



Evidence-Based Approaches to Child Find, Referral, Early Identification and Eligibility Determination Practices

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Framework for Investigating Child Find, Referral, Early Identification and Eligibility Determination Practices

The framework and model used by the Tracking, Referral and Assessment Center for Excellence (TRACE) for studying child find, referral, early identification, and eligibility determination practices is described. The model includes operational definitions of the practices constituting the focus of TRACE, an explanation of how the practices are procedurally and functionally related, and a description of the purposes and goals of each of the practices. The primary goal of TRACE is a better understanding of the characteristics of evidence-based child find, referral, early identification, and eligibility determination practices and the benefits and consequences of the practices.

This *Tracelines* includes a description of the framework used by the Tracking, Referral and Assessment Center for Excellence (TRACE) for investigating the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program and Part B(619) Preschool Special Education Program child find, referral, early identification, and eligibility determination practices. The major goal of TRACE is to identify and improve the use of evidence-based practices in each of these areas by state and local programs. This is being accomplished through the conduct of practice-based research syntheses (Dunst, Trivette, & Cutspec, 2002); extant database, process, and outcome studies of child find, referral, early identification, and eligibility determination practices (e.g., Dunst, Hamby, & Fromewick, 2004); the preparation of tool kits and practice guides for improving child find, early identification, and eligibility determination practices; the provision of technical assistance to state and local

programs in using evidence-based practices; and the dissemination of information about evidence-based child find, referral, early identification, and eligibility determination practices (e.g., Trivette & Dunst, 2003).

As described in the IDEA regulations (Early Intervention Program, 2002) states are required to develop and implement a comprehensive child find system that includes policies, practices, and procedures for promoting referrals for evaluation and assessment to determine child eligibility for early intervention or preschool special education. States are also required to implement methods and procedures that parents, health care professionals, social services agencies, and other individuals and programs can use to make referrals to early intervention or preschool special education. These different functions are performed by early intervention and preschool special education program personnel with the explicit purpose of ensuring that eligible children receive necessary supports, resources, and services. This is accomplished,

in part, by activities that increase knowledge and understanding of the availability and benefits of early intervention and preschool special education among parents, professionals, and the general public.

The child find, evaluation and assessment, eligibility criteria and procedures, and related IDEA requirements were used to develop the framework described in this *Tracelines* to: (1) cull available research evidence, (2) plan and conduct research studies, and (3) develop evidence-based practice guides that inform improvements in child find, referral, early identification, and eligibility determination practices. The model attempts to make clear how different kinds of practices implemented in a manner intended by IDEA can result in the timely provision of early intervention and preschool special education for the largest numbers of eligible children.

This *Tracelines* is divided into three sections. The first section includes a description of the TRACE model. The model provides a basis for showing how the practices constituting the focus of TRACE are related both functionally and procedurally. The second section includes operational definitions of the *terms* child find, referral, early identification, and eligibility determination. The definitions provide a basis for further understanding the meaning and intent of the practices. The third section includes explanations of the *purpose* and *goal* of each TRACE practice. Examples of how the model is being used to conceptualize and conduct TRACE research and practice are provided throughout the paper.

TRACE Model

The model used to conduct TRACE research and practice is shown in Figure 1. The model is based on and expands upon a framework described by Appl (2000) for improving preschool assessment practices. The model operationally differentiates between related but procedurally distinct Part C and Part B(619) child find, evaluation and assessment, and eligibility criteria and procedures as required by the Individuals with Disabilities Education Act (1997). According to the TRACE model, child find is considered a set of activities that identify and locate eligible children or potentially eligible children for early intervention or preschool special education. These child find activities in turn lead to early identification or referral or both. Early identification is considered the process used for eligibility determination that promotes enrollment in early intervention or preschool special education.

Although the early intervention and preschool special education literatures are rich in descriptions of these required practices, neither makes explicit how the practices differ from one another or how they are function-

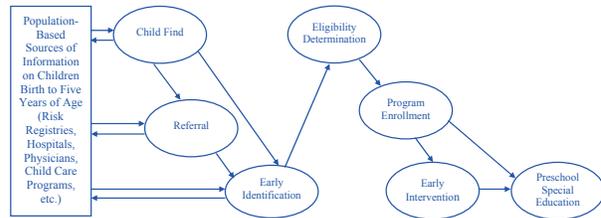


Figure 1 TRACE model for studying and improving child find, referral, early identification, and eligibility determination practices in early intervention and preschool special education programs.

ally or procedurally related. This is addressed in TRACE using a behavioral sciences framework (Babbie, 2004) that operationally defines concepts such as *child find* and *eligibility* and identifies the indicators that are used to investigate and isolate the characteristics of the practices that are associated with desired outcomes (Dunst et al., 2002). This is accomplished by differentiating between conceptualization and operationalization (Babbie, 2004), taking a concept such as child find and operationally defining the term, and developing practice examples (i.e., indicators) that can be used to improve understanding of the characteristics of the practice that are most important in terms of producing desired effects.

As described later in the paper, the TRACE model makes more explicit the full range of activities that can be used to identify and enroll eligible children in early intervention and preschool special education. Each major TRACE activity (e.g., child find) is comprised of many different kinds of practices (e.g., public awareness) that in turn have many different components and elements (see e.g., Dunst, Lucas, & Click, 2004, for a description of five public awareness practices). A companion *Tracelines* includes a description of an organizing scheme for unpacking and disentangling child find, referral, early identification, and eligibility determination practices to make more clear their key characteristics and components (Dunst & Trivette, 2004).

Population-Based Information Sources

As part of using the TRACE model, effective child find, referral, and early identification activities and practices are implemented by practitioners with an appreciation and understanding of the major sources of information about infants, toddlers, and preschoolers who are eligible or potentially eligible for early intervention or preschool special education. A population-based approach to these sources of information holds particular promise as a method and strategy for locating eligible children.

The term *population-based* refers to the universe of individuals who have one or more characteristics or conditions that make them the focus of tracking, monitoring, and outreach for the purpose of providing services, resources, or supports (e.g., Association of American Medical Colleges, 1999; Boland, 1996; Zeich, 1998). A population-based approach to locating children eligible for early intervention or preschool special education program includes those infants, toddlers, and preschoolers in the general population who have identified disabilities, those with conditions associated with the likelihood of a disability or developmental delay, and those born with or living under conditions that place them at risk for disabilities or developmental delays (e.g., Forrester & Merz, 2003; Wright & Birks, 2000).

The sources of information about eligible or potentially eligible children include, but are not limited to, birth-defects surveillance (Farel, Meyer, Hicken, & Edmonds, 2003), universal newborn screening program (U.S. General Accounting Office, 2003), newborn hearing-screening program (White & Maxon, 1995), and child welfare (Robinson & Rosenberg, 2004) registries. Other sources of information about eligibility or potentially eligible children are databases including conditions associated with developmental disabilities (e.g., Adamson, Alessandri, Badawi, Pemberton, & Stanley, 1995; Keenan, Runyan, Marshall, Nocera, & Merten, 2004; Torfs & Christianson, 1998) and conditions associated with a high risk of developmental delays (Avchen, Scott, & Mason, 2001; Drewett, Corbett, & Wright, 1999; Thorngren-Jerneck & Herbst, 2001; Wright & Birks, 2000).

Population-based sources of information about potentially eligible children are not limited to risk registries. Additional sources of information include the professionals who are most likely to have “first contact” with newborns (e.g., obstetricians), professionals who have ongoing and regular contact with infants, toddlers, and preschoolers (e.g., pediatricians and family physicians), and professionals to whom referrals are made for specific health- and disability-related conditions (e.g., neonatologists and cardiologists). Sources of information about potentially eligible children also include the places where infants and young children are provided routine (e.g., child-care programs) and specialty (e.g., NICUs, birth-defects clinics) care.

The potential utility of population-based sources of information for identifying eligible children can be illustrated using birth-defects surveillance registries as an example (Farel et al., 2003). Most states (N = 46) and the District of Columbia maintain birth-defects registries that include conditions that would make children eligible or potentially eligible for early intervention or preschool

special education (Sever, 2004). These conditions include, but are not limited to, spina bifida, cleft palate, limb deformities, chromosomal disorders, and fetal alcohol syndrome. These registry programs typically include referral requirements to ensure the provision of needed services (e.g., Montgomery & Miller, 2001). As stated in the National Birth Defects Prevention Network’s *Guidelines for Conducting Birth Defects Surveillance*:

Information collected as part of birth defects surveillance can be used to refer specific children and their families to appropriate services. Established referral networks serve as a resource for children and their families to learn about available medical services, community programs, and social support. Affected children and their families can be connected with appropriate services in a timely fashion. (Sever, 2004, Chapter 1, Section 1.4.5, p. 1-13)

Knowledge of the birth defects included in a registry associated with disabilities or delays and a close working relationship with the state- or local-program practitioners responsible for referring children in need of services would likely promote and ensure referrals to early intervention and preschool special education. Early intervention practitioner use of risk registries to locate eligible or potentially eligible children would constitute a child find activity, whereas the procedures used by early intervention practitioners to have personnel link children and families with appropriate supports, resources, and services would constitute a referral activity.

Definition of Terms

This section of the article describes the ways in which child find, referral, early identification, and eligibility determination are used by TRACE for research and practice. The following operational definitions have been adopted by TRACE for making explicit the purposes and functions of the TRACE-related activities. Whereas the same activity (e.g., outreach to hospitals) can serve different purposes (e.g., child find and referral), research suggests that the ways in which an activity is conceptualized and operationalized matters both in terms of its procedures and its intended or desired effects or outcomes. Dunst and Trivette (2004) describe the major categories and subcategories of child find, early identification, referral, and eligibility determination practices constituting the focus of TRACE.

Child Find

Child find means the methods and procedures used by Part C or Part B(619) program practitioners to iden-

tify and locate infants, toddlers, and preschoolers who currently or potentially are in need of Part C early intervention or Part B(619) preschool special education. The term is used specifically to refer to a range of activities and initiatives that early intervention and preschool program practitioners use both to identify children who are eligible or potentially eligible for early intervention or preschool special education and to increase awareness and understanding of the value and benefit of affording infants, toddlers, and preschoolers with disabilities or delays experiences that promote and enhance their development (Oser & Cohen, 2003). TRACE efforts regarding child find include a major focus on the child find practices likely to be most effective in terms of locating the largest numbers of eligible or potentially eligible children.

Referral

Referral means the procedures or steps taken by an individual (e.g., physician) or entity (e.g., NICU) on behalf of an infant, a toddler or a preschooler to obtain the opinion, supports, or services of another individual (e.g., early childhood special education practitioner) or entity (e.g., early intervention program). The term is used specifically by TRACE to mean the efforts of Part C/Part B(619) program personnel to promote or increase referrals to early intervention or preschool special education by physicians, hospitals, child care personnel, information and referral programs, and other primary referral sources (Berman & Melner, 1992). TRACE investigators are specifically examining referral procedures and practices that make early intervention and preschool special education a *target and focus* of referral of infants, toddlers, and preschoolers with or at risk for disabilities or delays by primary referral sources.

Early Identification

Early identification means the assessment and evaluation methods used to screen for or to determine the presence of a condition or identified disability that results in a developmental delay or places a child at risk for a developmental delay or poor outcome (Appl, 2000; Glascoe, 1991). The term early identification is used specifically to mean those activities that are responsive to the evaluation and assessment requirements of IDEA (Assistance to States, 2002; Early Intervention Program, 2002) and are implemented following, or as part of, child find and referral. TRACE investigators are examining both assessment tools and procedures with a focus on those practices that are effective and efficient in terms of identifying the presence of developmental delays or conditions placing children at high risk for delays.

Eligibility Determination

Eligibility determination means the procedures and criteria used to determine if a child meets the definitions established by states and jurisdictions for Part C or Part B(619) program enrollment (Danaher, Shackelford, & Harbin, 2004). A major focus of TRACE is a better understanding of the characteristics of eligibility determination practices that ensure minimal delay in service provision to eligible children. Special emphasis is being placed on the value of allowable, but little used, eligibility determination practices (e.g., presumptive eligibility, informed clinical opinion) as methods for improving enrollment of eligible children. TRACE investigators are also examining the use of nontraditional eligibility determination practices (e.g., triage) as means for promoting enrollment in early intervention and preschool special education.

The proposed definitions of child find, referral, early identification, and eligibility determination adopted by TRACE have provided a basis for the operationalization of the terms with regard to their functions and intended outcomes and consequences. The definitions were used both to organize the published and unpublished literatures according to different kinds of practices (Dunst & Trivette, 2004) and to cull available research on the practices constituting the focus of TRACE (e.g., Dunst, Lucas et al., 2004). The definitions were also used to further unpack the characteristics and consequences of the practices as described next.

Operationalization

The activities constituting the focus of TRACE, although interrelated, each have different *purposes* and *functions* and, therefore, different *goals* and *outcomes*. Effective and efficient child find, referral, early identification, and eligibility determination practices are ones that promote rapid enrollment of eligible children in early intervention or preschool special education. Table 1 summarizes the purpose and goal of each TRACE practice. This section of the paper provides additional information about the meaning of child find, referral, early identification, and eligibility determination used by TRACE investigators and as shown in the TRACE model (Figure 1).

Child Find

Purpose. The purpose of child find is to *locate and identify* infants, toddlers, or preschoolers who are or may be eligible for early intervention or preschool special education. This is accomplished by activities that inform parents and professionals about the benefits of early in-

Table 1
Purposes and Goals of Child Find, Referral, Early Identification and Eligibility Determination

Practice	Purpose	Goal
Child Find	Locate and identify infants, toddlers, and preschoolers who may be eligible for early intervention or preschool special education.	Promote referrals to early intervention or preschool special education for early identification.
Referral	Implement procedures that parents and primary referral sources use to make referrals to early intervention or preschool special education.	Increase the numbers of referrals to early intervention and preschool special education by primary referral sources.
Early Identification	Conduct appropriate child assessments and evaluations to determine the presence of an at-risk condition or a developmental delay.	Identify those children whose development or functioning indicate a need for early intervention or preschool special education.
Eligibility Determination	Use appropriate criteria, decision-making processes, and methods for determining if a child meets the state's eligibility definitions.	Enroll eligible children as soon as eligibility criteria are met.

tervention and preschool special education (e.g., Bernstein, 1993); by efforts to reach out to physicians, hospitals, and other professionals and programs that have regular and frequent contact with eligible children (e.g., Bruder, 2004); by screening programs that identify children who may need further evaluations and assessments (e.g., Yarborough, 2002); by partnerships and collaborations with physicians, hospitals, child-care programs, Early Head Start and Head Start Programs, community-based child and family programs and agencies, and other programs and organizations (e.g., Hussey-Gardner, McNinch, Anastasi, & Miller, 2002); by the use of risk registries and other databases that include information about children with conditions that are associated with disabilities and delays (e.g., Farel et al., 2003; Robinson & Rosenberg, 2004); and by tracking and service-coordination programs that monitor children's progress to identify children who are in need of further evaluations or early intervention or preschool special education (e.g., Berman, Biro, & Fenichel, 1989).

Research conducted by TRACE investigators indicates that states have been differentially effective in terms of reaching and serving infants, toddlers, and preschoolers who are eligible for early intervention or preschool special education (Dunst, Hamby, Clow, & Fromewick, 2004; Dunst, Hamby, & Fromewick, 2004). Studies are planned to discern whether differences in child find practices account for variations in the numbers of children served by states.

Goal. The goal of child find is to promote referrals to early intervention or preschool special education for early identification or eligibility determination. This goal is accomplished by adopting and using practices that reach as many primary referral sources as possible and that fully extract information about eligible children from population-based data sources. The published literature in fields other than early intervention and preschool special education is highly informative regarding sources of information about young children who may be eligible for early intervention or preschool special education (e.g., Bethell, Read, & Brockwood, 2004; Coohy, 2003; Eichwald & Mahoney, 1993; Hollomon, Dobbins, & Scott, 1998; Kim, Lloyd-Puryear, & Tonniges, 2003; Mason, Chapman, & Scott, 1999; Ni Bhrolchain, 2002) and the factors and conditions that are likely to make child find efforts successful (Bethell et al., 2004; Forrest, Nutting, Starfield, & Von Schrader, 2002; Glade et al., 2002; e.g., Paes, Modi, & Dunmore, 1994; Sices, Feudtner, McLaughlin, Drotar, & Williams, 2004). TRACE investigators are examining these sources of information and evidence to identify strategies that might be adopted by early intervention and preschool special education program practitioners to improve child find activities.

Referral

Purpose. The purpose of referral is to ensure procedures are fully in place that encourage and stimulate primary referral sources to prescribe or recommend

early intervention or preschool special education. This is accomplished by instituting systems of referral to early intervention and preschool special education (e.g., Lynch, Mercury, DiCola, & Widley, 1988); by establishing mechanisms that enable parents and others to contact service providers (e.g., Unger, Jones, Park, & Tressell, 2001); by establishing procedures that primary referral sources can use to link children and families with early intervention or preschool special education programs (e.g., Rushton, Bruckman, & Kelleher, 2002); by efforts to have health care providers include early intervention and preschool special education on health care plans for children (e.g., Britain & Holmes, 1995); by providing training to physicians and other health care providers on the availability, value, and benefits of early intervention and preschool special education (e.g., Nalven, Hofkosh, Feldman, & Kelleher, 1997); and by the inclusion of early intervention and preschool special education as recommended or prescribed services by health care professionals (e.g., American Academy of Pediatrics, 2001).

Evidence from a number of sources indicate that the probability of a referral being initiated by a primary referral source depends, in part, on the extent to which early intervention and preschool special education are viewed as an important and necessary service for young children (Kelly, Derrington, Shapiro, & Smith, 2003; Reddihough, Tinworth, Moore, & Ihsen, 1996). Evidence also indicates that referral procedures are most effective when they are straight forward, simple, and result in action deemed necessary and appropriate by the referring agent (Silverstein, Grossman, Koepsell, & Rivara, 2003; Solomon, 1995). TRACE investigators are using this evidence to develop practice guides that can be used to ensure that primary referral sources are appraised of decisions and actions taken on behalf of referred children.

Goal. The goal of referral procedures is to increase the number of referrals to early intervention and preschool special education by primary referral sources. We know, for example, that the likelihood of physicians continuing to make referrals to early intervention is dependent, in part, on early childhood intervention program practitioners providing timely and ongoing feedback regarding the status of service provision, as well as feedback regarding both the child and parent benefits from early intervention or preschool special education (American Academy of Pediatrics, 2002; Helm & Shishmanian, 1997; Teplin & Escolar, 2000).

Early Identification

Purpose. The purpose of early identification is to discern the presence of a disability or delay or a condition that places a child at risk for a poor developmental

outcome. This is accomplished by, but is not limited to, the developmental screening of infants, toddlers, and preschoolers by physicians (e.g., Halfon et al., 2004), other health care professionals (e.g., Romeo, 2002; Wright, Brown, & Davidson-Mundt, 1992), and early intervention and preschool special education program providers (e.g., Glascoe, 1991; Vanderheyden, Witt, & Naquin, 2003); parental appraisals of and concerns regarding their children's behavior and development (e.g., Finch, 2002; Glascoe, 1999; Squires, 1996); risk assessment procedures that identify children with biological or environmental conditions associated with disabilities or delays (e.g., Widerstrom, Mowder, & Sandall, 1991); traditional and nontraditional assessment procedures for evaluating child behavior and development (e.g., Appl, 2000; Bagnato, Neisworth, & Munson, 1993); authentic and alternative assessment methods (Smith-Jones, Bagnato, Fevola, & Matesa, in press); and different teaming practices and models that involve information gathering and integration (e.g., Bergen, 1994). Early identification assessment and evaluation information includes a mix of traditional and nontraditional methods and procedures that, in their aggregate, provide the basis for determining the presence of a disability, condition, delay, concern, etc. that warrants early intervention or preschool special education (see Bagnato & Neisworth, 1991; Neisworth & Bagnato, 2000).

Goal. The goal of early identification is to identify those children in need of early intervention or preschool special education. Effective and efficient early identification procedures and processes determine the need for early intervention or preschool special education at the point where the presence of a condition, disability, or delay "triggers" a recognition that a child would benefit from these services. This decision is not made at the end of a complete multidisciplinary evaluation, but at the point where the need is established. As described next, the use of eligibility determination practices such as informed clinical opinion procedures and presumptive eligibility rubrics can be useful as decision-making tools to realize this goal.

Eligibility Determination

Purpose. The purpose of eligibility determination is to establish whether a child meets the definition or eligibility criteria for enrollment in early intervention or preschool special education. Eligibility determination involves the use of early identification information to decide if enrollment is indicated and warranted. Inasmuch as states have different eligibility criteria (Danaher et al., 2004), different decisions are likely to be made based on identical early identification information. For example, where a state has an environmental at-risk eligibility

category (see Shackelford, 2004), a child or family that has 4 or 5 risk factors might be deemed eligible. In a state that does not have an at-risk eligibility category, the child would be deemed ineligible. For this reason, early identification and eligibility determination are considered related but procedurally different practices.

Although multidisciplinary evaluations and formal developmental test results have been the mainstay of assessment practices in early intervention and preschool special education, several other procedures would seem to be of special value and utility for eligibility determination. These include, but are not limited to, informed clinical opinions or judgment (Bagnato, Matesa, Smith-Jones, & Fevola, in press) and presumptive eligibility (Bagnato, Matesa, Fevola, & Smith-Jones, in press). Procedures not typically associated with early intervention and preschool special education also hold promise for eligibility determination. One such practice is triage (Scoble, 2004; Shumsky & Pinker, 2003). Triage is a decision-making process that could be used to identify children who are most in need of intervention and that prioritizes decisions about eligibility determination. The procedure has been shown to be especially effective for improving the timely provision of needed services (e.g., Cain, Waldrop, & Jones, 1996; Cole-Kelly & Kaye, 1993; Daly, Beale, & Chang, 2001; Jones, Lucey, & Wadland, 2000).

Goal. The goal of eligibility determination is to enroll children who meet established criteria as soon as possible to ensure timely provision of needed supports, resources, and services. Enrollment in early intervention or preschool special education is done with the explicit purpose of providing children the necessary supports, resources, and services that will promote and enhance their development (Appl, 2000) and mediate parents' abilities to provide children learning opportunities that enhance their development (Dunst, 2004) in ways consistent with the intent of IDEA. Appropriate enrollment is enrollment that ensures the timely provision of beneficial interventions.

Conclusion

The four IDEA practices constituting the focus of TRACE (child find, referral, early identification, and eligibility determination) are related to one another in both functional and procedural ways linking child find and referral to both early identification and eligibility determination (Figure 1). This *Tracelines* included operational definitions of each of the practices and provided additional information regarding the *purposes* and *goals* of the practices. This was accomplished in the context

of a behavioral sciences (Babbie, 2004) framework that established how the practices differ from one another as well as how they are functionally and procedurally related. Advances in the understanding of the key characteristics of a practice, and how those characteristics operate to influence other practices in ways having desired effects, is an explicit purpose of the particular behavioral science approach to research and practice used by TRACE investigators.

The TRACE model and the operationalization of the practices constituting the focus of research and practice are being used to further explicate the meaning and both the characteristics and consequences of child find, referral, early identification, and eligibility determination practices. Dunst and Trivette (2004), for example, used the operational definition of child find to identify more than 15 different practices useful for locating eligible children. A focus of research syntheses of these practices is the identification of those particular practices that are likely to be most effective.

The operational definitions of the practices are also being used to “sort” the published and unpublished literatures into categories of practices based on the availability and strength of evidence regarding the effectiveness of child find, referral, early identification, and eligibility determination. This has been guided, in part, by the work of others who have isolated and unpacked the characteristics of practices that matter most in terms of producing desired effects (e.g., Andreasen, 1995; Paul, Redman, & Sanson-Fisher, 1997). This process has resulted in the categorization of practices according to those for which there is and is not an evidence-base that supports the use of the practices.

The TRACE model and definitions of practices are being used to guide the research being conducted by TRACE investigators to identify factors associated with variations in the percentage of children served in early intervention (Dunst, Hamby, & Fromewick, 2004) and preschool special education (Dunst, Hamby, Clow et al., 2004). Dunst and Hamby (2004), for example, used Shackelford's (2004) analyses of states' Part C eligibility criteria to show that the scope of states' eligibility definitions are related to differences in the percentage of infants and toddlers served in early intervention programs.

Results from research syntheses conducted by TRACE investigators are being used to develop tool kits and practice guides for improving child find, referral, early identification, and eligibility determination practices. For example, three eligibility determination practices (informed clinical opinion, presumptive eligibility, and triage) are being “packaged” in ways that should increase their use for improving decisions regarding child enroll-

ment in early intervention or preschool special education. The tool kit will be used both to provide technical assistance to states and local programs and to conduct research-to-practice studies of the effectiveness of the practices.

This *Tracelines* constitutes a transition point in the development and implementation of the research and practice at TRACE. On the one hand, the model and operationalization of the practices constituting the focus of TRACE “pulls together” what is known about child find, referral, early identification, and eligibility determination practices and attempts to “make sense” of different but related kinds of practices. On the other hand, the TRACE model and the hypothesized relationships among the practices provides a bridge for further explicating the meaning, intent, and benefits of child find, referral, early identification, and eligibility determination practices. This *Tracelines* and its companion (Dunst & Trivette, 2004) are being used to guide the conduct of TRACE research syntheses, research studies, tool kit development, and both technical assistance and dissemination (see www.tracecenter.info).

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