Complaint Investigation Report
Disability Rights Maine v. State I.E.U.

October 9, 2015

Complaint #16.008CS
Complaint Investigator: Jonathan Braff, Esq.

I. Identifying Information

Complainant: Disability Rights Maine
24 Stone St., Ste. 204
Augusta, ME 04330

Respondent: Cindy Brown, CDS Director
23 State House Station
Augusta, ME 04333

CDS Site Director: Gregory Armandi

II. Summary of Complaint Investigation Activities

The Department of Education received this complaint on August 24, 2015. The Complaint Investigator was appointed on August 24, 2015 and issued a draft allegations report on August 26, 2015. The Complaint Investigator conducted a complaint investigation meeting on September 11, 2015 (rescheduled from the original date of September 9, 2015 at the Complainant's request). On September 18, 2015, the Complaint Investigator received 21 pages of documents from the Complainant, and received a 10-page memorandum and 398 pages of documents from The State Intermediate Educational Unit (the "I.E.U."). At the request of the Complaint Investigator, 10 additional pages of documents were submitted by the I.E.U. on October 7, 2015. Interviews were conducted with the following: Greg Armandi, site director for the I.E.U.; Tammy Talbot, case manager for the I.E.U.; Roy Fowler, State Early Intervention Technical Advisor for the I.E.U.; George Voyzey, speech/language provider for the I.E.U.; and the parent of a child receiving services from the I.E.U.

III. Preliminary Statement

This systemic complaint was filed by Disability Rights Maine ("DRM"), alleging violations of the Maine Unified Special Education Regulations (MUSER), Chapter 101, as set forth below.

IV. Allegations

1. Having a policy or practice of not utilizing a child's IFSP Team, including the child's parents, as the vehicle for determining whether early intervention services designed to meet the developmental needs of the child should include services delivered by a provider working directly with the child by predetermining the outcome in violation of MUSER §X.1.

V. Summary of Findings

1. Early Intervention Teem Meeting Agenda/Minutes from CDS First Step dated October 1, 2014 contains the following notes:
   a. For child xx, referral for psychological evaluation is being considered, as well as utilization of Early Start Denver Model services based on child not making progress as expected;
   b. For child xx, Early Start Denver Model services are being provided.

2. A Written Notice from First Step dated 1/31/14 for child xx states that services in a program outside of the natural environment were considered but that the IFSP team needed more information before being able to make that determination. Additional consults and visits were ordered to see if progress could be made.

3. A Written Notice from First Step dated 4/29/14 for child xx states that services will be delivered in a program outside the home because, "based on the severity of his needs, the team feels a program is the best placement to support all his needs and to grow developmentally….He needs more direct therapy and support than we can offer him in the home."

4. A Written Notice from First Step dated 3/13/15 for child xx states that, due to the severity of the child's needs, speech therapy 90 minutes per week and occupational therapy 60 minutes per week would be provided.

5. A Written Notice from First Step dated 7/2/15 for child xx states that speech therapy will be provided 120 minutes per week and OT services 60 minutes per week at a preschool program because "sensory input helps him to attend and focus."

6. A Written Notice from CDS Reach dated October 7, 2014 for child XX states that the child was referred for an audiological evaluation, as does an Early Intervention Visit Note dated February 17, 2015 for child xx.

7. A Written Notice from an unidentified CDS site dated June 22, 2015 for child xx states that 12 hours of speech therapy will be provided to the child over the next six months.

8. Each year the I.E.U. is required to report data to the U.S. Office of Special Education Programs ("OSEP") documenting the percentage of children who are receiving early intervention services in the home or community-based settings, with a compliance indicator

target of 100%. For the last year in which that data was reported (2013), of the 833 children receiving early intervention services through the I.E.U., 828 of them (or 99%) received them in the home or community-based systems; 5 children received services not in the natural environment. The percentage for First Step was also 99%, meaning not all the children were receiving services in the natural environment.

9. On August 18, 2014, the parent referred her son, XX ("xx") to the I.E.U. site CDS First Step ("First Step") to be evaluated for eligibility to receive early intervention services. As a result of the evaluation conducted by First Step, which reflected delays in communication and cognitive skills, it was determined that xx was eligible. An IFSP was developed that provided special instruction in the home by a special educator for 10 hours per six months, with consultation by a speech/language pathologist 15 minutes per quarter.

10. After the first visit to xx's home by the special educator, xx's mother requested that xx receive direct speech therapy and a speech/language evaluation. A Written Notice from First Step dated November 3, 2014 for child xx states at Section 3 that "CDS cannot provide direct speech therapy to xx because of the coaching model that the State of Maine department of Education has chosen as the method for early intervention services for children under the age of xx. The evaluation tool that CDS uses for eligibility determination is the Battelle Developmental Inventory or the Bayley Scales of Infant Development. Domain specific evaluations are not completed on children under the age of xx for early intervention services." At Section 4, the Written Notice states that "The parents requested a speech language evaluation and direct speech language therapy for xx. This was rejected by CDS as it is not the model of intervention the Department of education has adopted for the children receiving Part C services in the State of Maine."

11. When xx's mother continued to press for speech services and an evaluation, indicating that she was prepared to exercise her special education due process rights, First Step agreed to order the evaluation. The results of that evaluation, conducted by George Voyzey on December 16, 2014, were reviewed at an IFSP Team meeting on January 6, 2015. At the meeting, it was determined that a speech provider should be the service provider for xx, providing speech therapy to xx 15 hours per 6 months.

12. As a result of the meeting, xx's IFSP was amended to provide speech therapy in the home 15 hours per 6 months. In Section VI of the IFSP, the strategies identified for eight of the 12 described outcomes state that they are to be delivered by "parent and therapist."

13. The Written Notice for the January 6th meeting, in section 5, states as follows: "During the meeting the team discussed the coaching model that the State of Maine operates under for children under the age of xx. The family feels strongly that xx needs direct speech therapy; however CDS does not provide this in early intervention. George was asked by the mother if he would recommend direct speech therapy for xx given his communication needs and George replied 'yes,' that is what he would recommend."

14. At an IFSP Team meeting held on July 28, 2015, as stated in the Written Notice of the meeting, it was determined to amend xx's IFSP to add "seven additional hours of speech therapy."

15. Mr. Voyzey's Early Intervention Visit Notes from his visits with xx during the period from 1/20/15 to 8/11/15 reflect xx's ongoing progress, with comments such as: "[Mom] reports xx is starting to produce more spontaneous verbalizations;" "xx continues to make gradual progress in using spontaneous verbalizations;" "He is talking more;" "xx is consistently verbalizing expanded utterances of 3-4 words;" "Using more words every week;" "Word lists are showing progress;" "His spontaneous speech and articulation continue to show progress;" and "He's continuing doing great, progress and even using words to elicit humor."

16. During an interview conducted by the Complaint Investigator with Tammy Talbot, Ms. Talbot stated the following: She is a case manager for the I.E.U., and has held that position for about 20 years. She has been the case manager for xx dating from his referral to the I.E.U. on August 8, 2014. Following an evaluation, xx was determined to be eligible for early intervention services and an individualized family service plan ("IFSP") was developed for him dated September 25, 2014. That IFSP provided that xx's primary service provider ("PSP") would be a special education teacher, with consultation services provided by a speech provider for 15 minutes per quarter or as needed. Under that IFSP, there were no speech services being provided directly to xx.

On October 23, 2014, xx's mother contacted her, stating that she was not happy with the services being provided to xx. xx's mother said that she had spoken with xx's pediatrician, and they both felt that xx should be receiving services from a speech/language provider in a clinical setting. xx's mother said that she didn't needed coaching from the special education teacher, because she was a special education teacher herself. xx's mother also requested a speech evaluation for xx. She responded to xx's mother that the I.E.U. doesn't provide domain-specific evaluations to children under xx years old, and suggested that xx's family access clinical speech services through a prescription from xx's pediatrician if they felt that was what they wanted for xx. xx's mother reported that the family did not have medical insurance and couldn't afford to pay for those services. xx's mother also requested a hearing evaluation, and she made a referral for that to take place soon thereafter. No changes were made to the services being provided to xx at that point.

The following week, she accompanied the PSP on a visit to xx's family. xx's mother told her that she felt that the evaluation didn't sufficiently capture xx's speech disability. xx's mother also said that she had been working with xx herself, that xx had made no progress, and again requested clinical speech services for xx. She offered to have George Voyzey consult with the PSP at the next family visit, and xx's mother agreed. That visit took place on November 18, 2014. Both Mr. Voyzey and the PSP submitted reports of the visit. Mr. Voyzey reported that he didn't see apraxia in xx, and didn't believe that xx had a language impairment. He suggested that xx would take a longer time to develop speech because x was from a bi-lingual home.

On November 4, 2014, xx's mother spoke with Mr. Armandi about her request for a speech evaluation. Mr. Armandi authorized the evaluation, which was conducted by Mr. Voyzey on December 16, 2014. Mr. Voyzey stated in his evaluation report that, although xx was not cooperative so that he could not develop a formal test score, he believed that xx had a significant delay in expressive language skills and functional articulation skills. At a meeting to review the evaluation results, the IFSP Team determined to change the PSP to a speech provider and to increase the amount of services to 15 visits over 6 months, 1 hour per visit.

During Mr. Voyzey's visits to the family as xx's PSP, Mr. Voyzey worked directly with xx . Mr. Voyzey's therapeutic strategies were embedded in his interactions with xx during play activities, and were intended to also provide a model to the family so that they could replicate those same therapeutic interactions. Mr. Voyzey reported that xx made progress over the course of his visits with him.

As xx's xx birthday was approaching, a Part C to Part B transition meeting was held on July 28, 2015. In preparation for the meeting, another speech evaluation was performed, this time (at the request of xx's mother) by a speech provider other than George Voyzey. The evaluation report reflected scores that were all in the normal range.

She does not agree that First Step has a policy or practice of refusing to offer direct clinical services to children. Although it is unusual, there is a process through which such services can be provided. The process is generally initiated when a PSP reports that a child with significant developmental delays, and often a serious medical condition, is not making progress. The process is then used to determine whether clinical services following the medical model are appropriate, i.e., whether the child needs a greater intensity of services than the PSP model can provide. She has had one child during the last two years who was found to require those type of services, and would estimate that most CDS case managers would say the same.

xx is not a child with significant developmental delays. xx lives in a bi-lingual home, and does not interact much with other children; he stays home with his father during the day rather than attend a preschool program. xx is delayed with respect to developing speech, but she believes he will eventually develop appropriate speech skills and will be fine.

17. During an interview conducted by the Complaint Investigator with the mother, she stated the following: She is a special education teacher and is xx's mother. She referred xx to the I.E.U. on August 8, 2014. About a month after services to xx started, she told Ms. Talbot that she wanted direct speech services for xx. She didn't specify whether those services would be provided in the home or in another setting. She understands that the coaching model works in some homes, but she had been using strategies she knew as a special education teacher to help xx with his speech and they weren't working. Ms. Talbot told her that xx couldn't get direct services until he was xx years old, that the I.E.U. didn't provide direct services to children from birth to two years. Ms. Talbot said they could switch the parent coach from a special education teacher to a speech pathologist.

She also asked Ms. Talbot for a speech evaluation for xx. At first, Ms. Talbot said they couldn't do that, but after she threatened to file for a due process proceeding she received a phone call from Mr. Armandi saying they would do the evaluation. Mr. Voyzey did the

evaluation. When the IFSP Team met to review the results of the evaluation, Mr. Voyzey began by saying that Part C doesn't do direct services. She asked Mr. Voyzey what he would recommend if the I.E.U. did offer direct services, and Mr. Voyzey said that then he would recommend direct services. This statement was initially left out of the Written Notice of the meeting, but at her request the I.E.U. added it and reissued the Written Notice. She understood direct services to mean that the therapist would provide one-on-one therapy with the child, rather than teaching her how to do it.

Mr. Voyzey became the primary service provider and started making weekly home visits. Initially the visits lasted ½ hour. She said to Mr. Voyzey that the time didn't seem very productive, that not much was getting done. Mr. Voyzey agreed and increased the visits to one hour. Mr. Voyzey sometimes brought toys to the visit, sometimes not. He would ask her whether xx had been making any new sounds and about his progress on other goals. He played on the floor with xx. He would ask xx to make certain sounds, but there was never any consistency in the things Mr. Voyzey worked on. He would say "Let's see what we're doing today." He would give her notes about practicing sounds with xx, like if you're in the bathtub, try to get xx to say "fish" with the "sh" sound at the end of the word. Sometimes she followed up on Mr. Voyzey's suggestions, sometimes not. Sometimes it was hard to get xx to engage when she got home from work. xx's father speaks only Spanish, and was not that involved with xx's speech therapy.

xx has improved a lot since he began receiving early intervention services, but she's not sure it was due to the services through the IEU. Starting in early December 2014, xx began receiving speech therapy in a clinical setting for which she pays out-of-pocket. In the home, it was easier for xx to run off when the work got too hard; it was easier to get xx to do the work when he was in the speech therapist's office. She doesn't believe that the services from Mr. Voyzey were direct services because there were no targets, Mr. Voyzey wasn't keeping track of xx's performance, and there was no data to show what was happening with xx. This was all very different from what happened in the speech therapist's office. Mr. Voyzey was doing the same things that the special education teacher had been doing before he took over as primary service provider. The new speech provider that took over from Mr. Voyzey is continuing to do the mostly the same things, although a little more structured and with some data. The new provider still talks with xx, talks with her about how the week went, and sits on the floor and plays with xx.

She has heard that other parents report that the I.E.U. doesn't offer direct services until a child turns xx. She doesn't remember anyone telling her that xx wasn't eligible for direct services because he doesn't meet certain criteria, only that there were no direct services for children under xx.

18. During an interview conducted by the Complaint Investigator with George Voyzey, Mr. Voyzey stated the following: He is a speech pathologist for the I.E.U. He understands direct services to involve a process where the speech therapist provides strategies and cues to the child that will allow the child to improve their communication skills with language and speech. In the Part C model of service delivery, in order for parents to understand what to do with their children, he has to provide direct services to the child so that he can model

strategies for the parent to implement when he is not there. The parents see how the pathologist uses communication strategies and become comfortable with them so they can implement them themselves.

He works predominantly with Part B children, but about a year ago, a Part C speech pathologist left the I.E.U. and he was asked to provide consult services to other Part C staff. It was during this time that he became involved with xx's family. He performed a speech/language evaluation of xx, and typically performs around 20 to 25 speech/language evaluations per year for Part C children. After completing xx's evaluation, he attended the IFSP meeting to review the results of the evaluation. He did state at the meeting that if direct services were available to Part C children, then he would recommend them for xx. He understands that, under Part C, parents have the right to pursue services delivered under a medical model. He believes that any child would show more improvement under a medical model than under the coaching model, and he doesn't know the background behind why the coaching model became the preferred service delivery model for Part C.

After the IFSP meeting, he began making weekly visits with xx and his family. At those visits, he would provide direct therapy services to xx in the context of also coaching the family to follow those same strategies. He thought that xx's mother followed through on implementing the strategies, but xx's father wasn't much involved. xx's sister was also very involved, and interacted with xx a lot. Over the period of his visits with xx's family, xx's mother reported that xx was talking more, and he thinks this demonstrated to her that the model was working. After reporting some new indications of progress, xx's mother would say now she wanted xx to begin making other sounds that sometimes were not developmentally appropriate, not the next step in the building of xx's communication skills. xx made good progress over the 15 hours of service that he provided. At the end, he told xx's mother that he wished he had a video of how xx was communicating when they started so she could make the comparison. By that time, xx had become very familiar with him, he was on xx's turf, and it was difficult getting xx to stay engaged. He had to follow xx around outside. The last few sessions, he asked xx's mother to bring xx to a playroom at the CDS site to see how he did in a different environment. He wanted to see if xx could generalize the work he had been doing when outside the home. xx did phenomenally well.

He believes xx enjoyed the time he was working with him, and he gave xx the tools he needed to build on. xx's receptive language is so much more developed, and hopefully the sessions he did with xx got xx to start building on his expressive language and speech. The hardest part was that xx was used to having his way with things. That was one reason he suggested that another speech pathologist replace him, and xx's mother agreed.

19. During an interview conducted by the Complaint Investigator with Roy Fowler, Mr. Fowler stated the following: He is the State Early Intervention Technical Advisor for the I.E.U. The I.E.U. does provide direct services in a clinical setting in the appropriate case, but this is relatively rare. The law requires that early intervention services must be based on scientifically-based research, and all the research supports the use of the primary service provider model in the natural setting for children under xx years of age. Services are provided in a clinical setting where the need for more intensive intervention is demonstrated, and there

have been several instances in the last two years where a child was referred for clinical services. xx's mother was looking for traditional speech therapy to be provided to xx, and that is not appropriate for a xx year old. xx's mother cancelled the last two scheduled visits because she said that xx was doing fine.

There are many children for whom the I.E.U. provides direct services in the natural setting. For example, some children receive Early Start Denver Model services. This is an applied behavior analysis-based method in which the provider primarily works directly with a child with autism, although it is typically done in the home. During Mr. Voyzey's sessions with xx's family, he spent a large part of each session working directly with xx.

With regard to domain specific evaluations for Part C children, it is not true that the I.E.U. never does them – it just does them judiciously. If such an evaluation will lead to a result that changes the approach or strategies being used with the child, then the I.E.U. will authorize it. The I.E.U doesn't perform such evaluations just for the sake of doing them, but it often agrees to do them, especially where autism is a suspected disability. The I.E.U. relies on the assessment of early intervention service providers as to whether they suspect something is going on that was not revealed by the battery of assessments normally used.

With xx, the IFSP Team already knew that xx had a delay in expressive language and in articulation – that was why he was eligible for services in the first place. The decision to do an evaluation was a formality and was unlikely to add new information to the interventions being provided.

20. During an interview conducted by the Complaint Investigator with Gregory Armandi, Mr. Armandi stated the following: He is the site director for First Step. Although the PSP model is the preferred method for service delivery to children less than xx years old, it does not preclude direct involvement between the PSP and the child. Even when the PSP is modeling, the PSP is working directly with the child and seeing the child respond, which is therapeutic. Then the PSP works with the family to repeat those strategies so the child can continue to receive the therapeutic benefit. The PSP has discretion to include within the time of the visit as much direct work with the child as is appropriate. A physical therapist, for example, going into the home would most likely engage in movement activities with the child for at least part of the visit, both to provide direct benefit to the child and also to model the activities for the family.

In the last two years, First Step has had several children for whom services were provided outside the natural environment. One case manager reported three children were currently in that category.

VI. <u>Conclusions</u>

Allegation #1: Having a policy or practice of not utilizing a child's IFSP Team, including the child's parents, as the vehicle for determining whether early intervention services designed to

meet the developmental needs of the child should include services delivered by a provider working directly with the child by predetermining the outcome in violation of MUSER §X.1
NO VIOLATION FOUND

The Third Circuit Court of Appeals, in *Deirdre v. Delaware County Office of Mental Health and Mental Retardation*, 490 F.3d 337 (3d Cir. 2007), offered the following overview of Part C of the IDEA: "Part C…provides money to states that 'develop and implement a comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families.' 20 U.S.C. § 1431(b)(1). Those services are to be provided, when possible, in the child's 'natural environment.' *Id.* § 1432(4)(G). The child's natural environment includes 'the home and community settings in which children without disabilities participate.' 34 C.F.R. § 303.12(b). The regulations further define natural environment as 'settings that are natural or normal for the child's age peers who have no disabilities.' *Id.* § 303.18. Examples of such natural environments include 'the home, child care centers, or other community settings.' *Id.* § 303.344, n. 1. If services will not be provided in a natural environment, the IFSP must include a justification. *Id.* 303.344(d)(a)(ii)."

The allegation asserted in this complaint did not specifically address the issue of natural environment, but of the use or non-use of "direct service" to provide early intervention services. It was evident at the outset of this investigation that there was confusion around the use of the term "direct service." DRM and the mother intended it to mean services that were provided by a provider working directly with the child, regardless of the setting. This meaning was in contrast to a provider working with family members to coach them regarding strategies to utilize with a child during the child's normal routines and activities. To other individuals, in other contexts, however, it was understood to mean services provided to a child outside the natural environment, primarily in a clinical setting. That is the meaning to which Mr. Voyzey gave the term when stating that he would recommend direct services for xx.

OSEP, in *Letter to Anonymous*, (Sept. 24, 2007), used the term "direct service" in opposition to "consultative service" in the following passage: "The IFSP must include 'a statement of early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services' (20 U.S.C. 1436(d)(4). The term 'method' is defined in the current Part C regulations as 'how a service is provided' (34 CFR § 303.344(d)). There are many different 'methods' of providing services, such as one-on-one vs. group therapy, or consultative vs. direct services. The determination of whether a particular 'method' is needed for a child is an individualized determination made by the IFSP team, which includes the parent and could include a specific 'methodology' such as applied behavioral analysis (ABA) if it is the method determined to be needed."

Maine's special education regulations do not define or use the term "direct services." MUSER X.1 states that "'Early intervention services' means developmental services that are:..designed to meet the developmental needs of an infant or toddler with a disability..; [and] to the maximum extent appropriate, are provided in natural environments, including the home….Appropriate early intervention services must be based upon scientifically-based

research….Early intervention services are built upon the principles and procedures of evidence-based practice….[CDS] utilizes a Primary Service Provider (PSP) model to provide services in the child's natural environment, through parent coaching, to improve the child's functioning in daily routines and activities." Section X.1.B states that, "[f]or children B-2, the preferred model of service delivery is the provision of services that are embedded in everyday routines and activities by a PSP in the child's natural environment."

Section X.1.A further states, however, that "[c]onsideration for a service to be provided outside the child's natural environment occurs when the child's outcomes cannot be met or if progress is not being adequately made in the natural environment. If the IFSP team determines that services must be provided outside of the natural environment, a justification must be provided in the IFSP." The IEU's IFSP form contains the following language, within each of the Outcome sections of the form found in Section VI, under the heading Natural Environment Justification: "Supports and services must be provided in settings that are natural or typical for children of the same age (i.e., natural environments). If, as a team, we decide that we cannot achieve an outcome in a natural environment, we need to describe how we made that decision and what we will do to move services and supports into natural environments as soon as possible."

The specific allegation in this complaint is that the IEU has a policy or practice of refusing to consider, on an individualized basis, whether a given child requires services to be delivered in the "direct service" methodology. The language in paragraphs 10 and 13 above quoted from Written Notices concerning xx appears to support the allegation of this complaint. Statements that the IEU does not provide direct speech therapy or speech/language evaluations appears to conflict with the obligation to provide services designed to meet a particular child's developmental needs and to consider services provided outside the natural environment. The information obtained during the investigation, however, does not support the validity of those statements. Materials submitted by the IEU documented a number of instances within the last two years when direct services in the nature of speech therapy, occupational therapy or Early Start Denver Model services were provided to children, both in and outside the natural environment. Mr. Voyzey also stated that he has performed annually 20 to 25 speech/language evaluations for children under xx years old.

From the descriptions of Mr. Voyzey's visits to xx's home provided by both xx's mother and Mr. Voyzey, it is plain that a considerable amount of the time spent during those visits involved Mr. Voyzey working directly with xx, albeit in the presence of his mother and sister. That work served the dual purpose of providing speech and language skills to the child, while at the same time modeling for his mother and sister strategies that they could continue to implement as they interacted with him throughout the day. This may not have looked exactly like the therapy that xx's mother had in mind, what was referred to as "traditional speech therapy," but it did involve provision of direct services as described in the allegation.

Furthermore, Maine's regulations require that services provided by the IEU be "based upon scientifically-based research" and "built upon the principles and procedures of evidence-based practice." Research on the efficacy of services provided to children less than xx years old supports the use of the PSP model in the natural environment to deliver those services. The

fact that a parent might prefer the use of a different model does not by itself permit the use of that other model without sufficient basis. The primary factor justifying a departure from the preferred model is a failure of the child to make adequate progress when receiving services through the primary service provider model. Although xx's mother reported that she had, on her own, been working with xx without seeing progress, this did not dictate that the IEU should depart from the preferred model without at least an initial trial period. Mr. Voyzey's notes reflect that, after he began working with xx, there was continuing evidence of progress with xx's speech and language. Accordingly, at no point with xx was there a sufficient basis for departing from the evidence-based model that is the norm for children receiving services from the IEU.

In sum, the information and materials reviewed in connection with this investigation does not support the allegation that the IEU has a policy or practice whereby the use of a "direct service" model is never considered or provided.

VII. Corrective Action Plan

As no violations were found, none is required. The IEU is strongly urged, however, to provide guidance to its staff writing Written Notices and otherwise working with families that it is inappropriate and incorrect to make statements suggesting the existence of a blanket rule that all children are to receive only one method of delivering early intervention services or only one type of evaluation.