



PERSONNEL AND  
READINESS

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)  
DIRECTOR, DOD EDUCATION ACTIVITY

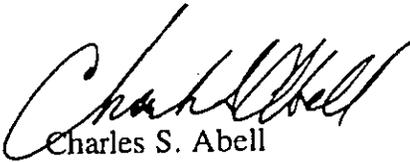
SUBJECT: Inter-Component Operating Procedures for the Overseas Provision of  
Medically Related Services and Transition to Preschool Services under the  
Individuals with Disabilities Education Act and the Defense Dependents  
Education Act, as amended.

The DoD Coordinating Committee on Early Intervention, Special Education and Related Services directed its Subcommittee on Standardization to establish standard operating procedures for the Educational and Developmental Intervention Services (EDIS). EDIS' are the programs providing early intervention services (EIS) and medically related services to eligible DoD children under the Individuals with Disabilities Education Act and the Defense Dependents Education Act of 1978, as amended. The Subcommittee has completed one phase of standardization by developing the attached *Inter-Component Operating Procedures (ICOP) for the Overseas Provision of Medically Related Services and Transition to Preschool Services*.

DoD Instruction 1010.13, "Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside of the United States," August 28, 1986, states that "Each Military Department shall ensure that medical treatment facilities responsible for providing medically related services in a geographic area initiate memoranda of understanding with the Department of Defense Dependents Schools (DoDDS) schools served specifying the referral and evaluation process." (Paragraph 6.7) Until a revised DoD Instruction 1010.13 is issued, the ICOP will replace the requirement for MOUs in DoD Instruction 1010.13, paragraph 6.7., and supersede those memoranda or any memoranda of agreement developed to meet the requirements of the Instruction. This change will be incorporated in the next revision of DoD Instruction 1010.13. The ICOP also provides the procedures for the transition of children from EIS to DoDDS and sets forth the procedures by which to evaluate students to determine their eligibility for special education.



If you have any questions, please contact Dr. Rebecca Posante, Educational Opportunities Directorate. She may be reached by telephone at (703) 602-4949, extension 114.



Charles S. Abell  
Assistant Secretary of Defense  
(Force Management Policy)



William Winkenwerder, Jr. MD  
Assistant Secretary of Defense  
(Health Affairs)

Attachment:  
As stated

cc:  
DGC(P&HP), DoD

**Inter-Component Operating Procedures (ICOP)  
for the Overseas Provision of Medically Related Services<sup>1</sup>  
and Transition to Preschool Services<sup>2</sup>**

The Inter-Component Coordinating Procedures for the Overseas Provision of Medically Related Services and Transition to Preschool Services (ICOP) establishes procedures to be followed by the Military Services and the Department of Defense Dependents Schools (DoDDS) in their joint mission to provide medically related services (MRS) to students on an Individualized Education Program (IEP), to evaluate students to determine eligibility for special education, and to transition children from early intervention services (EIS) provided by the military services to enrollment in DoDDS. The ICOP replaces the requirement for MOUs in DoD Instruction 1010.13, paragraph 6.7., and supersedes those memoranda or any memoranda of agreement developed to meet the requirements of the Instruction.

Educational and Developmental Intervention Services (EDIS) is the standard name for the separate programs operated by the Military Services that provide early intervention services to infants and toddlers (birth through 2 years of age) and medically related services to children (3 through 21 years of age).

**1. Child-Find**

1.1. DoDDS, EDIS, and other special needs programs will cooperate in child-find activities as set forth in DoD Instruction 1342.12.

1.2. DoDDS shall maintain a listing of all children (ages 3-21), covered by DoD Instruction 1342.12, suspected of having a disabling condition. Data will be maintained in an authorized data system.

1.3. EDIS shall maintain a listing of all children (ages birth through 2) in its areas of responsibility suspected of having a disabling condition. Data will be maintained in an authorized data system.

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<sup>1</sup> DoD Instruction 1010.13, "Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States," August 28, 1986, assigns the military medical departments to provide medically related services to students receiving special education from the Department of Defense Dependents Schools.

<sup>2</sup> DoD Instruction 1342.12, "Provision of Early Intervention and Special Education to Eligible DoD Dependents in Overseas Areas," March 12, 1996, requires the provision of early intervention services, special education and related services.

## 2. Sharing Information.

2.1. The Privacy Act of 1974, 5 U.S.C. section 552a, and DoD Directive 5400.11 (which implements the Privacy Act within DoD) permit the exchange of protected personal or medical information, oral or written, among officials of DoD Components who have an official need for the information, without the need for express consent from the child or his/her DoD sponsor. The Case Study Committee<sup>3</sup> (CSC), military treatment facilities (MTFs), and EDIS will exchange appropriate information to meet their responsibilities under DoD Instruction 1342.12, "Provision of Early Intervention, Special Education and Related Services to Eligible DoD Dependents Outside the United States," March 12, 1996, and DoD Instruction 1010.13, "Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States," August 28, 1986, and related guidance.

2.2. When EDIS and DoDDS establish automated data systems, they will exchange relevant information electronically between their databases.

2.3. DoDDS will provide the Exceptional Family Member Program (EFMP) with the information necessary to identify children for the EFMP. DoDDS may use automated reports to meet this requirement.

2.4. The DoDDS district special education coordinator will provide EDIS with two quarterly data reports: *Medically Related Services Caseload* and *Medically Related Services Required* (date of issuance based on the DoDDS data collection schedule).

## 3. Non-CSC EDIS Referral Process

3.1. EDIS serves school age children on a space-required basis who attend a DoDDS school and who have been referred by the CSC.

3.2. EDIS may provide services to otherwise eligible school-aged children on a space-available basis who either do not attend DoDDS or who have not been referred by the CSC.

3.3. When a source other than the CSC (e.g., the MTF, a parent, or a community agency) makes a referral for a school-aged child (aged 3-21), EDIS must first determine whether the child is enrolled in DoDDS.

3.3.1. If the student is enrolled in DoDDS, EDIS will request parental permission to

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<sup>3</sup> A Case Study Committee is a school-level group that oversees the evaluation, eligibility determination and IEP development for special education students.

contact the CSC Chairperson to determine whether the child has been referred to the CSC.

3.3.2. If the parents will not give EDIS permission to contact the CSC, the child will remain in a space-available basis for EDIS services.

3.3.3. If the CSC responds either that the child has not been referred to the CSC or that the CSC does not intend to refer the child to EDIS, the child will remain in a space-available status for EDIS.

3.3.4. If the CSC responds that the child is already receiving special education, the CSC will schedule a CSC meeting to discuss the concerns of the referring source and the need for a possible EDIS referral. The CSC will invite an EDIS representative to the meeting.

3.4. In all cases, school age children are space-available for EDIS services until a CSC makes a referral to EDIS.

3.5. If EDIS, through a space-available evaluation, identifies a student who may have a disability as defined by DoD Instruction 1342.12, EDIS will obtain parental permission for release of information and will refer the student to the CSC.

#### 4. CSC - EDIS Referral Process.

4.1. When a CSC makes a referral to EDIS for an evaluation to determine eligibility for special education or for services on an IEP, the student is considered space-required for EDIS services and receives the services at the same priority as medical care is provided to active duty service members (DoDI 1010.13, paragraph D.2.).

4.2. Prereferral. If a teacher or specialist suspects a student has an educational disability, the teacher or specialist shall initiate prereferral as set forth in the *DoDDS Special Education Procedural Manual*, DS 2500.13-M.

4.2.1. EDIS staff may participate in the prereferral process by providing general consultative support to the teacher, but may not conduct evaluations.

4.2.2. If the student's needs are addressed appropriately during the prereferral process, no formal CSC referral is necessary.

4.2.3. If during prereferral the student's needs cannot be addressed adequately, indicating that the student may have a disabling condition, the teacher or specialist will refer the child to the CSC.

4.3. Referral. The teacher or specialist will refer the student to the CSC by completing the required DoDDS forms.

4.3.1. If the CSC requires advice, information or another evaluation from EDIS to determine eligibility for special education or the need for MRS, the CSC chairperson or designee will initiate a referral to EDIS by submitting a referral packet containing appropriate documentation.

4.3.1.1. The referral packet will include a *Referral Form*, *Parent Permission to Assess Form*, *Vision/Hearing Screening Form* and other supporting documentation needed by EDIS to initiate and complete the evaluation process. The referral will not specify the discipline required to conduct the evaluation. The CSC must submit the packet to EDIS within five (5) school days of receiving parental permission.

4.3.1.2. The *Referral Form* will document the expiration date for parental permission and the date that the EDIS response (written evaluation report) is due to the CSC. The due date will be 40 school days from the date the CSC submits the referral to EDIS. Reports completed prior to the due date should be forwarded to DoDDS promptly.

4.3.1.2.1. When it appears that a student's educationally related problems make it difficult or impossible for the student to function in the current educational setting, the CSC and EDIS will expedite the evaluation process. The timelines for these evaluations will be determined on a case-by-case basis.

4.4. The *Parent Permission Form* will indicate the procedures the CSC requests and those for which the parents have given permission.

4.5. The EDIS evaluation must respond to the CSC referral. If EDIS must expand the scope of its evaluation beyond the areas specified in the initial parental permission form, EDIS must:

4.5.1. obtain parental permission for the additional activities,

4.5.2. complete its initial evaluation by the original due date, and

4.5.3. notify the CSC of the additional evaluation activities.

4.6. The CSC will review all data (including any additional information submitted by EDIS) and determine the need for program changes and/or the reconsideration of eligibility.

4.7. Each school and EDIS will have a system for documenting and tracking referrals to EDIS.

4.8. It is inappropriate for school personnel, other than the CSC, to refer students directly to EDIS.

5. Medically Related Services on the IEP.

5.1. EDIS provides MRS to enable students to benefit from their special education programs.

5.2. MRS must be listed on the IEP. If EDIS provides services to a student that are not listed on an IEP, EDIS will provide those services on a space-available basis.

5.3. Determining the Need. At the eligibility meeting, the CSC determines whether the student needs MRS in order to benefit from special education. If the student requires MRS, the CSC must address the requirements during the IEP development meeting.

5.4. Developing the IEP. During the IEP development meeting, the CSC must determine the location (e.g., general education classroom, resource room, therapy room) the frequency (times per week/month) and intensity of services (amount of time per session), the projected initiation and duration of services, and the number of sessions required to meet the student's needs.

5.4.1. Individual providers may make recommendations about services, but it is the CSC that has the final responsibility for developing the IEP. Decisions that vary significantly from a provider's recommendations must be documented and supported in the CSC minutes.

5.4.2. The CSC must consider all of the student's needs when making service delivery decisions.

5.5. Close collaboration between the MRS providers and teachers is necessary to ensure that students receive the maximum benefit from their programs. When extensive time is required for collaboration, the projected time for collaboration must be documented in the CSC minutes.

6. Documenting the Delivery of MRS.

6.1. The IEP must specify the frequency, intensity, and number of sessions of MRS that the student requires.

6.2. The CSC must document that the specified services are provided in compliance with the IEP.

6.3. EDIS will provide MRS as specified on the IEP.

6.3.1. If the service provider cancels a therapy session, the provider will re-schedule that session.

6.3.2. If a student misses a session because of an absence from school or because of some conflicting school-related activity<sup>4</sup>, the provider will re-schedule that session, to the extent practicable.

6.3.2.1. The EDIS provider will inform the CSC if the frequency of missed sessions due to student absences appears to detract from the attainment of the IEP goals.

## 7. Provision of MRS in DoDDS.

7.1. Providing services to students with disabilities is the joint responsibility of DoDDS and military medical departments. DoDDS has overall responsibility to ensure that special education and related services are provided to eligible students. The military departments provide medically related services pursuant to DoD Instruction 1342.12.

7.2. MRS, to include the monitoring of quality improvement, will be provided by EDIS. DoD Instruction 1010.13 requires that MRS be provided at the same priority as medical care is provided to active-duty service members.

7.3. MTF Commanders will ensure timely access to specialty consultations (as part of MRS evaluations to determine eligibility for special education and related services) is provided at the same priority as medical care is provided to active-duty service members.

7.4. EDIS Attendance at CSC Meetings. The CSC will extend a written invitation to EDIS to attend CSC meetings, with at least 10 school days advance notice, when those meetings involve a student who may require EDIS services (evaluation or MRS). The invitation will specify the type of meeting:

7.4.1. Assessment Planning Meetings, during which the CSC develops individual comprehensive assessment plans,

7.4.2. Eligibility Determination Meetings, during which the CSC discusses individual assessment results and determines eligibility, or

7.4.3. IEP Meetings, during which the CSC develops or revises a student's IEP.

7.5. EDIS will document receipt of the invitation in its case files and will advise the CSC, either orally or in writing, only if EDIS will not be represented at the meeting.

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<sup>4</sup> NOTE: The schools should carefully consider special education students' schedules when modifying school-wide schedules, introducing school-wide special programs or activities, and scheduling teacher in-service training.

7.5.1. Although EDIS representation at CSC meetings is not mandatory, attendance is strongly recommended when MRS will be discussed.

7.5.2. When the EDIS representative is not available to attend a meeting due to scheduling conflicts or travel distance, he or she will provide information and, when appropriate, recommendations through some other means to ensure appropriate EDIS representation.

7.6. The CSC determines eligibility for special education, the special education program, placement, and services.

7.6.1. Neither DoDDS nor EDIS staff will make unilateral statements<sup>5</sup> (oral or written) to parents that appear to determine a student's eligibility, special education program, placement or services.

7.7. The CSC will give due consideration to individual evaluators' recommendations when determining eligibility for special education and the student's need for special education and MRS.

7.8. Within 5 school days after the eligibility meeting, the CSC will forward to EDIS the completed eligibility report for students who were referred to EDIS for evaluation.

7.9. IEP Development. If the CSC determines a student to be eligible for special education, the CSC will conduct an IEP development meeting within 10 school days after the eligibility meeting.

7.9.1. Potential service providers (DoDDS and EDIS) will develop draft goals and objectives that address the areas of need identified in the eligibility report. The draft shall be clearly identified as "draft goals and objectives" and shall identify the proponent of the draft.

7.9.2. The draft goals and objectives will be provided to the CSC within 5 calendar days of notification of special education eligibility.

7.9.3. If an EDIS representative is present at the IEP development meeting, the CSC will provide a signed and dated copy of the completed IEP to the EDIS representative.

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<sup>5</sup> Example of a unilateral statement: *Based on my analysis, your child is eligible for special education and requires occupational therapy 3 days per week.*

7.9.4. If the EDIS representative cannot attend the IEP development meeting, the CSC will consider the MRS draft goals and objectives in developing the IEP. The CSC will forward a copy of the signed and dated IEP to EDIS within five days of the CSC meeting.

7.9.5. EDIS will provide MRS following receipt of the IEP documenting the requirements. Unless there is prior agreement between EDIS and the CSC, the start date for MRS will be not later than 15 calendar days after EDIS receives the IEP.

7.9.5.1. If EDIS does not provide MRS by the projected implementation date for these services, the school shall file a *Report of Unavailable Medically Related Services* (RUMRS) with the cognizant District Special Education Coordinator and the MTF. EDIS will provide the CSC with a monthly status report until the services are provided.

7.10. Whenever MRS is required by a student, the IEP will specify the frequency (number of sessions per week or month), intensity (minutes per session), projected total number of sessions of MRS, location of service, and type of service.

7.11. Revising an IEP. Any change to the services specified on an IEP must be made by the CSC in an IEP review meeting.

7.11.1. A service provider, the student's parents, or the student may request a CSC meeting to review goals and objectives and make any necessary modifications to the IEP.

7.11.2. When a service provider recommends a modification or termination of services specified in an IEP, the provider will request a CSC meeting and submit written documentation to the CSC supporting the requested change or termination.

7.11.2.1. Service providers cannot independently modify or terminate services stipulated in a student's IEP.

7.11.2.2. The CSC cannot make changes to MRS on an IEP without the involvement of EDIS.

## 8. Provision of MRS in Non-DoD Schools Overseas

8.1. There are two situations (other than those arising from the order of an impartial hearing officer or court) when a DoDDS-eligible student with special education needs may attend a non-DoD school and DoDDS will provide the tuition.

8.1.1. In areas overseas with no DoD school, a DoDDS-eligible student may attend a

non-DoD school (e.g., an international school, or host nation school) in accordance with Dependents Schools Regulation 2035.1.

8.1.2. In accordance with DoD Instruction 1342.12, DoDDS may place a DoDDS-eligible student who requires special education into a non-DoD school that can provide the special education services the student requires, if DoDDS cannot provide the services.

8.2. If the DoDDS-eligible student in a non-DoD school requires special education and the costs associated with these services are included in the school's tuition charges, including the costs of MRS, DoDDS will pay for the special education as part of its payment for tuition.

8.3. If the DoDDS-eligible student in a non-DoD school requires special education and the costs associated with these services are not included in the school's tuition charges, DoDDS will pay the cost of special education, and the medical department responsible for the geographic area will pay for the MRS (DoD Instruction 1342.12, paragraph E.1.c).

8.4. If the DoDDS-eligible student in a non-DoD school requires special education and the non-DoD school does not provide these services, DoDDS will provide or contract for the special education and monitor the provision of special education. The medical department responsible for the geographic area will provide or contract for the MRS and monitor the provision of those services.

8.5. All special education and MRS required by a student eligible to attend DoDDS and covered by the above provisions, must be specified on a DoDDS IEP.

8.6. When a student who requires MRS attends a non-DoD school as set forth in 8.1 above, the cognizant DoDDS Area Special Education Coordinator will notify the responsible EDIS point-of-contact for that geographic area.

## 9. Incoming IEPs.

9.1. DoD IEPs. EDIS will provide the MRS specified on incoming DoD IEPs within 15 calendar days after receiving the incoming IEP. A CSC meeting to review an incoming DoD IEP is not mandatory.

9.2. Non-DoD IEPs. The CSC will conduct an IEP review meeting within 15 school days after the CSC receives an incoming non-DoD IEP.

9.2.1. The CSC will invite an EDIS representative to the IEP review meeting when the non-DoD IEP includes MRS. The CSC will provide EDIS staff an opportunity to review records

and provide input as appropriate prior to the CSC meeting.

9.2.2. The CSC will determine whether to implement the MRS of the incoming IEP as written or modify the IEP with parental permission. The CSC may concurrently submit a referral to EDIS for an evaluation to determine the continued need for MRS.

9.2.2.1. EDIS will implement the MRS within 15 calendar days after receiving the incoming non-DoD IEP that was reviewed and approved by the CSC.

9.2.2.2. If the CSC refers the student to EDIS for an evaluation, EDIS will follow the procedures and timelines for an evaluation as stated in section 4.

## 10. Extended School Year (ESY).

10.1. The CSC, with appropriate participation by EDIS, will determine the need for MRS during an ESY.

10.1.1. EDIS will participate in the CSC process to determine whether there may be sufficient regression to require services during an ESY. EDIS will follow the DoDDS criteria for regression<sup>6</sup> and recoupment<sup>7</sup>.

10.1.2. Neither DoDDS nor EDIS staff will make unilateral statements (oral or written) to parents regarding the need for ESY.

10.1.3. EDIS will not unilaterally extend the delivery of MRS during vacation periods.

## 11. Support for the Delivery of MRS.

11.1. EDIS shall promptly notify the CSC chairperson whenever a student fails to appear for scheduled evaluations for MRS or special education or the sponsor refuses to permit the evaluation.

11.2. The CSC will decide whether the student can move independently to the room within the school where he or she will receive MRS (when MRS is not provided in the student's classroom).

11.2.1. If the student cannot move independently to the MRS session, the EDIS provider

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<sup>6</sup> *Regression* is a return to a lower level of functioning in those skills or behaviors on the student's IEP.

<sup>7</sup> *Recoupment* is the amount of time a student needs to regain the knowledge lost over a period of time.

shall accompany him or her to the session, and provide such assistance as necessary.

11.3. EDIS staff unable to provide a MRS session will promptly notify the student's school.

11.4. The student's school will promptly notify the EDIS when a student is absent or when there is a change in the school schedule.

11.5. The MRS provider will document when the student fails to attend a session and will notify the CSC when the student's absences may impact on the attainment of MRS goals.

11.6. To support the provision of MRS in schools, DoDDS will provide secure storage and will provide treatment space that is sufficient for quality care. Concern regarding the adequacy of space should be resolved at the lowest level possible. When disagreements cannot be resolved at the local level, the issue shall be forwarded to the next higher level until there is resolution. The scheduling and location of MRS shall minimize disruptions in a student's program. The services must be provided in the least restrictive environment and in a manner and location that benefit the student.

11.7. MRS providers will be available to consult with DoDDS educators and paraprofessionals who support the delivery of MRS and will provide inservice training. This will include, but will not be limited to, modeling techniques to achieve functional levels of performance.

## 12. Transportation Associated with the Provision of MRS.

12.1. Travel to, from, and between schools, to include travel needed to permit participation in educational and recreational activities pursuant to an IEP, is the responsibility of DoDDS. Such transportation will not be the responsibility of the parents.

12.2. Travel from school to the MTF/EDIS and return for the purpose of obtaining MRS is the responsibility of the military department with geographic responsibility for MRS.

12.3. The military department with geographic responsibility for MRS is responsible for travel between the school and EDIS during an extended school year program or during an extended school day when travel is for the sole purpose of obtaining MRS, and the location is for the convenience of EDIS. Such transportation will not be the responsibility of the parents or DoDDS.

13. Annual Review of IEP Goals and Objectives. During the annual review of a student's IEP, each service provider will furnish documentation of the progress on all objectives contained in

the IEP. The format will include DoDDS Standard Progress Codes and a short narrative. Local District/school procedures may allow MRS providers to enter their progress information directly into DoDDS special education data system, but this is not a requirement.

14. Reports of Unavailability of Medically Related Services (RUMRS)

14.1. DoD requires a system for reporting unavailability of MRS. The criteria and procedures for filing *Reports of Unavailability of Medically Related Services (RUMRS)* are set forth in DS Manual 2500.13, *The Special Education Procedural Manual*.

14.2. Schools have no discretion on whether to file a RUMRS.

14.2.1. The DoDDS school must notify EDIS when a RUMRS has been filed.

14.2.2. EDIS must notify the appropriate individuals in its chain of command when a RUMRS has been filed.

14.2.3. Every effort should be made to resolve RUMRS at the lowest level possible.

14.3. RUMRS should not be filed on early intervention or special education issues.

15. Early Intervention Transition.

15.1. EDIS provides early intervention services (EIS) to children from birth through two years of age. Upon his/her third birthday, a child who is determined eligible for special education becomes the responsibility of DoDDS and shall with the parents' consent transition to a DoDDS program.

15.2. When a child reaches the age of 2 years 6 months, if the parent has agreed to consider services through DoDDS, the service coordinator will obtain written parental permission to share pertinent information about the child and the current EIS.

15.3. EDIS will initiate a pre-transition meeting with appropriate DoDDS representatives.

15.4. At the pre-transition meeting, the DoDDS representatives will review the information provided by EDIS. Based on the available information, the CSC may determine that:

15.4.1. No additional testing and/or observation is necessary to determine that the child is eligible for special education services. The CSC will develop an eligibility report based on the EDIS early intervention assessment information.

15.4.2. Additional testing or observation is necessary to determine that the child is eligible for special education. The CSC will develop an assessment plan.

15.4.2.1. Evaluations will be multidisciplinary, interagency, and family-centered. Even though DoDDS has the responsibility for ensuring that the CSC determines eligibility for preschool services, the EDIS early intervention providers will participate actively in the evaluation process.

15.4.2.2. The evaluation instruments used to determine eligibility will be norm-referenced<sup>8</sup>. The results will be supported by observations in natural settings, parent interviews, criterion referenced tools, developmental checklists, and professional judgment derived from the consensus of the CSC membership. Observations may occur in the clinic, home, childcare setting, or preschool setting.

15.5. The CSC Chairperson or designee will schedule a transition/eligibility meeting, to take place at the local school, between the time the child is 2 years 9 months and 3 years of age. The meeting must be scheduled in sufficient time to ensure that resources will be in place to implement the IEP (if the child is determined eligible for special education) by the child's third birthday.

15.6. During the transition/eligibility meeting, the CSC will:

15.6.1. review test results, observations, information on the child's strengths and needs, in addition to parent and provider concerns;

15.6.2. determine if the child is eligible for special education and related services, and if eligible;

15.6.3. develop an IEP that specifies the required special education and related services.

15.7. When the child's third birthday occurs during the period June-August (the traditional summer vacation period for school systems), EDIS will notify the CSC so the CSC can complete the eligibility/IEP process before the end of the school year preceding the third birthday.

15.8. EDIS is responsible for the evaluation of children (ages 2 years 9 months or older) who have been referred to EIS.

15.9. The full transition of a child shall occur by the child's third birthday unless the

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<sup>8</sup> This is an assessment where student performance or performances are compared to a larger group. Usually the larger group or 'norm group' is a national sample representing a wide and diverse cross-section of students. Students, schools, districts, or even states are then compared or rank-ordered in relation to the norm group. The purpose of a norm-referenced assessment is usually to sort students and not to measure achievement toward some criterion of performance. (National Center for Research on Evaluation, Standards, and Student Testing (1996))

transition CSC determines that an extended transition is in the best interest of the child and family.

15.9.1. An extended transition may occur under the following circumstances:

15.9.1.1. if the child turns three in the last six weeks of the school year,

15.9.1.2. if the family is scheduled to have a permanent change of station (PCS) within 6 weeks after a child's third birthday.

15.9.2. Under an extended transition, EDIS early intervention providers continue to serve the child until the end of the school year or PCS date, whichever is sooner. The EDIS EIS shall be specified on the IEP. Only those services listed on the IEP will be considered space required services.

15.10. EDIS provides EIS to children under three years of age. However, if the transition CSC determines that the child should receive some services in the preschool for children with disabilities (PSCD) prior to the child's third birthday, these services provided by DoDDS shall be listed in the IFSP. This should occur only in limited cases in order to facilitate natural transitions<sup>9</sup>.

## 16. Due Process.

16.1. Differences may arise between DoDDS and the parents of a child with a disability concerning identification, evaluation, or eligibility for special education, educational placement of the child, or the free appropriate public education provided by DoDDS to the student. DoD Instruction 1342.12, at Enclosure 8, para. B.2., requires that mediation be offered to settle consensually such disagreements before invoking the formal due process hearing procedure. A formal due process hearing procedure, before an impartial hearing officer, is required by the Individuals with Disabilities Education Act as applied to the Department of Defense by the Defense Dependents Education Act of 1978, as amended, and is implemented within DoD by Enclosure 8 to DoD Instruction 1342.12.

16.2. The results of these dispute resolution proceedings are binding upon all parties.

16.3. Disputes dealing with special education and MRS processed under DoD 1342.12 and DSR 2500.10, *Dispute Management*, are the financial responsibility of DoDDS. DoDDS will appoint mediators; the Defense Office of Hearings and Appeals (DOHA) has the responsibility to appoint impartial hearing officers.

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<sup>9</sup> A natural transition in the educational setting is the beginning of a school year, the beginning of a semester, or some other time when students would normally enter the school system.

16.4. When MRS are at issue, DoDDS will inform EDIS, as providers of MRS, of the pendency of mediation or a formal due process hearing as soon as DoDDS is informed that dispute resolution procedures under DoD Instruction 1342.12 and DS 2500.10 have been invoked.

16.5. EDIS will promptly notify the student's principal and the DoDDS District Special Education Coordinator whenever EDIS becomes aware that a disagreement exists pertaining to the student's eligibility, placement, or receipt of services.

16.6. MRS and other related service providers will cooperate with DoDDS, its mediators, hearing officers, or legal counsel appointed to represent DoDDS in formal due process hearings to assist in the development of all facts.

16.7. When there is a dispute involving MRS, requests for records shall be referred to the custodian of records in the MTF.

References:

- (a) DoD Instruction 1342.12, "Provision of Early Intervention, Special Education and Related Services to Eligible DoD Dependents Outside the United States," March 12, 1996
- (b) Privacy Act of 1974, 5 U.S.C., section 522 a
- (c) DoD Directive 5400.11, "Department of Defense Privacy Program," June 9, 1982
- (d) DoD Instruction 1010.13, "Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States," August 28, 1986
- (e) DS Regulation 2035.1, "Use of Non-DoD Schools," July 1, 1991
- (f) DS Regulation 2500.10, "Dispute Management System," December 17, 1983



# Department of Defense Dependents Schools Request for EDIS Evaluation

\_\_\_\_\_ School

Name of Student: \_\_\_\_\_

Gender: Male / Female

Request Date: \_\_\_\_\_

Report Due Date: \_\_\_\_\_

Sponsor's SSN: \_\_\_\_\_

Enrollment Category: \_\_\_\_\_

EDIS participation in pre-referral activities: (Circle)

YES

No

**Reason for Request:** Check type of evaluation requested. Give a brief narrative description of the problem(s)/concern(s).

- Determine initial eligibility for special education and related services
- Triennial Review
- Determine need for related service

Requests to EDIS must include the following attachments:

- \_\_\_\_\_ Special Education Student Summary Report (Excent)
- \_\_\_\_\_ Personnel Request for Assessment Memo (Excent)
- \_\_\_\_\_ Copy of signed Parent Permission Form
- \_\_\_\_\_ Observation Checklist (\_\_\_ Motor, \_\_\_ Emotional/Behavioral, \_\_\_ General Medical)
- \_\_\_\_\_ Social/Family/Medical History Form (if completed during pre-referral)
- \_\_\_\_\_ EDIS Social/Family/Medical History Form (given to parents by CSC to complete and bring to EDIS)

Additional information submitted for specific evaluations:

- \_\_\_\_\_ Motor Evaluation: Submit samples of student's work.
- \_\_\_\_\_ Other Health Impaired Evaluation: If ADD or ADHD, submit copy of Area/District ADHD packet.
- \_\_\_\_\_ Psychological Evaluation: Submit copy of Behavior Intervention Plan and results of screening or formal assessment of cognitive ability if available when requesting EDIS evaluation. If information on cognitive ability is not available, send results of completed screening or assessment to EDIS within *20 school days* from request.
- \_\_\_\_\_ Other information, as appropriate, based on pre-referral consultation.



# Observation Checklist

## Motor Concerns

Name of Student: \_\_\_\_\_

### Questions to be answered:

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✓ Check factors listed below that support questions asked by the CSC.

### Gross Motor

- |   |   |
|---|---|
| <input type="checkbox"/> Poor catching or throwing skills | <input type="checkbox"/> Difficulty ascending/descending stairs |
| <input type="checkbox"/> Unable to hop or jump            | <input type="checkbox"/> Appears clumsy and uncoordinated       |
| <input type="checkbox"/> Frequently trips or falls        | <input type="checkbox"/> Cannot keep up with peers in PE        |

**Fine Motor** – Check main area(s) of concern and circle the letter(s) that further describe the area of concern.

- |  |  |
|--|--|
| <input type="checkbox"/> Poorly developed self-care skills | <input type="checkbox"/> Has not developed hand dominance                                  |
| a. tying   | a. uses different hands with scissors  |
| b. buttons   | b. uses different hand for writing   |
| c. zippers   | c. hand preference inconsistent  |
| d. shirts  | <input type="checkbox"/> Difficulty with right/left discrimination                         |
| e. spoon/fork  | a. difficulty with directionality  |
| f. pants   | b. poor sequencing   |
| <input type="checkbox"/> Unable to manipulate scissors     | c. poor knowledge of body parts  |
| a. cannot use both hands together                          | <input type="checkbox"/> Unable to accurately complete near or far point copying           |
| b. cannot cut on line or shapes                            | a. reversals noted consistently  |
| c. holds scissors awkwardly                                | b. difficulty distinguishing letters/numbers   |
| <input type="checkbox"/> Poor pencil manipulation          | c. squinting noted   |
| a. awkward pencil grip                                     | d. abnormal sitting posture while coping   |
| b. weak grasp  | e. difficulty assembling puzzles   |
| c. too much/little pressure                                | f. difficulty distinguishing objects within a background/foreground (visual-figure ground) |
| d. poor word/letter spacing                                |  |
| <input type="checkbox"/> Unable to cross midline           |  |

### Other observations (please be specific):

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# Observation Checklist

## Emotional/Behavioral Concerns

Name of Student: \_\_\_\_\_

**Questions to be answered:**

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✓ Check factors listed below that support questions asked by the CSC.

- |   |   |
|---|---|
| <input type="checkbox"/> Exhibits frequent disruptive behaviors     | <input type="checkbox"/> Change in peer relations               |
| <input type="checkbox"/> No interest in peers or activities         | <input type="checkbox"/> Appears excessively withdrawn          |
| <input type="checkbox"/> Overexcited in normal situations           | <input type="checkbox"/> Significant destructive behaviors      |
| <input type="checkbox"/> Laughs for no apparent reason              | <input type="checkbox"/> Recent changes in family structure     |
| <input type="checkbox"/> Exhibits moodiness/mood swings             | <input type="checkbox"/> Frequent physical or verbal aggression |
| <input type="checkbox"/> Frequent temper outbursts                  | <input type="checkbox"/> Decrease in school performance         |
| <input type="checkbox"/> Excessive negative attitude towards school | <input type="checkbox"/> Decrease in school attendance          |
| <input type="checkbox"/> Is excessively anxious, worried            | <input type="checkbox"/> Steals (clarify below)                 |
| <input type="checkbox"/> Lacks awareness of surroundings            | <input type="checkbox"/> Conflict between student/teacher(s)    |

**Other observations (please be specific):**

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# Observation Checklist

## General Medical Concerns

Name of Student: \_\_\_\_\_

List any previous medical diagnosis that may have been reported to the school (e.g., seizure disorder, lead poisoning, etc.). \_\_\_\_\_

**Questions to be answered:**

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✓ Check factors listed below that support questions asked by the CSC.

- |   |   |
|---|---|
| <input type="checkbox"/> Frequent visits to school nurse/clinic   | <input type="checkbox"/> Frequent absences due to illness           |
| <input type="checkbox"/> Easily distracted  | <input type="checkbox"/> Poor attention span                        |
| <input type="checkbox"/> Muscle jerks or spasms   | <input type="checkbox"/> Extremes in activity level (clarify below) |
| <input type="checkbox"/> Exhibits excessive fatigue   | <input type="checkbox"/> Complaints of dizziness                    |
| <input type="checkbox"/> Lack of bowel and/or bladder control   | <input type="checkbox"/> History of loss of consciousness           |
| <input type="checkbox"/> Difficulty with vision (clarify below)   | <input type="checkbox"/> Substance usage                            |
| <input type="checkbox"/> Stares off into space/rapid eye movement/<br>loss of contact/associated motor movement | <input type="checkbox"/> History of chronic ear infections          |
|   | <input type="checkbox"/> Recent medical trauma / incident           |

**Other observations (please be specific):**

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# AUTHORIZATION FOR DISCLOSURE FOR MEDICAL INFORMATION\*

Authority -- "Public Law 104-191, "Health Insurance Portability and Accountability Act (HIPAA)," August 21, 1996

This form will not be used for authorization to disclose psychotherapy notes, alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program.

I authorize Educational and Developmental Intervention Services (EDIS) to release the requested evaluation information identified on page one of this form to the Case Study Committee in my child's school. The information will be used to determine my child's eligibility for special education and related services, or to be used to develop an educational plan.

- a. The information will become part of the child's special education record.
- b. The authorization applies to the summary report and follow-up information necessary to clarify the report, and to discussions at case study meetings.

Start Date: The authorization start date is the date that you sign this form authorizing the release of information.

Expiration Date: The authorization shall continue as long as your child is enrolled in a school operated by the Department of Defense, or placed in a school by the Department of Defense.

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- c. I have a right to inspect and receive a copy of the EDIS evaluation to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524. I request and authorize the named EDIS/treatment facility to release the information described above to the named individual/organization indicated.
- d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in military treatment facilities or payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

Name of Student:

Signature of Patient/Parent/Guardian\*\*

Relationship to Patient

Date YYYY/MM/DD

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*\*This form is completed when the School CSC requests the Educational and Developmental Intervention Services (EDIS) to conduct an evaluation in support of the school's special education program.*

*\*\* A parent or guardian can only authorize release of medical information for non-minor children (in most circumstances). Children who have reached the age of majority must authorize the release of their medical information. Questions regarding who has the authority to release information should be addressed to the Privacy Officer at the Military Treatment Facility where the EDIS is located.*

