

Informed Clinical Opinion in Early Intervention



LEARNINGbyte - Assessment



PURPOSE OF ACTIVITY

Early interventionists will understand the role of **informed clinical opinion** when supporting children and families in the area of infant-toddler social and emotional development.

As a result of this activity, the team will be able to:

- Define informed clinical opinion and identify when to use it.
- Connect informed clinical opinion to eligibility decisions related to social-emotional development.
- Practice identifying informed clinical opinion using real-life scenarios.



TIME REQUIRED: 45 - 60 MINUTES



RESOURCES NEEDED

- Laptop, projector, and screen
- Video, [HeartWired, Informed Clinical Opinion: Supporting Eligibility Decisions for Social-Emotional Dev in Part C](#) (Run time: 5:11)
- Handouts
 - Trainer Video Script (optional)
 - [Atypical Development Quick Reference Guide](#)



SPECIFIC STEPS

1. Email staff the handouts prior to the meeting. Ask them to think of a child where they used their informed clinical opinion and be prepared to share.
2. Begin by providing an overview of Informed clinical opinion based on the [Infant & Toddler Connection of Virginia Practice Manual](#):

Definition:

"The use of professional expertise and experience in combination with information gathered through eligibility determination or assessment for service planning, or both, to determine the child's developmental status and eligibility under Part C" (Glossary).

Expanded Explanation:

*"Informed clinical opinion is the result of synthesizing medical and developmental information (based on a tool, observation, parent report, medical records, etc.) with professional expertise and experience to decide a child's developmental status and/or eligibility. Informed clinical opinion may be the basis upon which the eligibility determination is made. This does not violate the requirement (below) that no single procedure be the sole criterion for determining a child's eligibility since the informed clinical opinion would be based on multiple procedures and sources of information. **Informed clinical opinion may be used to establish a child's eligibility even when screening or assessment instruments or other information does not establish that eligibility.** However, informed clinical opinion cannot be used to negate eligibility established using appropriate assessment instruments or procedures" (Chapter 5).*

Ask participants, "What does this mean in practice?"

Facilitator notes (Talking Points):

If protocols provide limited information, **informed clinical opinion can support eligibility**. Standardized assessment instruments may not fully capture a child’s functioning—especially in social-emotional development, where context, relationships, trauma, and regulation patterns matter.

In those situations, the team can use informed clinical opinion to establish eligibility even if the numbers don’t show a 25% delay or the tool doesn’t flag concerns. *If the protocols underestimate the child’s needs, informed clinical opinion can fill the gap and support eligibility.*

If protocols already established eligibility, informed clinical opinion cannot reverse or rescind eligibility.

If a child does meet eligibility based on standardized measures, the team cannot override that by saying, “Our clinical opinion is that the child is actually fine.” *You can use informed clinical opinion to support eligibility, but you cannot use it to take away eligibility.*

3. Introduce the video to promote the consistent, appropriate use of informed clinical opinion. Play the video using a laptop and projector. Provide the transcript if needed.

4. Debrief the case example as a large group.

Maya is 22 months old. She doesn’t make eye contact, often avoids play, and rarely responds to her name. On her developmental assessment, she just misses the cut-off for a 25% delay.

However, the team observes significant difficulties in her ability to engage emotionally with her caregiver. The family shares that Maya becomes distressed during transitions and rarely seeks comfort when upset.

Pass out the handout, Atypical Development Quick Reference Guide, and ask participants:

- a. Which atypical development category applies, and why?
Maya could be eligible for more than one category with additional information. Based on what is provided, she meets the criteria for Atypical or Questionable Social-Emotional Development.
- b. Reflect with participants on the following questions.
 - i. When have you used informed clinical opinion in the past?
 - ii. What makes social-emotional concerns harder to assess?
 - iii. How can we make sure informed clinical opinion is used consistently and appropriately?

3. Additional practice

- a. Breakout groups (recommended for larger trainings)
Break participants into groups of four. Each participant shares a case and discusses how informed clinical opinion could be applied. Use the Atypical Development Quick Reference Guide handout to guide discussion.
- b. Large group (recommended for smaller trainings)
Ask participants to share a case and discuss how informed clinical opinion could be applied. Use the Atypical Development Quick Reference Guide handout to guide discussion.

6. Wrap-Up:

- Reaffirm the importance of professional judgment in early intervention.
- Highlight that informed clinical opinion supports contextualized understanding and individualized care.
- Encourage ongoing reflection, collaboration, and learning.



Additional Resources

[Informed Clinical Opinion](#)

ECTA Center

Provides citations, definitions, and deeper explanations of informed clinical opinion in Part C.

[Typical and Atypical Social-Emotional Development](#)

VEIPD

Supports understanding of early social-emotional milestones and red flags.

[Learning Paths - Functional Assessment and Social Emotional Development](#)

VEIPD

Curated activities, videos, and modules with a final quiz and certificate.



Trainer Video Script: Informed Clinical Opinion in Early Intervention

INTRO (0:00–0:30)

Today we're diving into the critical role of informed clinical opinion when determining eligibility for early intervention services, especially related to social-emotional development in infants and toddlers ages birth to 3. This tool (informed clinical opinion) allows us to see the full picture of a child's development beyond what formal assessments alone can show.

PART 1: WHAT IS INFORMED CLINICAL OPINION? (0:30–1:15)

Informed clinical opinion refers to a qualified practitioner's reasoned decision-making based on professional knowledge, direct observation, caregiver input, and the child's developmental history. It's an essential part of eligibility determination under Part C of IDEA.

This isn't a fallback—it's a formal, evidence-informed method to recognize when a child is at risk, even when scores on formal tools might not reflect it.

PART 2: WHY DOES INFORMED CLINICAL OPINION MATTER FOR SOCIAL-EMOTIONAL DEVELOPMENT (1:15–2:15)

Social-emotional concerns in children ages birth–3 can be subtle or masked by co-occurring delays. Behaviors such as lack of eye contact, excessive tantrums, resistance to touch, or difficulty forming attachments can signal underlying developmental needs that standardized tools might overlook.

Informed clinical opinion empowers the early intervention team to say, 'This pattern isn't typical, and this child needs support,' even when the delay isn't measurable in percentages.

PART 3: CASE EXAMPLE (2:15–3:15)

Let's look at an example. Maya is 22 months old. She doesn't make eye contact, often avoids play, and rarely responds to her name. On her developmental assessment, she just misses the cut-off for a 25% delay.

However, the team observes significant difficulties in her ability to engage emotionally with her caregiver. The family shares that Maya becomes distressed during transitions and rarely seeks comfort when upset.

Using informed clinical opinion, the team determines that Maya demonstrates atypical social-emotional development and qualifies for early intervention services based on informed clinical opinion.

PART 4: USING INFORMED CLINICAL OPINION ETHICALLY & EFFECTIVELY (3:15–4:15)

Informed clinical opinion should be well-documented, team-based, and grounded in evidence—not just intuition. It should include:

- Observation across multiple routines
- Developmental history and caregiver input
- Description of concerns and justification for eligibility

In Virginia, informed clinical opinion is fully valid for determining eligibility and is particularly important in areas like social-emotional development where formal tools fall short. Keep in mind though, informed clinical opinion cannot be used to negate eligibility established using appropriate assessment instruments or procedures.

CLOSING (4:15–5:00)

Informed clinical opinion isn't about making a guess—it's about applying our expertise to recognize when a child needs help. When used thoughtfully, informed clinical opinion, becomes a bridge to early intervention services for children who may otherwise be overlooked.

Thank you for being thoughtful advocates and critical thinkers in your work with families. Let's continue to use every tool available to ensure children receive the support they need, when they need it most.