



Assessment Tip Sheet

INFORMED CLINICAL OPINION

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WHAT IS INFORMED CLINICAL OPINION?

The use of professional expertise and experience in combination with information gathered through eligibility determination or assessment for service planning, or both, to determine a child's developmental status and eligibility under Part C Early Intervention (EI).



WHAT DOES THE LAW SAY ABOUT INFORMED CLINICAL OPINION?

The Individuals with Disabilities Education Act (IDEA) Sec. 303.321(a)(3)(ii) states that:

(ii) Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.



Informed clinical opinion must be utilized in all evaluation and assessment situations; however it is essential in determining a child eligible based on atypical development.

Wisconsin Administrative Code - Dept. of Health Services, Chapter 90.08(5)(b) states that:

If the results of the formal testing under par. (a) 3. closely approach but do not equal the standard in par. (a) 3. for a developmental delay but observation by qualified personnel or parents indicates that some aspect of the child's development is atypical and is adversely affecting the child's overall development, the EI team may use alternative procedures or instruments that meet acceptable professional standards to document the atypical development and to conclude, based on informed clinical opinion, that the child should be considered developmentally delayed.

Wisconsin's Birth to 3 Program Operations Guide

See Ch. 6 on Evaluations



WHAT SHOULD I KNOW ABOUT INFORMED CLINICAL OPINION IN PART C EARLY INTERVENTION?

In order to reach an informed clinical opinion about the development of a child, multiple procedures and sources of information must be used including the following:

- Review of the child's health and developmental history
- Interview with the child's parents and other caregivers
- Observation of the child in multiple settings, with parents and other caregivers
- Examination of prior assessments and services, if applicable
- Completion of a comprehensive evaluation that identifies the child's level of functioning in each of five developmental domains (Cognitive, Physical, Communication, Social & Emotional, and Adaptive)

WHAT ARE THE BENEFITS OF INFORMED CLINICAL OPINION FOR PART C EARLY INTERVENTION?

- Ensures a dynamic assessment approach
- Supports and encourages the acquisition and interpretation of multiple sources of information as part of the evaluation and assessment process
- Allows for a greater compatibility between a child and family's needs and the provision of services, particularly when there are difficult-to-measure aspects of the child's development

WHAT ARE CONSIDERATIONS FOR USING INFORMED CLINICAL OPINION IN PART C EARLY INTERVENTION?

The use of informed clinical opinion in the evaluation process is critical when answering "yes" to any of the following questions:

- Reliability: Has the EI team determined that there is not a reliable evaluation tool that would be appropriate for use based on the child's age or nature of the developmental concern?
- Health: Does the child have a significant health concern or illness that makes evaluation difficult?
- Functioning: Does the child have a limited arousal level or ability to participate in the evaluation?
- Adaptations: Would the evaluation tool you are using require significant adaptations for the child to perform the required items?
- Culture: Are there any cultural considerations present that may invalidate the evaluation results?