFSP is developed that includes the name of the service coordinator who assumes responsibility for the implementation of the interim IFSP and for coordination with other agencies and persons as needed. The interim IFSP also includes a description of services that are immediately needed by the child and the child's family, and addresses their most pressing concerns and priorities. Evaluation (if needed), child assessment, and family assessment are then completed, and an initial IFSP meeting is completed within the required 45-day time period.

### **Section E Procedural Safeguards**

#### **Parental consent and ability to decline services (§ 303.420)**

Written and dated parental consent in accordance with § 303.420 must be obtained:

- A. Before conducting the optional post-referral screening (§ 303.320) used to determine whether a child is suspected of having a disability, as well as before conducting the initial evaluation and assessment of a child and any subsequent reevaluation or ongoing assessment;
- B. Before implementing the provision of *Early On* services for the first time (i.e., at the time that the initial IFSP is developed) and for any subsequent IFSP; and
- C. Before release of personally identifiable information pursuant to § 303.414.
- D. The regulations also require parental written consent prior to accessing certain funds in those states where public benefits or insurance (i.e., Medicaid, MiChild) or private insurance is part of the system of payments under § 303.520.
- E. If consent is not given for items (A) and (B) in the above list, the local lead agency shall make reasonable efforts to ensure that the parent:
  - A. Is fully aware of the nature of the evaluation and assessment or the services that would be available; and
  - B. Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.
  - C. The local lead agency may not use the due process hearing procedures under Part C or Part B of IDEA to challenge a parent's refusal to provide any consent that is required above.

The parents of an infant or toddler with a disability:

- A. Determine whether they, their infant or toddler with a disability, or other family members will accept or decline any early intervention service under Part C at any time, in accordance with Michigan law; and
- B. May decline a service after first accepting it, without jeopardizing other early intervention services under Part C of IDEA.

#### **Prior written notice and procedural safeguards notice (§ 303.421)**

- A. General

Prior written notice must be given to the parents of an infant or toddler a reasonable time before a local lead agency proposes or refuses to initiate or change the identification, evaluation, or placement of the child. Prior written notice must be given to the parents of a child eligible for *Early On* a reasonable time before a local lead agency proposes or refuses to initiate or change the provision of appropriate early intervention services to the child and the child's family.

### **Michigan Administrative Rules for Special Education**

[Part 3: Administration of Programs and Services MARSE Rules 340.1732-340.1758](#), pages 100-117.

### **Related Forms and Documents**

[Prior Written Notice: Birth to Three Years](#)

[MDE Early On Personnel standards](#)

### **References**

Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). [Agreed upon mission and key principles for providing early intervention services in natural environments.](#)

Division for Early Childhood. (2014). [DEC Recommended Practices in early intervention/early childhood special education 2014.](#)

[The Early Intervention Teaming Handbook Rush, D. D., & Shelden, M. L. \(2013\)](#)