

When the phrase 'Informed Clinical Opinion' is used in the NH Family-Centered Early Supports and Services Program,

It means:

“Informed Clinical Opinion emerges from the knowledge and skill of the team, including the family, and is based on the integration of information and observation from a variety of sources and settings, individual clinical expertise, and team process. Informed clinical opinion can be used to explain variable test performance, to support or dispute the validity of test scores, and to develop hypotheses about the child’s current functioning and need for intervention. The documentation of the contribution of the elements of clinical opinion must be clearly stated in the evaluation report and justify the determination of eligibility.”¹

Use:

Informed clinical opinion is used when evaluating/assessing all children regardless of whether the child is found eligible for services. The following information is provided to assist evaluators in determining eligibility for children who do not clearly meet established eligibility criteria.

When a child does not clearly meet ESS eligibility criteria (established condition, 33% developmental delay in 1 area of development, atypical behavior, or 5 family/child risk factors), the eligibility statement could be worded as follows:

“According to the developmental delay eligibility criteria established by DDS, (child’s name) has been determined to be eligible in the area of (name developmental area). Eligibility is determined through the use of the (name of evaluation tool used), parent report, review of medical records, and informed clinical opinion.”

If you determine a child to be eligible, the following information must be included in the evaluation report:

- All components listed in He-M 510 for any evaluation and assessment report.
- **Documentation of the elements of clinical opinion that contributed to the decision to find the child eligible and which justify the eligibility decision.**

Includes:

Knowledge of the team (including the parent)

The evaluation and particularly eligibility determination is a team process.

Integration of information from all sources

Includes, but is not limited to:

- Medical reports
- Parent report
- Childcare or other care provider report

¹ Adapted from McLean, M., Bailey, D., & Wolery, M. (1996). Assessing Infants and Preschoolers with special Needs¹, 2nd Ed. NS: Prentice Hall

Observation from a variety of sources and settings

Suggested possible sources and settings that could be included:

- The child's interactions with the parent, ESS evaluator, peers, or among other children
- Child at play alone perhaps while team talks to parent
- The child's learning style, problem solving skills, etc. observed as the child explores an unfamiliar toy without interaction with evaluator
- Locations may include but are not limited to: child care, playground, outdoor play vs. indoor play, etc.

Individual clinical expertise

What you personally bring with you to the evaluation through your professional education, specialized training, and experience.

Performance on evaluation tool

How the child did the test items is as important, or perhaps more important, than which items the child was able to complete. If a child does not complete an item as described in the tool's manual, in the report do not give credit for that item!

Evidence that informed clinical opinion has been utilized in the evaluation includes, but is not limited to:

- ◆ Description of the Quality of the child's performance
- ◆ Discussion of how heavily one issue is weighed over another
- ◆ Identification of patterns of delay across developmental areas that may be predictive of future problems
- ◆ Recognition of the number of areas of delay that are identified
- ◆ Recognition of strategies the child is using to compensate for limited or missing skills