

Informed Clinical Opinion (ICO)

When to use ICO

Informed clinical opinion can be used as the determining criteria for eligibility especially when norm-referenced evaluation instruments cannot be used to adequately identify the presence or absence of a developmental delay. Possible reasons for using informed clinical opinion to establish eligibility for early intervention services include:

- There is no test that can be used because of the child's young age.
- The child has a significant health concern or illness that makes testing difficult.
- The child has limited arousal level or ability to participate in the assessment.
- Using a norm-referenced evaluation instrument would require significant adaptations for the child to perform the required items, which would invalidate the results of the norm-referenced evaluation instrument.
- Cultural considerations might invalidate the results of any norm-referenced evaluation instrument.

The use of informed clinical opinion requires the team to consider and analyze ALL data collected through Record Review, Interview, Observation, and Testing (RIOT) related to the current developmental status of the child. The team must document the sources of information used in this determination.

Additional resources for using informed clinical opinion as a basis for eligibility:

<https://ectacenter.org/~pdfs/pubs/nnotes28.pdf>

http://www.puckett.org/Trace/endpoints/endpoints_vol2_no3.pdf

Examples of When to use ICO

Example 1

The following sources were used by the IFSP team to determine the child eligible based on informed clinical opinion:

- **Interview (Evaluator, parent, or physician statements):** Family has concerns about child's behavior and communication. The parent noted that their child started using words to communicate at 14 months, but at 18 months he is no longer using words to communicate.
- **Observations:** ECSE teacher observed that child occasionally uses gestures (will give items to others to request help/more, occasional use of eye contact) to get what she wants and has some self-stimulating behaviors, such as hand-posturing, when excited about something or playing with toys.
- **Tests (Evaluation Results):** Test scores were in the low-average range for social-emotional or communication. The child does not qualify for Early ACCESS based on a 25% developmental delay.

Provide the reason(s) for determining this child eligible using informed clinical opinion:

- **Atypical development or atypical behaviors:** Evaluators observed self-stimulating behaviors such as hand-posturing, more interest in objects than people, and limited eye contact with caregivers.
- **Lack of progress or regression of skills:** Although the test scores did not show at least a 25% delay in the area of communication, there is a concern regarding regression of communication skills due to the fact that the child had begun to use words at 14 months and has since stopped using words to communicate at 18 months.

Example 2

The following sources were used by the IFSP team to determine the child eligible based on informed clinical opinion:

- **Interview (Evaluator, parent, or physician statements):** The physician stated the child has delays in fine and gross motor skills and recommends services.

- **Observations:** The child displays a left-side head preference and poor head control with pull-to-sit and in supported sitting. Right-hand abilities are not as mature as the left.

Provide the reason(s) for determining this child eligible using informed clinical opinion:

- Behavior not easily captured by screening or evaluation methods: the child received average scores in the areas of physical development and adaptive behavior. However, the symmetry of the motor patterns is a concern. Due to the motor patterns, the child is eligible for Early ACCESS services.

When NOT to use ICO

Informed clinical opinion is never used to make children who are at-risk for a developmental delay due to environmental and biological conditions eligible for Early ACCESS.

Some examples of environmental and biological conditions are exposure to illegal substances (either pre or postnatal), parent/caregiver age, education, or economic status, and housing arrangements of family.

Children with environmental/biological conditions are served in Iowa if they have a 25% delay or greater in at least one developmental area OR they have a physical or mental condition that makes them automatically eligible.

For example, children exposed to drugs are not eligible for Early ACCESS based on exposure. Drug exposure is considered an environmental/biological condition. There are some permanent conditions children have because of exposure to substances. An example is fetal alcohol syndrome (FAS) which is permanent and is a physical condition that makes a child with the FAS diagnosis eligible for Early ACCESS. The fact that a child is exposed and doesn't have the syndrome doesn't make them eligible and informed clinical opinion cannot be used to make them eligible.

For families that do not qualify for Early ACCESS consider referrals to other supports in the community. www.iafamilysupportnetwork.org and [211 Iowa](#) are good resources if you are not familiar with resources in your community. The local Title V child health agency can offer developmental monitoring of the child. For [information](#) on child health and the [locations](#) of child health agencies, click on the hyperlinks above. [Child Health Specialty Clinics \(CHSC\)](#) can also offer developmental monitoring by an ARNP through a clinical visit

to [Regional Centers](#) throughout the state. For information on CHSC and the locations of CHSC Regional Centers, click on the hyperlinks above.

Examples of When NOT to use ICO

Example 1:

The following sources were used by the IFSP team to determine the child eligible based on informed clinical opinion:

- Interview (Evaluator, parent, or physician statements): The parents shared that the older brother has a history of delayed gross motor skills.
- Observations: The child has limited opportunity to practice skills as he is held most of the day.

Provide the reason(s) for determining this child eligible using informed clinical opinion:

- Other (provide details): Based on the family report of older brother's delayed motor skills it is the opinion of the evaluator that the child's development should be monitored in Early ACCESS

The above reason is not a proper use of the informed clinical opinion because the reason for eligibility is not based on the current developmental status of the child, but the family history of an older sibling's motor development. No intervention is being delivered to address the needs of the child at this time. Monitoring development should be done through local Title V child health agencies, Child Health Specialty Clinics or other family support programs.

Example 2:

The following sources were used by the IFSP team to determine the child eligible based on informed clinical opinion:

- Interview (Evaluator, parent, or physician statements): The mother reports alcohol consumption while being pregnant. Mom expresses interest in parent education.
- Observations: Mom is a young parent (18 years old), dad is not present.

Provide the reason(s) for determining this child eligible using informed clinical opinion:

- Other (provide details): Based on the prenatal history of substance use and the possibility of future developmental delay the child is eligible for Early ACCESS to monitor development.

The above reason is not a proper use of the informed clinical opinion because the reason for eligibility is not based on the current developmental status of the child, but the prenatal exposure to alcohol (with no diagnosis of fetal alcohol syndrome) and maternal age. No intervention is being delivered to address the needs of the child at this time. Monitoring development should be done through local Title V child health agencies, Child Health Specialty Clinics, or other family support programs.

Children who are at risk of developmental delays due to environmental or biological conditions are not eligible for Early ACCESS. Iowa is not designated as an “at-risk” state. Therefore, we do not serve children who are at risk of developmental delays due to environmental or biological conditions unless they have a 25% or greater delay in any one developmental domain.

Documenting Informed Clinical Opinion (ICO)

It is necessary to document the sources and reasons for using informed clinical opinion. Documentation:

- provides a baseline against which to measure progress and changing needs of the child and family over time;
- facilitates transition when families move from one area education agency to another, change service providers, or add service providers to the IFSP team; and
- can provide information to assure that procedural safeguards were provided in the evaluation and assessment process and the determination of eligibility.

How to Document ICO

When selecting ICO as a basis for eligibility, you will need to document the sources used by the IFSP team and the reason(s) for determining eligibility using informed clinical opinion.

The following sources were used by the IFSP team to support using informed clinical opinion to determine eligibility:

- **Review** (medical or early intervention records from other agencies/states)
- **Interview** (evaluator, parent, or physician statements)
- **Observations**
- **Tests** (evaluation Results)

Provide the reason(s) for determining this child eligible using informed clinical opinion:

- Atypical development or atypical Behaviors
- Behavior not easily captured by screening or evaluation methods
- Lack of progress or regression of skills
- Other (provide details)