

# **Developmental Delay**

**Revised  
February, 2008**

## **Federal Regulations for the Term “Child With A Disability” for Children Aged 3 Through 9**

The term “child with a disability” for children aged 3 through 9 may, at the discretion of the State and LEA and in accordance with 34 CFR 300.8(c), include a child

Who is experiencing developmental delays, as defined by the State, and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

Who, by reason thereof, needs special education and related services.

### **Illinois Definition Developmental Delay, or DD (2007)**

**Developmental Delay:** See CFR 300.8 and 300.111(b) Delay in physical development, cognitive development, communication development, social or emotional development, or adaptive development (may include children from three through nine years of age.)

### **Philosophy Statement**

Tri-County personnel believe that all young children benefit the most from assessment practices and educational programs that strongly reflect the values, customs and priorities of their families and communities. A variety of educational activities are available to young children and it is important for all preschoolers to participate in those activities that will best prepare them for future success in kindergarten and in their natural environments. Children with disabilities require the most intensive and the most individualized educational services because of their unique learning needs. Disabled or not, all services should cause students the least amount of disruption in standard, age-appropriate, environments. Inclusionary, early intervention, practices are preferred.

It is the responsibility of IEP teams to discriminate students who have a disability from those who are at-risk for other reasons or to a lesser degree. This can be difficult when using Developmental Delay (DD) as the basis for special education entitlement. DD is appropriately used when IEP teams accept the existence of a disability but are uncertain about which one it is even after conducting a comprehensive evaluation with input from all team members. Decisions are most reliable when IEP teams answer specific referral questions, describe the impact of disability on a student’s participation in age-appropriate activities, consider which educational services are most needed and commit to supporting each child in the least restrictive environment. Sample referral questions and preferred evaluation methods are available for team review and planning.

**Decision Making Process Used to Determine DD Eligibility (Document all IEP Team decisions on the IEP and all relevant data in evaluation reports).**

**Developmental Delay:** See 34 CFR 300.8 and 300.111(b). Delay in physical development, cognitive development, communication development, social or emotional development, or adaptive development (may include children from three through nine years of age).

**EXCLUSIONARY CRITERIA:** The team ruled out the following factors as the sole basis for learning difficulties:

- Cultural Differences
- Language Differences (ESL, Bi-lingual, or little exposure to spoken English)

Briefly describe any cultural and/or language differences that could make it difficult for this student to either participate or achieve in school and in the community. Further describe why these factors are insufficient for explaining the student's difficulties.

- All other eligibility categories. Check those considered by the team as possible alternatives to Developmental Delay. In other words, check the disabilities the team believes might apply to this student:

<input type="checkbox"/> Autism	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Cognitive Disability	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Deafness	<input type="checkbox"/> Speech-Language Impairment
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Multiple Disabilities	

Explain why the IEP team believes each of the checked disability categories to be inappropriate for this child at this time. It may be necessary to complete the analysis of exclusionary criteria after reviewing all pertinent evaluation results.

**INCLUSIONARY CRITERIA:** The child demonstrates a marked delay in one or more of the following areas that adversely affect this child’s educational performance. Check all that apply.

- Physical Development
- Cognitive Development/Pre-Readiness Skills
- Communication Development
- Social or Emotional Development
- Adaptive Behavior

**Describe the nature of this student’s delays.** List which specific skills are inadequately developed for this child’s age. Describe delays for each checked area.

**Determine the severity of this student’s developmental delays.** A marked delay must first be determined according to the parameters described in the following charts. Utilize the chart appropriate for each child’s circumstances. Months of delay are to be assessed using criterion-referenced, standardized tools and an evaluation process that requires reporting and agreement among multiple raters.

**INITIAL DD Evaluation—Considering initial eligibility for Early Childhood Special Education Services.**

	3 year old	4 year old	5 year old
Delay in one area	11 months (31%)	14 months (29%)	18 months (30%)
Delay in more than one area	9 months (25%)	12 months (25%)	15 months (25%)

**TRANSITION from ECSE—Considering eligibility for DD services in Kindergarten.**

	5 year old	6 year old
Delay in one area	18 months (30%)	21 months (29%)
Delay in more than one area	15 months (25%)	18 months (25%)

## INITIAL DD Evaluation—Considering initial DD eligibility for students ages 5-9

	5 year old	6 year old	7 year old	8 year old	9 year old
Delay in one area	18 months (30%)	21 months (29%)	24 months (29%)	28 months (29%)	32 months (30%)
Delay in more than one area	15 months (25%)	18 months (25%)	21 months (25%)	24 months (25%)	27 months (25%)

As a review, Developmental Delay is to be used when a student's disability clearly exists and when that disability is severe enough to warrant special education services, but when the exact nature of the disability is unknown. Although there are individual circumstances that could require an IEP team to use DD for students as old as age 8 or 9, it should be a rare occurrence. It is preferable to identify disabilities in a more precise manner. As children grow older, increased months of delay are needed to determine DD eligibility, although the necessary percent of delay remains the same. At such a level of severity, IEP teams should strongly consider all evaluation methods that might result in both a more precise description of the nature of the disability and in more individualized and intensive special education services.

### FINAL DECISIONS:

Did the IEP team achieve consensus on the appropriateness of using the DD disability instead of a more specific disability label?

Did the IEP team fully describe the impact of this student's disability on his or her participation and mastery of age-appropriate activities? Even if no disability was documented, did the IEP team fully consider the impact of the student's difficulties on his or her mastery of age-appropriate activities and suggest general education or community-based services to address delays?

Did the IEP team fully consider which educational options, including applicable special education and related services, are necessary for improving the participation and performance of this child in school and in the community?

Did the IEP team write an IEP that addresses the adverse impact of this child's developmental delay on participation and learning at school and in the community? Do all IEP team members agree the IEP services clearly address identified delays?

# Appendix

## Sample Referral Questions

These documents are available to Tri-County personnel by accessing the Teams folder on Tri-County's internal server. Also available on the server is a matrix of questions, evaluation methods and related evaluation information. All of these documents are intended to be helpful to IEP teams when planning effective, meaningful, case study evaluations.

While none of these documents are intended to become part of a child's IEP documentation, all may be shared with other members of the IEP team as a way of facilitating reliable and valid decisions.

## Planning Special Education Evaluations for Students ages 3-5

**Appropriateness of DD versus a more specific disability.** A great deal of judgment is necessary when using the non-categorical Developmental Delay label to name a child's disability, but IEP teams can make reliable decisions by including all team members in using data to answer explicit questions. It must be clear to all team members that special education is for students who have disabilities and that other services provide adequate support for students who are not disabled. IEP teams must discriminate students who have a disability from those who are at-risk of school failure for other reasons, explain why team members accept the existence of a disability even though they are uncertain about which disability it is, describe the impact of the disability on participation in age-appropriate activities and carefully plan the educational services needed to most effectively minimize the adverse effects of the disability and support each child in the least restrictive environment.

What evidence indicates the existence of a disability? Consider each of the following developmental areas: communication, physical abilities, cognitive abilities, social-emotional abilities and adaptive behavior.

What, if any, social or economic factors exist that might explain delays?

To what extent do family practices, habits or expectations influence student performance?

Are there cultural differences that might explain both (a) the child's behavior and performance and (b) IEP team members' understanding or interpretation of the child's behavior and performance?

What is the impact of this disability on \_\_\_'s ability to participate and/or learn in both school and community settings?

What are the opinions of IEP team members about the severity of the impact on this child's learning and participation in school and community activities? How do the delays of this child compare to those of other children in the community?

What other disabilities were considered by the IEP team? Why is it inappropriate to designate a more specific disability for this child? What are the risks associated with failing to name the disability more precisely and how will risks be minimized?

What IEP services are recommended to correct or minimize the impact of specific disability-related skill deficits displayed by this child? What evidence suggests that special education and related services are necessary?

Regardless of disability status, what goals, supports and interventions will make education effective for this child and how will progress be reported?

## **Communication Skills**

To what extent does the child meet, or fail to meet, developmental milestones? How many specific skills are delayed? How severe are the delays? How important are these specific delays to the family and the rest of the IEP team?

Do severe limitations in expressive language prevent him or her from asking for help or reporting when s/he doesn't feel good? How should the child report needs to teachers, parents and other adults? How should we teach the child to identify and report needs to adults?

Do severe limitations in expressive language cause team members to doubt the validity of assessment data? What steps were taken to minimize the impact of communication delays on the assessment of student skills?

## **Physical Abilities/Health**

To what extent does the child meet, or fail to meet, developmental milestones? How many skills are delayed? How severe are the delays?

What is the student's current health status? Are there any long-term, significant health problems that could negatively impact learning? What is the current impact, if any, of those health problems?

How will the diagnosed health condition(s) impact this child in the school setting? Consider impact on learning, participation, socialization and safety.

How severe is the impact noted above?

Is physical impairment or other health impairment a better descriptor of this child's disability than DD?

What accommodations, modifications, supports, technologies and/or services might help to reduce the impact of the health condition on student success in school or in the community? What is needed to implement needed services?

## **Sensory Abilities (Vision, Hearing or Neurological Conditions)**

To what extent does the child meet, or fail to meet, developmental milestones? How many skills are delayed? How severe are the delays?

In what specific ways, and to what extent, do sensory (vision, hearing or neurological) deficits impact the child's learning and participation in age appropriate school or community settings?



In what ways, and to what extent, do sensory (vision or hearing) deficits contribute to deficits in communication, physical skills, cognitive performance, social-emotional behavior and/or adaptive behavior?

What strategies are used, and to what effect, to minimize the impact of sensory deficits on this child's learning and participation?

What accommodations, interventions, technologies and services have a positive impact on the student's performance and participation? Which should be continued? Revised? What support strategies could still be tried?

How might special education and related services correct for or minimize the impact of sensory disabilities? What evidence is needed to identify the disability as a hearing or vision impairment instead of a developmental delay? What risks are associated with failing to use the more specific disability label? If applicable, how are those risks minimized?

### **Social-Emotional Behavior**

In what ways do the behaviors of this child influence his or her performance in school or in the community setting?

What can we infer about the child's learning strengths and needs based upon observing his or her behavior?

What is the function of his or her behavior? What evidence supports this conclusion?

What is the level of this child's participation in family, classroom or community activities? What might explain low levels of participation?

To what extent are behaviors exhibited by this child appropriate for his or her own family, community or cultural standards?

What social skills are needed by this child? Why? How can the skills be effectively taught and reinforced at home, at school and in the community?

Which behavioral strategies or interventions seem to most significantly increase the rate of learning and/or facilitate participation by this child? What is the nature and level of the impact?

How does this student communicate what s/he needs to others? How should the child communicate his or her needs to teachers, parents and other adults?

To what extent does the child meet, or fail to meet, developmental milestones?  
How many skills are delayed? How severe are the delays?

What influences, if any, do sensory or emotional factors have on the child's behavior? What strategies are most effectively used to calm this child?

### **Academics-Cognitive Ability**

Which early learning skills are mastered? Which are not? Describe patterns of strengths and weaknesses within this child's own abilities and when comparing this child's performance to that of his or her peers.

To what extent have skills been taught or reinforced in the child's environment?  
How was skill development attempted and to what levels of success?

Which interventions seem to most significantly increase the rate of learning and/or facilitate participation by this child? What is the rate of learning new skills under varied conditions (level/types of prompting, for example)?

What can be inferred about cognitive ability based on observation, progress monitoring, interview, adaptive behavior, receptive language, and other methods? Are conclusions drawn from these sources consistent with one another and with measures of either cognitive ability or performance? How much confidence do team members have with inferences about cognitive ability?

How does this student communicate what s/he knows to others? Do severe limitations in expressive language cause team members to doubt the validity of assessment data?

To what extent does the child meet, or fail to meet, developmental milestones?  
How many skills are delayed? How severe are the delays?

### **Adaptive Behavior, including Self-Care**

To what extent does the child meet, or fail to meet, developmental milestones?  
How many skills are delayed? What are they? How severe are the delays?

To what extent is the child able to participate in activities that keep him or her safe and comfortable?

To what extent, and in what ways, does this child communicate his or her needs to adults?

To what extent, and in what ways, does this child try to participate in age-appropriate activities, including self-help skills?

In what ways, are adaptive behavior skills taught and reinforced (a) in the child's home and (b) at school?