

WHAT YOU NEED TO
KNOW ABOUT THE

*Exceptional
Family Member
Program*

***Army in Europe Pamphlet 608-75**

Personnel—General

What You Need to Know About the Exceptional Family Member Program

13 January 2003

***This pamphlet supersedes USAREUR Pamphlet 608-75,
31 January 1999.**

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Summary. This pamphlet provides general information about the Exceptional Family Member Program (EFMP) and educational and developmental intervention services (EDIS) available in the European region.

Summary of Change. This pamphlet has been revised to provide more information about early intervention services and to update information on command authority, command sponsorship, assignment procedures, EFMP enrollment, legislative authority and public laws, “category communities,” and community resources and services.

Applicability. This pamphlet applies to individuals requiring information about the EFMP, individuals applying for family travel during assignment consideration, and to individuals who use EDIS.

Suggested Improvements. The proponent of this pamphlet is the Office of the Command Surgeon, HQ USAREUR/7A (AEAMD, DSN 371-2500). Users may suggest improvements to this pamphlet by sending DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the United States Army Europe Regional Medical Command (MCEU-EFMP), CMR 442, APO AE 09042-0442.

Distribution. C (UPUBS) (hospitals and clinics).

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GENERAL

This pamphlet is an introduction to the Exceptional Family Member Program (EFMP) in the European region. This pamphlet answers questions that are often asked about the program. It also provides an overview of educational and developmental intervention services (EDIS).

Appendix A lists legislative authorities, public laws, and forms that apply to the EFMP and EDIS. The glossary explains abbreviations and terms used in this pamphlet.

EXCEPTIONAL FAMILY MEMBER PROGRAM

Question: What is the Exceptional Family Member Program?

Answer: The EFMP provides an all-inclusive, many-sided approach for community, educational, medical, housing, and personnel services for families with special needs. The EFMP works with military and civilian agencies to provide these services based on Federal laws, DOD authority, and Army policy. The Army uses the EFMP to identify family members who have special needs and to help the military personnel system make assignments to locations where the Department of Defense Dependents Schools (DODDS) and the military medical departments have established programs for children with special educational needs.

Question: How did the EFMP originate?

Answer: In 1981 DOD directed DODDS to provide free, appropriate public education to school-age children with disabilities and directed the military medical departments to provide medical-related services (MRS) to children eligible for special education. The Army established the EFMP to implement DOD guidance and to prescribe policy and procedures.

While legislation and DOD authority for EDIS apply only to infants, toddlers, and school-age children with disabilities, the EFMP includes all eligible family members with special needs when making assignment recommendations.

Question: What is an “exceptional family member” (EFM)?

Answer: An EFM is a family member (child or adult) of an active duty, Reserve, or National Guard soldier with any physical, emotional, developmental, or intellectual disorder that limits the individual’s capacity to engage in pursuits with peers or that requires special treatment, therapy, education, or training. It includes but is not limited to asthma; epilepsy; diabetes; developmental delays; speech, language, hearing, or visual impairment; behavioral issues; physical disabilities; and mental-health disorders.

Question: What is the purpose of the EFMP?

Answer: The EFMP is used to assess, document, and code the special education and medical needs of eligible family members regardless of location and to—

- Forward these needs to the military personnel agencies for consideration during the assignment-coordination process.
- Consider the medical needs of the exceptional family member (EFM) during the continental United States (CONUS) and outside the continental United States (OCONUS) assignment-coordination process.
- Assign soldiers to an area where the EFM's medical and special-education needs can be accommodated when there is a valid requirement for the soldier's grade and specialty.
- Ensure all family members receive information and assistance needed to involve them with community support services to meet their needs.
- Ensure facilities and programs are accessible to individuals with disabilities and to provide related services to children with disabilities.

ENROLLMENT IN THE EFMP

Question: Is enrollment in the EFMP mandatory?

Answer: EFMP enrollment is mandatory for soldiers with EFMs. Permanent enrollment is required until medical or special-education needs warrant case closure or the soldier is separated from the service. Failure to enroll in the program may subject the soldier to disciplinary action.

- Soldiers who are members of the Army Married Couples Program will both enroll in the EFMP when they have a family member who qualifies. This process ensures that the assignment manager of each sponsor considers the family's special needs.
- EFMP enrollment alerts assignment managers to the special-education and medical needs of an EFM. The assignment manager will use this information to assign the soldier, within military requirements, to an area that can take care of the family member's special needs.

Question: When is medical enrollment warranted?

Answer: Medical enrollment is warranted for family members who have a potentially life-threatening condition, chronic outpatient or inpatient mental-health treatment, or who required intensive follow-up services within the last 5 years. The following are examples:

- People who have asthma, insulin-dependent diabetes, sickle cell disease, attention deficit hyperactivity disorder, or cancer.
- People who have received outpatient or inpatient mental-health treatment during the past 5 years.
- People currently receiving mental-health services or who are expected to require them in the future.
- High-risk newborns.

Question: When is educational enrollment warranted?

Answer: Educational enrollment is warranted for family members who require special education services specified in—

- An individualized educational program (IEP).
- An individualized family service plan (IFSP).
- A Section 504 Plan (from the Rehabilitative Act of 1973).

Question: Are DA civilian employees required to enroll in the EFMP?

Answer: DA civilian employees do not enroll their family members in the EFMP. Civilian personnel offices, however, will identify dependent children requiring the above-mentioned medical treatment, early intervention services (EIS), or special education when employees are selected for OCONUS assignments where dependent travel is authorized at Government expense.

EFMP SCREENING PROCESS AND ASSIGNMENT COORDINATION

Question: What regulatory guidance governs assignment considerations for soldiers with EFMs?

Answer: DOD 1010.13-R, AR 55-46, and AR 608-75.

Question: Are soldiers who have family members required to have an EFMP screen before being assigned OCONUS?

Answer: Yes. All soldiers who have family members must go through an EFMP screening and receive approval for their family to travel to the overseas area before they will receive orders.

Question: What is the EFMP screening process?

Answer: The basic EFMP screening process is as follows:

- The soldier will obtain and complete DA Form 5888 and DA Form 7246, ensuring the personnel service center has completed the appropriate portion and has authenticated the family members listed on the DA Form 5888. The DA Form 7246 will be completed by the soldier on all family members (one form, all family members).
- The soldier will schedule an appointment with the EFMP point of contact in the military medical treatment facility (MTF) for an EFMP screening for all family members. The soldier must keep this appointment.
- After the appointment, the soldier will return the appropriate forms to the personnel office, EFMP administrative coordinator, or both. The DA Form 7246 will be kept at the MTF; it is not required for family-travel or command-sponsorship requests.
- The local personnel office will send the DA Form 5888 and other applicable forms to the 1st Personnel Command (1st PERSCOM) with the request for family travel.

Question: What is the assignment-coordination process?

Answer: The assignment-coordination process is as follows:

- After receiving the DA Form 5888, 1st PERSCOM will e-mail an appropriate family-travel message to the losing-post point of contact when the soldier does not have an EFM identified during the EFMP screening appointment.
- If the soldier did have an EFM identified during the EFMP screening appointment at the MTF, the provider of EFM services will complete a DA Form 5291 or DA Form 5862 (or both) as well as other information on certain conditions (such as asthma, mental-health issues, educational or early intervention services) based on the family member's needs. Service providers will give copies of these documents to the EFMP medical point of contact and to the appropriate office so that this information can be entered into the PERnet (the Army Personnel Network).

- If the soldier has orders for an overseas location, the soldier's personnel office will forward copies of the DA Form 5291, DA Form 5862, and additional information to the appropriate overseas personnel office.

- The overseas personnel office will send the information to appropriate medical and education personnel for their review. Based on their review, the medical reviewing officer and the special-education coordinator will recommend locations where the family's needs can be met.

- The personnel office will then make the assignment based on the soldier's military occupational specialty, rank, valid requirement, and the medical and educational needs of family members. The personnel office will send a family-travel message to the appropriate personnel office (typically the losing installation).

- If the soldier is going to an area that is not in the responsibility of the U.S. Army Medical Command, the medical and educational information will be sent to the appropriate branch of service for that location (Navy, Air Force). The appropriate service will review the information and provide recommendations for the family members based on the information in the EFMP packet. This recommendation will be sent through channels to the gaining command's family-travel office. The family-travel office will send an appropriate family-travel message based on the recommendations of the gaining service.

- Not all areas in overseas commands can accommodate children with multiple medical and educational needs or accommodate children identified as being moderately to severely handicapped. The DOD Special Needs Network webpage at http://www.mfrc.calib.com/snn/efmpac/dir_oconus.pdf has more information.

- If the family member has special education needs or requires EIS, these services will be provided by the schools and EDIS sites at the assignment location of the soldier.

Question: Can a soldier with an exceptional family member be denied family travel or command sponsorship?

Answer:

- Family travel or command sponsorship may be denied when general medical services are not available and a family member requires MRS, EIS, and general medical services.

- Family travel or command sponsorship may be denied when general medical services necessary to the health of the family member are not available.

- The law requires special education programs (EIS and MRS) to be available. A soldier cannot be denied family travel or command sponsorship because these programs are not available.

Question: Who makes assignment and family-travel decisions about soldiers with exceptional family members?

Answer:

- The EFMP Family Travel Office, United States Army Europe Regional Medical Command, makes assignment recommendations to 1st PERSCOM based on the availability and location of EDIS clinics and general medical services.
- The Department of Defense Dependents Schools, Europe, makes assignment recommendations to 1st PERSCOM based on the location of special-education services.
- 1st PERSCOM makes the final assignment and family-travel decision based on these recommendations.

EFMP LIMITATIONS

Question: What are some of the limitations of the EFMP?

Answer: Some of the limitations of the EFMP are—

- Soldiers are required to update their EFMP enrollment every 3 years or when there is a change in a family member's condition, whichever comes first.
- There is no automatic approval of family travel or command sponsorship. There is no guarantee that the sponsor will not be required to serve an all-others (unaccompanied) tour.

EFMP BENEFITS

Question: What are the benefits of the EFMP?

Answer: The EFMP—

- Demonstrates the Army's commitment to care for families with special-needs family members.
- Improves the quality of life for enrolled families.

- Reduces the early return of dependent (ERD) family members.
- Enhances the retention of personnel.
- Improves and enhances force readiness.

EFM status—

- Has no bearing on promotion, school selection, or deployment availability.
- Is not grounds for deletion, deferment, or compassionate reassignment.

EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES (EDIS)

Question: What is EDIS?

Answer: EDIS assists military and civilian personnel who have a child (from birth through 21 years old) with special medical, developmental, behavioral, or educational needs. EDIS has two distinct services:

- EIS for children from birth through 2 years of age.
- MRS for children 3 through 21 years of age.

Question: Can the EDIS clinic tell me if my school-age child needs special education?

Answer: Only the DODDS case study committee (CSC) can determine eligibility for special education for school-age children. The EDIS medical clinic may make recommendations on MRS to the CSC.

Question: Who is entitled to EDIS clinic services?

Answer:

- Family members of active duty military personnel, DOD civilian employees, and U.S. contractors who are referred to EDIS by the DODDS CSC are entitled to services. (Local schools can provide more information about the CSC.)

- An infant or toddler (birth through 2 years old) may be seen by the EDIS staff when parents, physicians, or other providers have concerns about the child's development.

- Family members referred from other sources may be seen in EDIS clinics when space is available.

- In some locations, there are agreements that family members of military families from NATO countries may be seen in U.S. military medical treatment facilities (including EDIS clinics) when there are concerns about development.

- Family members of U.S. contractor employees may be seen in EDIS clinics when parents have concerns about the child’s development. In some cases, these services will be chargeable.

Question: How many EDIS clinics are in Europe?

Answer: The United States Army Europe Regional Medical Command currently operates 17 EDIS clinics in Europe. There are 14 clinics in Germany, 1 in Belgium, 1 in the Netherlands, and 1 in northern Italy. Even though EDIS clinics are not in every community, families are served regardless of where they live.

Locations of EDIS Clinics for the Army in Europe		
Ansbach, Germany	Heidelberg, Germany	Treebeek, the Netherlands
Bamberg, Germany	Landstuhl, Germany	Vicenza, Italy
Baumholder, Germany	Mannheim, Germany	Vilseck, Germany
Darmstadt, Germany	Schweinfurt, Germany	Wiesbaden, Germany
Gießen, Germany	SHAPE, Belgium	Würzburg, Germany
Hanau, Germany	Stuttgart, Germany	

Question: Is there a charge for EDIS clinic services?

Answer:

- Children eligible for a tuition-free DODDS education will receive EIS written in IFSPs and MRS specified in an IEP at no cost.

- Children who are not be eligible for a tuition-free DODDS education and who are not otherwise entitled to free medical care will be charged for EIS and MRS.

- If charges are required, there is a single charge for the total medical evaluation regardless of the length or number of referrals. Additionally, there is a per-use charge for each day and each therapist that the infant, toddler, or student receives in home-, clinic-, or school-based treatment.

- For persons not eligible to receive free medical care, there are charges for general medical services even if the child is receiving IFSP or IEP services. Families not eligible for free medical care must pay for physician services provided for family members receiving any type of ongoing health care, even if the child has an IFSP or IEP.

EARLY INTERVENTION SERVICES (EIS)

Question: What is the goal of early intervention?

Answer: The goal of early intervention is to ensure that all children are ready to learn when they reach school age. Providing services and support to eligible families who have questions or concerns about their infant's or toddler's development helps meet this goal.

Question: What are EIS?

Answer: EIS are services designed to support families who have concerns or questions about infant or toddler development. Services are tailored to support the child during natural family routines.

- Services may include the following:
 - Assistive technology
 - Audiology
 - Counseling and home visits
 - Early identification
 - Family service coordination
 - Family training
 - Health services
 - Occupational therapy
 - Physical therapy
 - Psychological services
 - Screening and assessment
 - Social work services
 - Special instruction
 - Speech pathology
 - Transportation
 - Vision

NOTE: Medical services are only for diagnostic or evaluation purposes. Services must follow an IFSP.

Question: Who qualifies for EIS?

Answer: There are two specific groups of children who qualify for EIS:

• Infants and toddlers (birth through 2 years old) who have delays in the following developmental areas:

- Adaptive
- Physical
- Social/Emotional
- Cognitive
- Communication

• Infants and toddlers with a diagnosed physical or mental condition that will likely result in delayed development.

Question: Who is responsible for establishing an EIS program?

Answer: In Army OCONUS assignment areas, EDIS clinics provide EIS program services. Military medical departments are responsible for EIS.

MEDICAL-RELATED SERVICES (MRS)

Question: What are MRS?

Answer: MRS support DODDS special-education programs. EDIS MRS offer a variety of services to students, families, and teachers to help students meet their individual educational goals.

EDIS CLINICS

Question: Is the EDIS clinic responsible for the base support battalion (BSB) program?

Answer: The BSB commander has overall responsibility for the EFMP. The BSB representative is the director of community activities (DCA). The DCA normally designates an EFMP coordinator to organize the contributing members of the EFMP in the community. The EFMP coordinator is usually from the Army Community Service office.

Question: Do EDIS clinics provide all services that a family member may need for treatment or community support?

Answer: No. EDIS clinics do not provide general medical, mental health, or social services. EDIS clinics work closely with the appropriate activities responsible for those services through referral and consultation. Adult services such as evaluation, medical care, and therapy are not provided by EDIS clinics.

EDIS clinics do provide—

- Evaluations for infants and toddlers to determine eligibility for services written in an IFSP.
- Evaluations for DODDS referrals of preschool and school-age children to determine special-education eligibility.
- MRS specified in an IEP.
- Other developmental pediatric and child-behavioral-health services when space is available.

Question: Do EDIS clinics provide services on a first-come-first-served basis?

Answer: EIS and MRS will be provided at the same priority as health care for active duty military personnel. EDIS clinics evaluate and provide services to families of infants and toddlers with disabilities and to school-age children referred by DODDS. The DODDS referral is to help determine special-education eligibility and to provide MRS specified in an IEP.

INTERCOMPONENT COORDINATING COUNCIL (ICC)

Question: What is the ICC?

Answer: The ICC advises and helps each community provide services by working with the different agencies that are involved. Council members are the parents and program representatives in the community who have contact with families of children under 3 years old.

Question: May I serve on the ICC? May I provide information to the council?

Answer: Yes to both. Your local EDIS clinic can provide more information on the ICC.

CATEGORY COMMUNITIES

Question: What is a "category community"?

Answer: DODDS divides OCONUS communities into four categories based on the established programs and staff that are available to meet the needs of EFMs. All communities are placed in one of the following categories:

- **Category 1:** Usually small or isolated communities with no established programs or staff (for example, Babenhausen, Garmisch).

- **Category 2:** Communities that have established programs and staff who can serve children that require less than 50 percent of their services from a special educator and minimal early-intervention or related services (for example, Böblingen, Butzbach, Darmstadt, Dexheim, Rhein Main).

- **Category 3:** Communities with established programs and staff that serve children who require up to 80 percent of their services from a special educator and EDIS providers (for example, Bamberg, Baumholder, Gießen, Heidelberg).

- **Category 4:** Communities with established school and EDIS programs that can serve children who require up to 100 percent of their services from special education and EDIS providers. In addition, some category 4 communities can handle "low incidence" disabilities such as autism, speech disorders, mental retardation, severe learning disabilities, severe hearing impairment, and severe visual impairment or blindness (for example, Hanau, Kaiserslautern, Mannheim, Würzburg).

For more information on community categories, see the DOD OCONUS Directory at <http://www.mfrc.calib.com/snn/efmpac/coord.cfm>.

COMMUNITY RESOURCES

Question: Where can I get information on community resources supporting the EFMP or EDIS?

Answer: Community resources to support the EFMP are available and can be accessed through the Army Community Service (ACS) EFMP manager or the family support center (FSC). The ACS EFMP manager can help you get child and youth services or respite-care services if you require them. Each Army community has established processes to help families obtain these services. If you are stationed at a location with an FSC (Navy or Air Force installation), these services may be available in the community. You should check with your local FSC for details and assistance in accessing these services. Information about EDIS is also available at your local MTF.

**APPENDIX A
LEGISLATIVE AUTHORITIES, PUBLIC LAWS, AND FORMS**

PUBLIC LAWS AND ACTS

Public Law 94-142, Education for All Handicapped Children Act of 1975 (*This law requires a free, appropriate public education (including special-education and certain related services) for all children with disabilities.*)

Public Law 95-561, Defense Dependents' Education Act of 1978 (*This law requires DOD to implement Public Law 94-142.*)

Public Law 99-457, Education of the Handicapped Amendments of 1986 (*Part H of this law prescribes an early-intervention-services program for infants and toddlers.*)

Public Law 102-119, Individuals With Disabilities Education Act of 1991 (*This law amends Public Law 95-561 by requiring DOD to include preschool children with disabilities by academic year 1993-1994 and to plan, develop, and implement an early-intervention-services program for infants and toddlers according to Public Law 99-457, part H, by academic year 1995-1996.*)

Public Law 105-17, 1997 Amendments to the IDEA (*This law clarifies responsibilities and codifies practices.*)

Title 20, United States Code, sections 1400 et seq (20 USC 1400 et seq); 20 USC 921 through 932; 20 USC 241 and 927; 32 USC 347 and 71 (*These USC references establish policy, assign responsibility, and prescribe procedures for implementing a comprehensive early-intervention-services program for infants and toddlers (newborn through 2 years old) and their families.*)

DOD PUBLICATIONS

DOD Directive 1342.17, Family Policy

DOD Instruction 1010.13, Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependent Schools Outside the United States (*This instruction establishes policy and procedures for providing medical-related services to children eligible for special education.*)

DOD Instruction 1342.12, Provision of Early Intervention and Special Education Services to Eligible DOD Dependents in Overseas Areas

DOD Instruction 1342.14, Monitoring of the Provision of Related Services to Handicapped Children in DOD Dependents Schools

DOD 1010.13-R, Overseas Assignment of Sponsors Who Have Children With Disabilities Who Are Space-Required Students in the Department of Defense Dependents Schools (DODDS)

ARMY REGULATIONS

AR 55-46, Travel Overseas

AR 608-75, Exceptional Family Member Program (*This AR provides the policy and procedures for the Exceptional Family Member Program and implements DOD Directive 1342.17 and DOD Instructions 1010.13, 1342.12, and 1342.14.*)

DA FORMS

DA Form 5291, Army Exceptional Family Member Program Educational Summary

DA Form 5862, Army Exceptional Family Member Program Medical Summary

DA Form 5888, Family Member Deployment Screening Sheet

DA Form 7246, Exceptional Family Member Program (EFMD) Screening Questionnaire

GLOSSARY

ABBREVIATIONS

1st PERSCOM	1st Personnel Command
ACS	Army Community Service
BSB	base support battalion
CONUS	continental United States
CSC	case study committee
DA	Department of the Army
DCA	director of community activities
DOD	Department of Defense
DODDS	Department of Defense Dependents Schools
EDIS	educational and developmental intervention services
EFM	exceptional family member
EFMP	Exceptional Family Member Program
EIS	early intervention services
ERD	early return of dependents
FSC	family support center
ICC	intercomponent coordinating council
IDEA	Individuals With Disabilities Education Act
IEP	individualized education program
IFSP	individualized family service plan
MRS	medical-related services
MTF	medical treatment facility
NATO	North Atlantic Treaty Organization
OCONUS	outside the continental United States
PERnet	[U.S. Army] Personnel Network
SHAPE	Supreme Headquarters Allied Powers Europe
USC	United States Code

TERMS

adaptive behavior

Behavior that adapts to the environment.

assistive technology

Any type of technology (for example, computers) that helps one learn more easily.

audiology

The study of hearing, including the treatment of patients with impaired hearing.

case study committee

A Department of Defense Dependents Schools-based multidisciplinary group tasked with determining eligibility and services required for students with established or suspected disabilities that interfere with their education.

cognitive

Denoting mental activity that involves thinking and reasoning.

early intervention services

Comprehensive, multidisciplinary, culturally competent, community-based, family-centered services to infants and toddlers with established developmental delays or with a medical condition that has a high probability of resulting in developmental delay.

educational and developmental intervention services clinic

Medical clinic that provides medical evaluations; occupational therapy; physical therapy; and speech, audiology, mental-health, and early-intervention services for children with disabilities.

general medical service

Noneducationally related health services provided to authorized individuals by the military medical department when space is available.

individualized family service plan

A written statement indicating the early intervention services needed by an infant or toddler at risk or with developmental delays.

medical-related services

Educationally related medical services identified on a student's individualized education plan by the case study committee required for the student to benefit from special education. Services include occupational therapy, physical therapy, psychological services, social work services, and audiology.

special education

Program of instruction specifically designed to meet the unique educational needs of a disabled child, including education provided in school, at home, in a hospital, or in an institution.

speech pathology

Recognizing and correcting abnormal types of expressive and receptive communication with therapy.