

Informed Clinical Opinion

The federal regulations for Part C of the Individuals with Disabilities Education Act require the use of informed clinical opinion (ICO) as described below.

1. Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child.
2. 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 is a required component of the evaluation process for infants and toddlers as required in Minnesota Rule 3525.1350.

Informed clinical opinion is the way in which qualified personnel utilize their cumulative knowledge and experience in evaluating and assessing a child and in interpreting the results of evaluation and assessment instruments.

Informed Clinical Opinion for Developmental Delay

Part C of IDEA, required that informed clinical opinion be applied during the evaluation/assessment process as staff members consider:

- Interview information from family members.
- Evaluations of the child.
- Observations of the child.
- Reports received from other agencies and individuals involved with the child.

These uses of informed clinical opinion help ensure that each eligibility decision is made after considering aspects of the whole child and family.

Informed clinical opinion can also be used to independently to establish eligibility through the use of professional knowledge and skills of the staff in order to “make use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspect of the current developmental status and potential need for early intervention” (Shackelford, 2002). “It is intended that informed clinical opinion be used as the deciding factor in eligibility determination only when there are

truly unique circumstances that may not be captured by test scores, and those circumstances or factors are significant enough to make the case that the child has a significant delay even though all of the test scores do not reflect this" (*Missouri First Steps, 2006*). When establishing eligibility independently through use of informed clinical opinion, one must clearly describe the rationale behind the decision and incorporate information from a variety of sources to support the eligibility decision.

Remember, informed clinical opinion cannot be used to negate evaluation results that find a child eligible for service.

Informed Clinical Opinion as used with review of medical or other records

The use of informed clinical opinion is critical when a child's eligibility may be established through an independent diagnosis or outside evaluation described in medical or other pertinent records. In these instances, informed clinical opinion ensures critical scrutiny of the information provided is reviewed in relationship to established eligibility standards. Please visit the Minnesota Department of Health website at (<http://www.health.state.mn.us/divs/fh/mcshn/ecipelig/conditions.htm>) to find a beginning list of diagnosed medical conditions or disorder with a high probability of resulting developmental delay.

The conditions listed are examples that may occur within six broad categories: chromosomal/genetic, neurodevelopmental, prenatal or perinatal, physical, sensory or social-emotional. Included with the examples are recommended actions a team should take when applying informed clinical opinion to a condition that is not listed but may be a condition with a high probability of resulting in developmental delay.

References

Read a document entitled Informed Clinical Opinion on the National Early Childhood Technical Assistance Center <http://nectac.org/>.

Read a document entitled First Steps Informed Clinical Opinion on the Missouri Department of Education website <http://dese.mo.gov/>.