

ABSTRACT

Title of dissertation: IDEA PART C REFERRALS, DETERMINATION OF ELIGIBILITY, AND SERVICES RECOMMENDED FOR INFANTS AND TODDLERS AFFECTED BY ILLEGAL SUBSTANCES: A POLICY IMPLEMENTATION STUDY

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The Individuals with Disabilities Education Act (IDEA) Part C requires early intervention programs to develop procedures for ensuring the referral of infants and toddlers who are affected by illegal substance abuse to Part C services. There are no approved regulations for implementing Part C under IDEA 2004. This study utilized the Part C Online Database for a Mid-Atlantic state to describe the data from a large urban jurisdiction during the period of 2003-2009 that pertains to infants and toddlers affected by illegal substance abuse. The following research questions guided the investigation: What were the reasons, counts, and trends over time for referrals to the local ITP for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse? What were the reasons, counts, and trends over time for determination of eligibility for Part C services for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse? What were the reasons, counts, and trends over time for services recommended for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse?

Analyses included examination of frequencies, percentages, chi squares with phi adjustment for associations, and trends. Results indicate that though the total number of referred infants and toddlers steadily increased from 1,426 in 03-04 to 1,833 in 08-09, referrals for infants and toddlers referred to Part C for reasons related to substance abuse peaked in 04-05 (13.95%), then steadily declined to a low of 2.73% of total referrals in 08-09. Reasons for referral related to substance abuse were significantly associated with referrals due to delayed and atypical development in communication and motor skills. Over 60% of infants and toddlers who were referred for reasons related to substance abuse had services listed on their IFSPs, as did over 96% of infants and toddlers who were determined eligible due to the high probability condition effects of intrauterine drug exposure. For infants and toddlers who were referred for reasons related to substance abuse, significantly associated services included special instruction, occupational therapy, speech/language therapy, and family counseling/training.

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Preface

“It might be best to begin to do research anywhere, just to begin, and hope that others pick up threads until in time a mosaic and pattern emerges. Of course, this will always be incomplete.” Erwin C. Hargrove (1975)

“My mother is going to get her Ph.D. in special education and change things for children like me.” Sekai Ayinde Williams (2009)

Dedication

For my beloved Sekai Ayinde Williams (1993- 2009).

Always.

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I have stared at the blank pages following the above heading for far too long. After reducing years of writing to 90-odd pages of text and many more pages of tables, one might think that this should be the easy part. This part, though, is where I get to speak from my heart and not just my mind, and looking back on this experience, my heart is simply overflowing with memories and emotions. To temper the tide, I will recognize those who occupied clusters of time and space during my lived experience of making it to the point where I am now ready to write on this blank page. Please forgive me if I do not name everyone, but I hope that all who are dear to me see yourself mentioned here somewhere, in some way.

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My kin: Sekai Ayinde Williams, my wonderful son who, at the tender age of two when I first met him, directed my attention to the needs of children affected by substance abuse and children who depend on special education and child welfare professionals to positively impact their lives. (Bootsie, I miss you every single day. I love you, sweet potato.) Jacqueline Venable Richmond, my incredible mother who inspired my desire to write by engaging me in such activities as playing language games with me in the car on the way home from preschool and hiring me as a sub-consultant to proofread documents when I came home from my junior high school, motivated my desire to be the best that I can be at any given moment, and cultivated my desire for life-long learning, not just for the sake of learning, but for the sake of helping to improve the world for all of us. Abram Henry Venable, my uncle, Joyce Venable, my aunt, and Erin Brittney Venable, my cousin. My kith: Joan Christopher, Steve Crockett, Arthur “Chris” Jones, Kara “Nicci”

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Chapter 1

Introduction

The research literature substantiates the fact that children exposed to illegal substance abuse demonstrate a higher rate of difficulties following birth, poor birth outcomes, developmental abnormalities, and developmental delays than the general population. For instance, Weintraub, Bental, Oliven, and Rotschild (1998) identified a number of concerning symptoms in children who were prenatally exposed to heroin and cocaine, street drugs that are especially rampant in this urban area of the study state. Symptoms of heroin withdrawal in neonates may include central nervous system disorganization, autonomic dysfunction, central nervous system disorders that may affect motor development or motor performance, respiratory difficulties, and feeding or gastrointestinal difficulties. Neonates exposed to cocaine prenatally may demonstrate similar difficulties, including symptoms of central nervous system disorganization or dysfunction and notable difficulties in habituation to a stimulus.

Other studies have documented poor birth outcomes among young children exposed to illegal substance abuse, including premature delivery and low birth size, including weight, length, and head circumference, not explained by early gestational age (Chiriboga, Brust, Bateman, & Hauser, 1999; Connors et al., 2004; Johnson, Nusbaum, Bejarano, A., & Rosen., 1999; Lewis, Misra, Johnson, & Rosen, 2004; Singer, Arendt, Minnes, Farkas, & Salvator, 2000; Singer, Arendt, Minnes, Farkas, Salvator, Kirchner, et al., 2001; Singer, Arendt, Minnes, Farkas, Salvator, Kirchner, et al., 2002; Smith et al., 2003) and brain development, neurological functioning, or neurodevelopmental abnormalities (Chiriboga et al., 1999; Lewis et al., 2004; Scher & Richardson, 2000).

Other developmental concerns for children exposed to substance abuse include cognition (Bennett, Bendersky, & Lewis, 2002; Carta et al., 2001; Lewis et al., 2004; Mayes, Cicchetti, Acharyya, & Zhang, 2003; Morrison, Cerles, Montaini-Klov Dahl, & Skowron, 2000; Singer et al., 2002); communication and language (Eriksson, Jonsson, Steneroth, & Zetterström, 2000; Lewis et al., 2004; Morrison et al., 2000; Singer et al., 2001); fine and/or gross motor skills (Arendt, Angelopoulos, Salvator, & Singer, 1999; Arendt, Short, et al., 2004; Lewis et al., 2004; Mayes et al., 2003; Morrison et al., 2000; Singer et al., 2002); social, emotional, and adaptive skills (Bennett et al., 2002; Conners et al., 2004; Eriksson et al., 2000; Johnson, Nusbaum, Bejarano, & Rosen, 1999; Morrison et al., 2000; Stanger, Higgins, & Bickel, 1999); attention, hyperactivity, and impulse control (Goldschmidt, Day, & Richardson., 2000; Lewis et al. 2004; Singer et al., 2000); and difficulties with school success (Conners et al., 2004; Eriksson et al., 2000; Lewis et al., 2004; Mayes et al., 2003).

Substance abusing caregivers were found, like other at-risk families, to provide a home environment that was not necessarily conducive to encouraging child development (Conners et al., 2004), and substance abusing caregivers also showed increased rates of depression and decreased rates of parent-child interaction, both of which were shown to impact child outcomes (Bennett et al., 2002; Drucker & Greco-Vigorito, 2002).

Scope of the Problem

The above findings support the need for policies that promote early intervention services for young children who are exposed to illegal substance abuse and their families and caregivers. Children who are determined to have special education needs receive services under the Individuals with Disabilities Education Improvement Act (IDEA).

Part C of IDEA (which legislates infant and toddler programs, or ITPs) stipulates that states must provide services to children under three years of age who “need early intervention services because they--(1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures...; or (2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay” (34 C.F.R. § 303.16; 1999). While states are also given the option of serving children who are considered to be at risk of developing delays, very few states serve these children. Children with “conditions of established risk,” including “disorders secondary to exposure to toxic substances, including fetal alcohol syndrome” however, are also eligible for these services. (C.F.R. §303.16, Note 1; 1999). Few states consider illegal substance exposure alone to be a condition of established risk.

The potential need for early intervention services for infants and toddlers exposed to illegal substance exposure has not gone unrecognized in this statute. When the IDEA was reauthorized in 2004 (P.L. 108-446; U.S.C. 1400 et seq.), one of the amendments was the inclusion of a required linkage between lead agencies that fall under Part C of IDEA (Infants and Toddlers with Disabilities—legislates early intervention for children under 3 years of age) and the social welfare agencies that are governed by the Child Abuse Prevention and Treatment Act (CAPTA; 42 U.S.C. 5106(a)), amended as the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

The IDEA does not specifically dictate policies and procedures to be adhered to by early intervention or social services agencies; rather the intent is to create an improved system for identification and referrals, or “child find” as this process is termed in IDEA. Towards improving the child find process, IDEA Part C requires Part C agencies to

include in their application for Part C funds a description of their policies and procedures for requiring the referral of specific at-risk infants and toddlers (i.e., those who are involved in a substantiated case of abuse or neglect, and those affected by illegal substances) to Part C services.

Problem Statement

There is a clear mandate in Part C of IDEA that requires early intervention agencies to report their policies and procedures for collaborating with agencies that fall under CAPTA to refer children who are affected by illegal substance abuse. CAPTA does not contain a similar mandate, so the onus is on early interventionists under Part C to ensure that these infants and toddlers are referred to the Part C system. However, to date, there are no approved regulations for the implementation of the new Part C provisions. (The regulations referenced in the previous section are those released in 1999 for IDEA 1997. Because the regulations for IDEA 2004 Part C are not available, the 1999 regulations are still applicable.) Proposed regulations were not released until 2007 and were subsequently withdrawn by the U.S. Department of Education, Office of Special Education Programs (OSEP) in January of 2009.

This is of concern because regulations are used to clarify and explain the law. Hargrove (1975) explained that regulations are written to require stakeholders to comply with those provisions of the law which have been determined to be essential to the law itself. Sunstein (1986) also noted the importance of regulations for interpreting statutes, identifying the underlying principles of statutes, and in expressing the preferences of the agency that is charged with implementing the statute. Indeed, Section 607(a) in Part A (General Provisions) of IDEA, which refers to the Requirements for Prescribing

Regulations, reads: “In General.—In carrying out the provisions of this title, the Secretary shall issue regulations under this title only to the extent that such regulations are necessary to ensure that there is compliance with the specific requirement of this title.” Amending this statement as “the Secretary shall issue regulations...that...are necessary to ensure that there is compliance with the specific requirement of this title,” it becomes obvious that the law itself calls for regulations for the purpose of ensuring compliance.

The importance of the regulations for IDEA Part B (Assistance for Education of All Children with Disabilities—legislates special education services for children and youth with disabilities between the ages of 3-21 years) was noted when those regulations were finally released. In the press release from the United States Department of Education dated August 3, 2006, as archived on the Department website, it was noted that once the final regulations were published, the Department planned to make available a number of resources including “...model forms for individualized education programs (IEPs), notices of procedural safeguards and prior written notices....” In a statement archived on the Council for Exceptional Children (CEC) website dated August 11, 2006 announcing the release of the Part B regulations, the CEC expressed disappointment at the two year delay in releasing those regulations as “members needed the final regulations to assist them in implementing the new law...”.

For Part C agencies, the final regulations might include additional resources to support various models as well as greater specificity about the expectations for child find collaboration procedures with outside agencies. Indeed, the Part C regulations are no less important to those who must implement the new law as it applies to infants and toddlers,

and these regulations have yet to be released almost five years after IDEA 2004 became law. Without the regulations to serve as a benchmark, it may be unclear to what extent Part C agencies are implementing the new IDEA provisions.

At this point, then, it seems we have not gained much ground from 1975, the year when the first iteration of what is now IDEA was authorized, and the year in which Hargrove announced that “we are as ignorant about the way these new strategies are likely to work as we were about the old ones... [and we still rely on hope and rhetoric when implementing policy]. We still do not know enough about how to achieve the ends we seek.” (p.37) For the policy that is the center of my research, the intended outcome or end is the referral of all infants and toddlers affected by substance abuse in order to promote timely and effective identification and intervention as needed. So, given that we do not have regulatory policy, we need to determine to what extent the goal of the statute is being achieved.

Purpose of the Study and Research Questions

The purpose of this study was to investigate the extent to which one Part C agency in a large urban district in a Mid-Atlantic state implemented the requirement to establish policies and procedures for requiring the referral of infants and toddlers “affected by illegal substance abuse” for early intervention services. Further, the study examined whether those referrals resulted in identification and intervention. Specifically, in light of the CAPTA collaboration statute and in the absence of Federal Regulations for Part C, the study was guided by the following research questions:

1. What were the reasons, counts, and trends over time for referrals to the local ITP for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse?
2. What were the reasons, counts, and trends over time for determination of eligibility for Part C services for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse?
3. What were the reasons, counts, and trends over time for services recommended for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse?

Overview of the Methodology

The proposed study utilized extant data that were available in the Part C Online Database for a large urban jurisdiction in a Mid-Atlantic state. Descriptive statistics were used to illuminate the data that pertained to infants and toddlers who were documented as exposed to illegal substance abuse. The database was accessed on site at the local ITP office to generate deidentified reports which were exported to Excel, then exported to SPSS and analyzed offsite.

The database contained information on the infants and toddlers who had contact with the local agency, from the point of referral through exit. Staff of the local ITP entered information into the infants and toddlers electronic files, and the information was automatically updated and maintained in the database. The database contained prompts for generating predefined reports (e.g., *reason for referral*), as well as formulas for creating dynamic reports which could investigate any of the variables contained within the database. Through the predefined and dynamic reports, I investigated specific

variables, including *reason for referral* (i.e., *biological concerns: drug exposed/affected; diagnosed conditions: effects of intrauterine drug exposure; environmental concerns: maternal substance abuse*), *eligibility* (e.g., *high probability condition: effects of intrauterine drug exposure; atypical development; developmental delay*), and *referral recommended by or referral source* (e.g., *foster parent, local DSS*). Table 1 lists the variables (categories and subcategories) that were explored in this study.

In this study, I analyzed the data for the period of October 2003—when the current database was launched—through December 2009. This timeline allowed for comparing reasons, counts, and trends for referral, determination of eligibility, and services recommended for infants and toddlers exposed to illegal substance abuse across a time period which included the 2003 amendment of CAPTA, the 2004 amendment of IDEA, the release of the proposed Part C regulations in 2007, and the withdrawal of the proposed Part C regulations in January 2009. Descriptive statistics and chi square analyses were used to describe and analyze the data.

Significance of the Study

This is an important and timely contribution to the field of early childhood special education, especially given the research priorities set forth by the Council for Exceptional Children’s Division of Early Childhood, which include the need to strengthen approaches to early intervention service delivery, particularly at the systems and policy levels, including those that promote early identification and timely intervention (DEC Research Committee, 2006, pp. 2-3).

Furthermore, this research established a pre-regulation baseline that could be useful for program planning for this district. This information could also allow local

counties and school districts to determine whether their collaboration procedures are working either based through comparison with these outcomes, or through applying a similar model. Additionally, this baseline could be used for measuring the impact of any Part C regulations that are developed.

Chapter 2

Review of the Literature

In this chapter, I review the research literature and policies related to early identification and timely intervention with young children who have been exposed to and/or affected by illegal substances. The chapter contains an explanation of the search methods, explanation of the history of the literature, description of the theoretical framework, review of the research on young children prenatally and environmentally exposed to illegal substances, review of the key policies, and concludes with lessons learned from model demonstration projects that piloted CAPTA-Part C collaborations.

When reading this review of the literature, it is important to note that though CAPTA-Part C collaborations include a focus on children with active child welfare services involvement, that information will not be directly included in this review. A review of the body of literature which addresses referrals from child welfare agencies, including those from the National Survey of Child and Adolescent Well-Being [National Data Archive on Child Abuse and Neglect (NDACAN) Research Briefs/Findings from the NSCAW Study: *Children's Cognitive and Socioemotional Development and their Receipt of Special Educational and Mental Health Services* (No. 3), *Need for Early Intervention Services Among Infants and Toddlers in Child Welfare* (No. 8), and *Infants and Toddlers in the Child Welfare System* (No. 4); Office of the Assistant Secretary for Planning and Evaluation Research Brief: *Developmental status and early intervention service needs of maltreated children* (February 2008); Zimmer and Panko (2006); Stahmer et al. (2005); Rosenberg and Smith (2008); Scarborough and McCrae (2008); Ringeisen, Casanueva, Cross, and Urato (2009)] revealed that those studies that do

contain information about early intervention (e.g., prevalence of IFSPs for children who have child welfare involvement, services received by this population) focused on early intervention as a secondary issue, with the main issue being the characteristics of those children who have had involvement with child protective services, especially in light of whether their case was or was not substantiated. This is likely due to the fact that CAPTA mandates the referral of children involved in a substantiated case of abuse or neglect, but does not have a similar requirement for children who are affected by illegal substance abuse, as is the case with IDEA Part C. Children involved in substantiated cases of child abuse or neglect are not the focus of this study and will not be addressed in this review. Additionally, since it has been determined that the above literature strays from the intended focus of this study, those studies will also not be addressed in this review.

Search Methods

This review consisted of the following steps. I began by reviewing references from my personal library on children affected by substance abuse, including a handbook on working with children and families affected by substance abuse and a collection of research articles; the Substance Abuse and Mental Health Services Administration website; and the National Institutes on Drug Addiction website. This ancestral search guided the development of my search and the selection of search terms.

Through the University Research Data Port, I searched the following databases: *ERIC*, *PsycINFO*, *Academic Search Premier/EBSCOhost*, *Education Abstracts*, *PsycARTICLES*, *SocINDEX*, and *Exceptional Child Education Resources*. Since this search instrument allows for up to three search terms, I used Excel software to create a table to guide my search. In column one, I listed the search terms *children*, *babies*, and

toddlers. The second column included the search term *outcomes* because I wanted to identify studies that included assessment outcomes. Column three included the terms *substance-abusing mothers, prenatally drug-exposed, prenatal drug exposure, prenatally exposed, children of substance abusers, substance abuse, and children of narcotic addicts*. Studies that included information about Fetal Alcohol Syndrome were excluded.

The studies were then examined to determine whether they represented a variety of illegal substances and a variety of developmental domains. The selections were further filtered by using only those studies dated 1999 or later. The year 1999 is significant in the field of special education because that is the year the Final Regulations for the Individuals with Disabilities Education Act Amendments of 1997 were published in the *Federal Register*. Given that the regulations for Part C of IDEA 2004 are not yet available, the regulations published in 1999 contain the most recent regulations for Part C. I ensured that the remaining studies included children who were prenatally and environmentally exposed.

The release of the National Center on Substance Abuse and Child Welfare (NCSACW) booklet *Substance-Exposed Infants: State Responses to the Problem* almost immediately after this dissertation study was proposed in November 2009 prompted an additional ancestral review guided by the bibliography in this document, which led to subsequent ancestral review of the bibliographies of the National Abandoned Infants Assistance Resource Center's fact sheet (2008) and issue brief (2006) on prenatal exposure and substance exposed infants and the mini-bibliography compiled by the National Early Childhood Technical Assistance Center (NECTAC; 2006). Many of the cited studies were included in two or more of these documents, and many of those studies

were follow up studies to those already identified for inclusion in the review for this study. The follow up studies, as well as those focused on substances for which there are fewer studies generally (e.g., methamphetamine, marijuana) were selected for inclusion in this review.

Historical Perspective

Unlike issues of substance abuse in the past, the sudden wave of increased use of crack cocaine in the 1980s seemed to largely involve women of child-bearing age, leading to widespread concern and misunderstanding. With previously unseen proportions of women using the new, more potent form of cocaine, and giving birth to children they had carried while using, the nation became concerned with who these children would be and what they would be like:

...We are tempted to conclude that a new category of child with developmental disabilities will emerge... (Schutter and Brinker, 1992, p.84). The underlying premise is that we as educators will be the victims of these children who reach us in a biologically altered state, which together with the environment provided by their addicted caregivers will have created intractable problems... (p. 100).

The public elected officials and professionals are stunned by reports of the extent and result of perinatal drug exposure. Newspapers proclaim that drug-exposed babies will be a 'plague' on society and a leading researcher of perinatal drug exposure is quoted in Newsweek as saying that 'it's as if the part of the brain that makes us human beings capable of discussion or reflection is wiped out'. (Barth, 1991, p. 130)

The information being presented by the media was as alarming as it was inaccurate. For those in fields who would be likely to serve these children, greater questions loomed. For instance, how might these children and their families be served under IDEA? (Carta & Sideris, 1994) What specifically would be the role of early intervention staff (Schutter & Brinker, 1992) and educators (Barth, 1991; Carta & Sideris, 1994)? The analyses of the literature presented by Schutter and Brinker (1992) and Carta and Sideridis (1994) elucidate these concerns. They are included here for historical context and to introduce a theoretical framework for this study.

Early studies focused on the prevalence of cocaine use by women (Schutter & Brinker, 1992), biological factors and perinatal and neonatal outcomes of children prenatally exposed to cocaine (Carta & Sideridis, 1994; Schutter & Brinker, 1992), and, to a lesser degree, the impact of confounding factors, such as maternal lifestyle issues and other environmental concerns (Schutter & Brinker, 1992). Fewer studies also included information about prenatal exposure to opiates, marijuana, and other substances. [A wide body of research also exists that pertains to children prenatally exposed to alcohol, but studies directly related to Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) were not included in the Schutter and Brinker (1992) and Carta and Sideridis (1994) literature reviews, and are not included in this dissertation because I focus on children prenatally exposed to illegal substances. Results of prenatal alcohol exposure are included only when the cited study included alcohol exposure in looking at polydrug exposure.] A majority of these first generation studies cited in the above reviews focused on the pharmacological effects of cocaine (i.e., the chemistry of the drug, and the effect on the user) on the mother and developing baby, as well as the teratogenic effects of

cocaine on the developing baby (i.e., changes in the developmental process that impact birth outcomes), and the developmental outcomes at birth and during infancy.

According to Carta and Sideridis (1994), those studies, “published before 1990 demonstrated that infants prenatally exposed to illegal drugs experienced more negative outcomes [however]...many studies, especially those conducted more recently, have found no differences between children in exposed and nonexposed groups” (§ 5). Carta and Sideridis (1994) attribute these differences to the non-empirical or non-experimental methods of the early studies, the difference in age of the subjects, the domain focused on in the study, the measurement instruments used to assess the children and “bias in favor of accepting papers showing significant adverse effects” (discussion, § 2) as possibly distorting the available information and, therefore, general perception about children prenatally exposed to illegal substances such as cocaine.

All three historical works reviewed in this section cited the failure of early studies to consider the confounding factors of environmental risk on child development, and two dichotomous perspectives developed within the fields that are concerned with these children: one perspective holds that the initial studies were flawed, but still accurate, and children affected by illegal substance abuse are likely to present with delayed or atypical development; the other perspective holds that the first generation studies were flawed and inaccurate, and that these children do not generally present with disabilities secondary to illegal substance exposure. Third generation studies, which I consider to be those that were conducted following the 1999 release of the regulations for the 1997 reauthorization of IDEA, and, with ample consideration of the publicized criticisms of earlier studies,

were designed to control for mediating and confounding variables, have not entirely erased this divide.

One widely-used study highlights this issue. Frank, Augustyn, Knight, Pell, and Zuckerman (2001) authored a “systematic review” of the literature on prenatal cocaine exposure. Though this study is now often cited as the pivotal study (often, it is not noted that this is a literature review and not a new, empirical study) that tipped the scales toward the perspective that prenatal cocaine exposure (and possibly exposure to other illegal substances, by extension) does not result in developmental concerns. However, three months later, the letters to the editor section of JAMA focused on this article. Three sets of authors (Stanwood, G. D. & Levitt, P.; Singer, L. T. & Arendt, R. E.; and Delaney-Black, V., Covington, C. Y., Nordstrom-Klee, B., & Sokol, R. J.) called the Frank et al. findings into question on the basis of their selection criteria for their review, and on the basis of the perception that the article was meant to assert that prenatal cocaine is of no consequence to child development. Frank et al.’s response, in part, reads:

The point of our review is not that prenatal cocaine exposure, particularly at high levels, has no impact on children who were exposed, but that scientists must evaluate cocaine exposure as one risk indicator among many....However, we agree that it is premature to conclude that there are no persistent independent negative effects of high-dose cocaine exposure. [*JAMA* (286), p. 46]

The authors go on to say that it is important to debunk the myth of the “crack baby” and equally as important to ensure services are available to children and families who need them.

In the actual article, Frank et al. considered 74 articles dated from 1984 to 2000, 34 of which were actually included in the systematic review. Only 34 of the 128 listed references are dated 1999 or later, and not all of these were research. Given the dates of the studies reviewed, it should not be surprising that these studies did not consistently demonstrate negatively impacted developmental outcomes for children prenatally exposed to cocaine, since, as discussed above, these earlier generation studies yielded inconsistent findings. As in their letter to the editor, in their article, the authors again assert that there need to be efforts to avert the effects of stigma: the stigma of drug use which may be transferred from the parent who uses illegal substances to the child and thereby negatively impact the child's learning process; the stigma that is applied to certain illegal substances and those who use them, but not others. The authors do note that cumulative environmental risks may impact developmental outcomes, as might protective factors, and that there is still a need for more information about the impact of prenatal exposure to cocaine.

Most notably for the purpose of this section of this study, Frank et al. (2001) conclude that "there is no convincing evidence that prenatal cocaine exposure is associated with developmental toxic effects that are different in severity, scope, or kind from the sequelae of multiple other risk factors." (p. 1613). This is not unlike the conclusions drawn by the historical references presented earlier in this section. Barth (1991) asserted that prenatally exposed children are neither "categorically different" from other children who have special needs, nor a "class" of children, and therefore, those who present with developmental concerns should benefit from early intervention as would any other child who has developmental concerns. Schutter and Brinker (1994) concur and

recommend that special educators eschew the concept of assigning these children to a categorical framework. (They also go on to oppose the categories so familiar within special education on general principle.) As Carta and Sideridis (1994) recommend applying models which utilize environmental risk factors, Schutter and Brinker (1994) recommend that interventions should be determined and implemented not by categorizing the child, but by taking a systems approach to the needs of the child, in accord with Bronfenbrenner's ecology of human development and Sameroff's transactional theory of development.

Theoretical Framework

Though this is a policy implementation study, and could therefore be considered atheoretical, yet Hargrove (1975) implores the policy analyst to attend to knowledge gained from the facts as well as from theories. As such, it may be helpful to consider a systems approach as a theoretical framework for approaching the review of the literature; it may also be helpful for reviewing policy and interpreting the findings, recommendations, and conclusions.

Bronfenbrenner defined his original theory this way:

The ecology of human development is the scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between these immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded. (1977, p. 514)

The progressive, mutual accommodation is later explained as representing the reciprocity that is usually accepted as typically present in social situations. For the purposes of this discussion, this growing human organism is a child, but considering the life span perspective is important because early intervention is intended to improve the outcomes of children into adulthood. These environments in which the child lives and the settings within and between which are relationships that affect the child are the *nested* systems that Bronfenbrenner refers to as the *microsystem* (the settings in which the child participates on a regular basis in a regular routine, including home, childcare or child development center), *mesosystem* (interactions between the various settings and individuals in those settings create a system of microsystems), *exosystem* (extends the mesosystem beyond the child and encompasses social, political, community, and other formal and informal structures and contexts, including the local infants and toddlers program, the local child welfare agency), and the *macrosystem* (patterns in the culture, subcultures, values, and laws upon which the microsystem, mesosystem, and exosystem are based, including cultural code, societal values, and federal legislation).

Because these systems are nested, each one impacts upon the other. For example, the infant or toddler with a disability is embedded in a home and in caregiving settings, and the individuals at home and the individuals at the caregiving environment interact with each other (within and between the settings) to serve the needs of the child, and some of these interactions are secondary to the child's involvement in a local early intervention program, as established by Part C.

Sameroff and Fiese (1990) described traditional early intervention programs as those in which the child was seen as a stable entity such that if the child had delayed or

atypical development, the child would continue to have delayed or disordered development; for example, if a child was born with birth complications—or, as applicable to this study, exposure to illegal substance abuse and subsequent negative effects—it would be expected that the child's development would also be negatively effected. Sameroff and Fiese counter this concept with evidence from the research which suggests that the impact of family and cultural variables can impact a child's development such that behaviors can promote development so that a child who has had birth complications presents like other children who have not had these complications, or hinder development such that a child who did not have birth complications might still present with delayed or atypical development.

This understanding of the impact of the environment on the child led to two conclusions: a child's development is not linear such that how the child is functioning earlier in life is necessarily predictive of how the child will function later in life, and in order to make a more accurate prediction, the child's environment—or envirotype, the organization of family and cultural socialization patterns or codes, composed of subsystems as described by Bronfenbrenner's ecological theory—must also be considered. Sameroff's transactional model of development takes this concept and expands it so that not only is it recognized that the child's envirotype has an impact on the child, but also that the child has an impact on the envirotype in which the child is embedded, and once the child has impacted the envirotype, that envirotype in turn impacts the child, so that each interaction or transaction continuously modifies both the child and the envirotype. Building on Bronfenbrenner's definition of ecological theory as Sameroff built on the theory itself, transactional theory might be defined this way:

The scientific study and interventional application of the continuous, repetitious transactions between the child and the child's environment and embedded subsystems, which include family and cultural codes. For example, a parent who abuses illegal substances has a child whose development is delayed which causes negative feelings in the parent who exhibits maladaptive coping mechanisms and uses more of the illegal substance and the child is not stimulated by the intoxicated parent, and on and on.

Bronfenbrenner extended this notion of transactions when he reframed his ecological model as a bioecological model (1994, 2001). One of the defining properties, or propositions, of this model is the notion that these interactions are not only continuous and repetitious, but that the complexity of these reciprocities, or *proximal processes*, increases over time (1994, 2001). The element of time is more fully added to the model as an additional formal system referred to as the *chronosystem*, a system that added the perspective of a "third dimension" to the model (1994, p. 40). The *chronosystem* extends the view of the child's development beyond chronological age alone in order to consider changes in the child over time, as well as changes in the child's environment.

These theories together provide a theoretical framework that is useful for interpreting child development outcomes in a way that carefully considers that which is intrinsic to the child, as well as the many levels of extrinsic forces. This model could be envisioned using water as a metaphor. The ecological theory could be pictured as concentric ripples wherein the ripples represent the movement within one ring affecting movement in neighboring rings. The ecological model holds that the impact goes inward and outward across the levels, which I am not disputing. However, understanding that movement within ripples begins at the center and moves out-ward, with the child placed

at the center of the ripple, one is reminded that the movement seen at the other levels of the system stem from the observed out-comes of the child's development. The transactional theory, then, could be visualized as waves, representative of the system (from the child, to *micro*-level environments, meso-level relationships, exo-level policies and programs, to *macro*-level laws), that continuously flow back and forth in a constant exchange of force. The bioecological system could then be envisioned as ripples and waves rising and falling, representing the three-dimensional aspect of these changes over time.

Review of the Research

In this section, I review the research literature that identified developmental outcomes secondary to prenatal and environmental or cumulative exposure to illegal substance abuse that would potentially negatively impact child development. (Tables 1-3 provide additional information about the studies.) In keeping with the theoretical frameworks which call for the researcher and practitioner to view the child individually as well as contextually, the studies are not separated according to prenatal or environmental exposure. Rather, they are presented in chronological order to facilitate comparing newer findings in the order that they were published.

In the first study, Chiriboga et al. (1999) studied mother-infant dyads for the effect of prenatal cocaine exposure on the neurological function of newborns using the Neurological Examination for Children during the first week of life. There are no references to reliability or validity of the instrument, appropriateness for use with the children assessed, or inter-rater reliability for assessment procedures. The reference cited in one of the two sentences about the Neurological Examination for Children refers to a

document by the same name, which is listed as an abstract; and the lead author of this study is listed as one of the authors. A search through the Research Port database revealed no additional information on this instrument. Nonetheless, the findings (including descriptions of how the babies hold and use their bodies, and whether the infants regarded and/or followed the examiner's face) provide quite an informative picture of these infants.

Infants were excluded from the study if their gestational age was less than 36 weeks; their Apgar score [observational measurement of a newborn's status, rated from 1-10, with 10 being highest possible score] was equal to or less than 4 at 5 minutes; they were not of a singleton birth; and if there were signs of obvious congenital malformations or neurological problems, including seizures or stroke. Mothers were excluded from the study if they were known to be intravenous drug users or to be HIV positive. After the exclusionary criteria were applied, the sample included 240 mother-child dyads from the 266 mothers initially recruited. Within these dyads, 104 babies were considered to be cocaine-exposed and 136 were considered to be cocaine-unexposed. Cocaine exposure was determined by radioimmunoanalyses (RIAH), which uses a sample of the mother's hair to determine cumulative cocaine use during the pregnancy. A subsample was also assessed for PCP and opiates (including heroin, methadone, morphine, and codeine).

The authors report no significant difference was found in the gestational age or Apgar scores of cocaine-exposed infants versus cocaine-unexposed infants. The authors also include a note that no infants were excluded from the study based on the exclusionary criterion of low Apgar score, so the finding of no significant difference seems to be a true finding. Cocaine-exposed infants were found to have lower mean birth

weight, lower mean birth length, and smaller mean head circumference than cocaine-unexposed infants. Cocaine-exposed infants had higher rates of intrauterine growth retardation (IUGR)/being small for gestational age (SGA) and small head circumference than cocaine-unexposed infants.

Higher levels of exposure were also predictive of higher rates of small head circumference, IUGR, and SGA. Using a stratified trend analysis of cocaine exposure (no exposure; low exposure—two lower quartile distributions of RIAH measurements; high exposure—two upper quartile distributions of RIAH measurements) to analyze dose-effect, it was further determined that increased cocaine exposure was also associated with increased odds of IUGR/SGA and small head size.

Neurologically, the cocaine-exposed infants were found to have significantly higher rates of global hypertonia (increased resistance of muscle tone) than cocaine-unexposed infants, and significantly higher rates of axial (center of the body, along the head and trunk) hypertonia. Tendency toward movement disorders was noted: cocaine-exposed infants were found to have higher rates of coarse tremor and extensor leg posture than cocaine-unexposed infants.

Higher levels of exposure were also predictive of neurological concerns and movement disorders. Using the same stratified trend analysis of no, low, and high cocaine exposure, increased cocaine exposure was also associated with increased rates of small head size, global hypertonia, extensor leg posturing, and coarse tremor.

Analysis of variance was used to determine the association between cocaine exposure and birth and neurological outcomes. The authors used a logistic regression model that began with 21 identified variables, and through a backward elimination

procedure, included 10 variables that were statistically significant. The final analysis determined a significant association between cocaine exposure and odds of small head size, hypertonia, coarse tremor, and extensor leg posturing. Cocaine-exposed infant boys were more than 8 times more likely than cocaine-exposed infant girls to exhibit hypertonia and almost 3 times more likely to exhibit coarse tremor than cocaine-exposed infant girls. Hypertonia was also strongly linked to opiate use. Additionally, a higher proportion of cocaine-exposed infants than cocaine-unexposed infants were unable to be sufficiently engaged to regard the examiner's face or to follow the examiner's face briefly.

In another study published that same year, Arendt, Angelopoulos, et al. (1999) recruited 260 infants to test the motor development of prenatally cocaine-exposed two-year-olds, as measured by the Peabody Developmental Motor Scales. The instrument is a standardized, norm-referenced assessment instrument that has been used in other studies on motor development outcomes. The authors also provided detailed information about the fine and gross motor scales, subscales for each, and information about the scoring system. The inter-rater reliability was not addressed, but the authors noted that the assessments were administered by "qualified examiners blinded to the children's drug-exposure status" (Method, ¶ 8). Though it cannot be established that the inter-rater reliability met acceptable criterion, it also cannot be assumed that it did not; moreover, this is an important study

The prospective study identified cocaine-exposed infants and a matched control group. Of the 260 infants recruited initially, 98 cocaine-exposed and 101 unexposed infants were assessed two years later, and therefore included in the final analysis. Infants

were excluded if they weighed less than or equal to 1500 grams at birth; if their mothers were younger than 17 years of age; or if their mothers tested positive for other drugs, including PCP, amphetamines, barbiturates, or heroin. Babies whose mothers used alcohol, tobacco, or marijuana were included in the study, and were represented in both groups. Cocaine exposure was determined by enzyme immunoassay and quantified by maternal report. Hierarchical regression was used to control for potential confounders (e.g., exposure to other drugs) and mediators (e.g., gestational age, birth weight, birth length, and head circumference). As in the previous study, cocaine-exposed infants were found to have lower gestational age, lower birth length, lower birth weight, and lower head circumference. The smaller birth measurements remained even after adjusting for gestational age.

Regarding outcomes as assessed by the Peabody Developmental Motor Scales, multivariate analysis revealed significant differences between the cocaine-exposed group and the unexposed group in fine motor development and gross motor development. The cocaine-exposed infants demonstrated significantly lower scores on the developmental motor quotient (DMQ) for fine motor and gross motor than the cocaine-unexposed infants. Furthermore, the authors report that using the criterion set forth in the manual, a greater percentage of the cocaine-exposed infants than the unexposed infants were classified as at risk on the gross motor scale and the fine motor scale. Additionally, higher levels of exposure in the first trimester were correlated with the decreased total scores.

More specifically, cocaine-exposed infants had significantly decreased scores as compared to cocaine-unexposed infants on the measure of balance and the measure of

receipt and propulsion on the gross motor scale, and the measures of hand use and eye-hand coordination on the fine motor scale. It is worth noting here that the authors suggested that the receipt and propulsion results may have been due to prenatal exposure to alcohol in addition to the prenatal exposure to cocaine. These findings are significant because they indicate that adverse motor outcomes are evident beyond the neonatal period into the second year of life; the earlier studies cited in the introduction to this study suggested that adverse motor outcomes resolved within the first few months of life.

Stanger et al. (1999) studied 410 children between two and 18 years of age as rated by 240 parents who were receiving treatment for cocaine or opiate dependency to investigate whether the children demonstrated more behavioral and emotional problems. This study is notable for generalizability of the sample, which included male and female parents representing a range of geographic locations and ages. The children, also male and female, represented a range of ages, ethnic backgrounds, and relation to parent (including biological or adoptive, stepchildren, child of a significant other, or grandchild). Children were assessed by parent report on the Child Behavior Checklist for Ages 4-18 (CBCL/4-18) or the CBCL for Ages 2-3 (CBCL/2-3).

The children affected by illegal substance abuse scored significantly lower than children who were not referred for mental health services in the areas of school competence, social competence, and total competence, and higher than the children who were referred for mental health services. The children affected by illegal substance abuse scored higher than the non-referred children on the problem items of withdrawn, thought problems, delinquent behavior, aggressive behavior, internalizing, externalizing, and total problems, and lower than the children who were not referred or mental health services.

Children affected by illegal substance abuse demonstrated the highest rates of deviance on the measure of delinquent behavior. Though the children affected by illegal substance abuse clearly demonstrated difficulties in internalizing, externalizing, school, and social problems, the fact that they fared better on the tests than the children who were referred for mental health services suggests to the authors “that many do not show signs of clinical deviance” (Stanger et al., 1999, discussion, ¶ 1).

Johnson et al. (1999) reported data on the first 90 mother-infant dyads to complete the 24 month visit in their investigation of factors contributing to the behavior disorders so often described of prenatally cocaine- and crack cocaine-exposed children. The total number of participating dyads in the larger investigation is not noted, thus limiting the ability to cite accurate attrition rates. The infants in the study had smaller birth weights, correlating with most of the previously reviewed studies, as well as longer hospital stays. Child behavior outcomes were assessed through parental report on the CBCL. Maternal stress and social support contributed significantly to child behavior problems, and maternal depression did not. The authors suggest that the findings indicate that environmental factors contribute greatly to the social development of children in a “‘high risk’ population” (p. 452), a statement that is supported by previous research.

The authors assert “...the factors that were most clearly related to toddler functioning, maternal stress and social support, are ones that are most likely to affect maternal emotional availability and responsiveness” (Johnson et al., 1999, p. 453). However, by definition, one could assume that a mother who was experiencing depression would also experience a lack of emotional availability and responsiveness. The literature, including the Bennett et al. (2002) study to be presented later in this paper,

contradicts the finding that maternal depression does not affect child development outcomes and further explains the connection. The authors clarify the above statement by adding “caregiver-child interaction may well be the mechanisms that mediates the impact of environmental factors on child functioning...” (Johnson et al, 1999, p. 453).

Another study indicated that neurological effects are also evident the neonatal period into the first year of life. Scher and Richardson (2000) studied 71 infants (out of a larger study of 325 pregnant women) for the effect of prenatal cocaine or crack cocaine by conducting EEG sleep studies on the babies’ second day of life and again at one year of age. Scher and Richardson (2000) used electroencephalographic (EEG) sleep studies to determine brain wave patterns in prenatally exposed infants. Based on the review of the literature included in the report, this technique is appropriate for use with this group of children and has been used in previous studies. The procedures for the current study are explained in great detail. The authors even included such information as positioning of infants during the test (swaddled, prone) and time of day (shortly after the morning feeding). Detailed information is also provided about the polygraph machine itself, including the model number, how recordings were measured, and how the researchers took notes during the procedure. The recordings were scored by an electroencephalographer who was not a part of the testing procedures and who was blind to the exposure status of the infants. Though no specific information is given regarding inter-rater reliability, the authors include information about the standardized operational definitions they used in describing the observed infants’ behaviors.

Infants were excluded from the study if their gestational age was younger than 38 weeks or older than 42 weeks, if they had ever been given general anesthesia, and if their

5-minute Apgar score was less than or equal to 5. Cocaine exposure was determined and measured by maternal interview at 7 months of pregnancy and 24 hours after delivery. The 37 women from the larger study who reportedly used one or more lines of powder cocaine or any crack cocaine during the first trimester of pregnancy were included in the subsample. A comparison group of 34 mothers was identified and matched to the control group on seven different demographic and pregnancy-related variables.

In contrast to the Chiriboga et al. (1999) and Arendt, Angelopoulos, et al. (1999) findings, the cocaine-exposed infants in this study did not demonstrate a statistically significant difference in birth outcomes compared to the nonexposed infants for gestational age, weight, length, head circumference; percentage that were born under 2500g (and therefore meeting the categorical criterion for “low birth weight”), and percentage that were noted as SGA. There were also no statistically significant differences in growth parameters at one year between the two groups, including weight, length, and head circumference. It is possible that the contrasting findings might be due to the timing of the prenatal exposure, or due to the dose-response effect. It is also possible, though less likely, that the contrasting findings might also be due to the fact that the babies included in this study were less than or equal to 38 weeks gestational age since the previous study controlled for gestational age in the data analyses.

A multivariate analysis using a stepwise regression model was used to analyze the effects of prenatal exposure while adjusting for demographic variables and exposure to alcohol, marijuana, and tobacco. The technical findings: “... indicate that prenatal cocaine exposure affects the development and functioning of the CNS [central nervous system], as demonstrated by lower spectral correlations at birth and lower EEG power

values at 1 year of age” (Scher & Richardson, 2000, discussion, ¶ 12). The findings of lower spectral correlations at birth suggest that prenatally exposed infants have fewer neuron connections between the brain hemispheres. The findings of lower EEG power at one year of age suggest that prenatally exposed children have fewer neuron connections. Both findings indicate the possibility that prenatal exposure may “affect the development and subsequent functioning of the developing CNS” (discussion, ¶ 12).

Morrison et al. (2000) studied 122 prenatally drug-exposed toddlers between 12-39 months of age to determine the impact of prenatal exposure on cognitive and social development. Prenatal exposure was determined by toxicology findings provided by the individual who referred the child to the child development center where the study was conducted, and through a review of maternal and child medical records. This study is a replication of the Morrison and Villareal (1993) study, using a larger sample. Based on the premise that second-generation studies failed to show adverse outcomes due to prenatal exposure because the studies used the outdated 1969 version of the Bayley Scales of Infant Development, the researchers used the Mullen Scale of Early Learning and the Vineland Adaptive Behavior Scales to assess development of a prenatally exposed group.

The results on the Mullen placed the group mean scores at the lower limits of average on the gross motor performance, visual motor expression, visual reception, and receptive language skills subscales, and at almost one standard deviation below the mean on the expressive language subscale. The Vineland results placed the group mean scores in the average range for socialization and the lower limits of average for communication and daily living. In looking at individual children who demonstrated signs of significant

impairment on the Mullen, more than one-third of the scores were more than one standard deviation below the mean for receptive language, visual motor expression, visual reception, and gross motor expression, and more than one-half of the scores were more than one standard deviation below the mean for expressive language. On the Vineland, more than half of the children were greater than one standard deviation below the mean for communication, nearly half were below the mean for daily living skills, and nearly a third were below the mean for socialization skills.

Goldschmidt et al. (2000) studied child behavior in 10 year olds who had been prenatally exposed to marijuana. The initial cohort consisted of 763 infants whose mothers used two or more marijuana joints per month or drank three or more times per week during the first trimester of pregnancy, or who were included as part of a random sample of women who used marijuana or alcohol during pregnancy at a lower dose. In this follow up study, the cohort consisted of 635 participants for whom mother's reports were analyzed, 575 of whom also had teacher's reports analyzed. As with other studies of prenatal exposure, the authors noted the difficulty in isolating the effects of prenatal exposure to this one substance, and included prenatal cocaine, alcohol, and tobacco as variables in the analyses. Other variables included the children's behavior outcomes as assessed through the use of the Swanson, Noland, and Pelham (SNAP) assessment, the Child Behavior Checklist (CBCL), and the Teacher's Report Form (TRP).

The results suggest that there is a timing-effect with prenatal exposure to marijuana as predictor's of children's behavior at age 10. According to the data from the mother's reports, first trimester exposure was a significant predictor of the attention scale on the SNAP; second trimester use was significantly associated with third trimester was

significantly associated with hyperactivity, attention difficulties, and impulsivity on the SNAP; and those with heavier exposures scored significantly higher on the impulsivity scale of the SNAP. On the mother's reports measured by the CBCL, second trimester exposure was associated with fewer internalizing behaviors, but first trimester heavy exposure was associated with elevated delinquency scores. Teacher's reports utilizing the TRF revealed significant associations between the TRF externalizing score and the total behavior problem score as related to second trimester exposure, and also between the TRF externalizing score as related to second trimester exposure. Additionally, second and third trimester exposure was predictive of increase rate of externalizing problems as noted on the TRF. As with the SNAP ratings for impulsivity, the CBCL revealed that heavier exposure predicted higher delinquency scores. The authors report that many of these findings are consistent with the findings from this cohort when the children were 6 years of age, thereby adding to the literature that demonstrates that prenatal exposure to marijuana can negatively impact children's behavior into later childhood.

Eriksson et al. (2000) produced a rare study about the effects of prenatal exposure to amphetamine. The authors note that while many studies out of the United States of America focus on heroin and cocaine, the main form of substance abuse in Sweden (where this longitudinal study took place) is amphetamine. This study included all of the original 65 children who constituted the original cohort of children born to women who used amphetamine prenatally who were recruited between 1976-1977. Some of the mothers also reported using heroin, alcohol, and cigarettes, and the data analysis controlled for these substances. Measures included information regarding school performance (e.g., whether the child was on grade level, and whether the child received

additional supports), grades in mathematics, Swedish language, and sport. The authors included outcomes from an earlier study when the children were 10 years of age, in which it was determined that there was a significant increase in the number of children who were not on grade level (i.e., one year behind) and had decreased mean grades in the three academic domains.

A measure of the social environment as determined by a review of what would be considered the social welfare records in the U.S. was also included. The authors report “social problems” as a new outcome variable, and specifically define it to include as intervention provided by the social authority in response to the child’s behavior, and therefore did not include foster care placement as part of this variable. In this study, in which the children were 14-15 years of age, analysis of the social authority record led to thirty two percent of the children being classified as having “social problems”.

Singer et al. (2000) recruited 415 infants (218 who were documented as prenatally exposed to cocaine, and 197 who were reportedly unexposed) for a longitudinal study of the effects of prenatal cocaine exposure. Cocaine exposure was determined and measured through infant meconium analysis, maternal urine analysis, and maternal interview. Infants who were prenatally exposed to cocaine were further characterized as having light or heavy exposure. The infants of women who used alcohol, tobacco, and cigarettes during pregnancy were included in both groups, and the data analyses considered these variables.

This study investigated the neurobehavioral outcomes for 158 infants who were documented to have been exposed to cocaine prenatally and 161 infants who were reportedly not exposed (i.e., 319 of the original 415) as assessed using the

Neurobehavioral Assessment (NB Assessment). The outcomes of this study suggest that prenatal cocaine exposure does negatively impact infant behavior, especially in regards to a dose-effect response, when there is the possibility of a synergistic affect with prenatal alcohol exposure, and when there is the possibility of an additive affect secondary to maternal psychological disorders including depression and anxiety. Specifically, exposed infants were noted to have increased movement and tone abnormalities and a trend for jitteriness. Categorical analysis revealed that the infants with heavier exposure had statistically greater movement and tone abnormalities, including jitteriness, as well as attention difficulties, sensory asymmetries, and an overall trend to be identified as having an abnormality recognized on the NB. Cocaine, alcohol, and marijuana were significantly associated with attention abnormalities, but none of the drugs were predictive of outcome when analyzed independently. Though independent cocaine effects were found for jitteriness, based on the near four-fold increase in jitteriness in infants with heavy cocaine exposure coupled with the analysis which demonstrated that the majority of these infants were also alcohol exposed, the authors report that there may have been a synergistic cocaine-alcohol effect, consistent with a reportedly current hypothesis about this issue.

Singer et al. (2001) investigated the dose-effect of prenatal cocaine exposure on the developing language skills in 265 of the infants from the previous cohort when those infants were one-year-olds, as measured by the Preschool Language Scale-3 (PLS-3), a standardized, normative instrument. The authors provide information about the scales and subscales, and include evidence of the appropriateness of the instrument for very young children. No information is offered regarding reliability or validity of the test.

Though it is noted that the examiners were blind to the infants' status, it is clear that there were multiple examiners, but no information regarding inter-rater reliability is offered.

Unlike Chiriboga's findings in the motor domain, while both prenatally exposed and nonexposed boys scored lower in all domains of the language assessment, prenatally exposed boys did not score lower than prenatally exposed girls. Children with heavier cocaine exposure scored lower on the auditory comprehension scores than children with lighter cocaine exposure and nonexposed children, significantly lower on the total language scores than lightly exposed and nonexposed children, and were more likely to be classified as mildly delayed in total language scores. Unlike Morrison et al.'s language findings (2000), the more heavily prenatally exposed children did not differ in expressive communication scores as compared to the nonexposed or lightly exposed groups.

Carta et al. (2001) studied three cohorts of 278 infants, toddlers, and preschoolers, 3-57 months of age, to investigate whether children who are "biologically vulnerable, due to prenatal drug exposure who are also exposed to cumulative environmental risks, may be at 'double jeopardy' for poor outcomes" (p.328). Like the Stanger et al. (1999) study, this study is notable for the generalizability of the sample. The three sites involved in the longitudinal study from which this cohort was obtained, were "selected to reflect the diversity in substance-use patterns, cultures, and demographic characteristics" among Midwestern families affected by substance abuse and participants were recruited from urban and suburban neighborhoods, small cities, and rural areas (p. 329). This cohort was ethnically and socioeconomically diverse.

Children were assessed using the Battelle Developmental Inventory and investigator-created cumulative risk indexes. Cumulative prenatal substance exposure and environmental risk were positively correlated. Higher levels of cumulative prenatal exposure demonstrated negative effects on the children's developmental trajectories, as did greater cumulative environmental risks. Cumulative environmental risk accounted for a greater portion of the variance in the developmental trajectories than did prenatal substance exposure risk factors. Findings did not support a significant interaction between environmental risk and prenatal risk, but rather indicated that "children with higher levels of substance exposure were not more affected by environmental risks than children with no or little [prenatal] exposure...[and] environmental risk[s] outweigh those due to substance exposure when both are present in a child's life" (Carta et al., 2001, p. 335) and because "no interaction effects were found for substance exposure and environmental risk [the findings] refute the double jeopardy hypothesis" (p. 334). The authors go on to say, however, "it is clear that the developmental problems engendered by prenatal exposure are multifaceted and due not only to the toxic effects of drugs but also by environmental factors associated with substance abuse" (p. 335). The apparent conflicting nature of these statements is interesting: the authors state that environmental exposure mediates prenatal exposure, yet, also state that adverse developmental outcomes for children affected by illegal substance abuse are not just an effect of prenatal exposure but also due to environmental risks. The authors further state that they have discounted the double jeopardy hypothesis, then make a statement that appears to support the hypothesis. Perhaps the theory of double jeopardy needs to be more clearly operationally defined.

Singer et al. (2002) studied the 415 infants from the original cohort that was used in the previously reviewed Singer et al. studies (2000, 2001) to investigate the cognitive and motor outcomes of infants prenatally exposed to cocaine, as measured on the Mental and Motor indices of the Bayley Scales of Infant Development-II (BSID-II). The authors describe the instrument in detail, including the appropriateness of this standardized instrument and the fact that it is widely used to describe infant development. Though no specifics on the reliability or validity of the instrument are offered, information about the scales, subscales, scores, means, and standard deviations are provided. The assessments were performed by master's level equivalent psychology assistants, all of whom were blind to the infants' exposure status. Inter-rater reliability averaged 93% for the Mental Development Index and 94% for the Psychomotor Development Index.

The infants were assessed at 6.5, 12, and 24 months (corrected ages). Infants were excluded from the study for several reasons, but none were excluded as a direct result of birth outcomes, as in some of the previously reviewed studies. As in Chiriboga et al. (1999) and Arendt, Angelopoulos et al. (1999), the prenatally exposed infants had lower gestational age, birth weight, head circumference, and birth length, as well as higher rates of prematurity, low birth weight [under 2500 g], and SGA .

The prenatally exposed children scored lower than nonexposed children on the Bayley Mental Scale and when measured at two years of age, prenatally exposed children were significantly more likely to be classified in the cognitive impairment range or the mild delay range. In all, the prenatally exposed children were twice as likely to demonstrate significant delay through the first two years. On the Psychomotor Development Index, like the Chiriboga et al. (1999) study, boys scored lower. Unlike the

previous study, however, the authors specifically state that the motor finding was not a significant effect of cocaine exposure, but was a significant effect of other factors (e.g., age, sex, and prenatal tobacco exposure).

Drucker and Greco-Vigorito (2002) studied 202 children, 4-13 years old, to investigate the depressive symptoms of children affected by illegal substance abuse. The generalizability of this study is notable not for its strength, but for its weakness as being opposite to the majority of the previous studies: the children in this study were primarily children of White, middle class, suburban men who all used alcohol and most of whom also used cocaine. This study is also unique in that it is a factor analysis of the Children's Developmental Inventory (CDI). Rather than determining if the children affected by illegal substance abuse demonstrated depressive symptoms, this study was designed to investigate which symptoms the children affected by illegal substance abuse were more likely to demonstrate. The primary factor comprised items that described negative self-concept. In comparing these results to results from their previous study, the authors conclude that children affected by illegal substance abuse demonstrate a profile of behaviors primarily characterized as externalizing, such as through acting-out behavior. The authors suggest that these acting-out behaviors, including oppositional behaviors, may develop if the children develop negative self concepts as a result of neglect and abuse, or as a form of negative attention-seeking, especially if the parents are unresponsive (e.g., engaged in substance abuse) or seemingly unavailable (e.g., attempting to maintain a household wherein another parent is engaged in substance abuse) to the children's needs.

Bennett, Bendersky, and Lewis (2002) studied 223 mother-child dyads to investigate the effects of prenatal exposure to cocaine and other drugs and maternal and environmental risk factors. Children were excluded if their gestational age was less than 32 weeks, if they required oxygen therapy or other special care for more than 24 hours, and if there were obvious congenital anomalies. Children's intelligence was assessed through the Stanford-Binet Intelligence Scale: Fourth Edition (SB-IV) and emotional-behavioral problems were assessed through the CBCL. Environmental risk factors (including maternal life stress, maternal social support network size, number of regular caregivers, regularity of child's schedule, stability of child's environment, and indicators of SES) and maternal risk factors (depressive symptoms, harsh discipline, and IQ) were also assessed.

As in previous findings that demonstrated greater risks for prenatally exposed boys over prenatally exposed girls, exposed boys had the lowest composite IQ scores and lowest short-term memory subscale scores. Children from high-risk environments had lower IQ scores. Prenatal exposure did not predict IQ scores, thus global delays were attributable to environmental risk factors rather than prenatal exposure risk factors. On more subtle measures, such as the memory subscale, there was evidence of the impact of prenatal exposure, but only for boys. Findings specific to prenatal exposure having a greater risk to boys and greater impact to subtle over global domains echo many of the previously reviewed studies. Maternal depression was associated with internalizing problems, and maternal depression and environmental risk were associated with externalizing problems.

The study by Smith et al. (2003) is one of a few rare studies that specifically examine the effects of prenatal exposure to methamphetamine. Two hundred ninety four infants, 134 of whom were identified as methamphetamine exposed, were studied to determine the effects of prenatal methamphetamine exposure on growth parameters and withdrawal symptoms at birth. The study included full-term infants who were also exposed to cigarettes, alcohol, or marijuana, and these substances were used as covariates in the analyses; infants who were also exposed to cocaine or heroin were excluded from the study.

The group of infants who were identified as exposed to methamphetamine included statistically significantly more infants who were characterized as small for gestational age, and there was a trend toward decreased birth weight in this group even though there were no actual differences in weight, length, head circumference, or ponderal index (weight [g] x 100/length³ [cm]) between this group and the matched control group. The trend may be explained by the fact that significantly more of the methamphetamine-exposed babies were also exposed to alcohol, cigarettes, and marijuana, and babies who were also prenatally exposed to nicotine demonstrated a statistically significant trend toward lower birth weight and smaller head circumference. Of the 49% of the methamphetamine-exposed group with withdrawal symptoms, only 4% required medical treatment for withdrawal.

As in the Singer et al. (2002) study, the BSID-II was used again in a longitudinal, prospective study by Mayes et al. (2003) in which 460 children were studied to investigate the effect of prenatal exposure to cocaine, crack cocaine, and other drugs on the developmental trajectories of the children, as measured at 3, 6, 12, 18, 24, and 36

months. The authors specify that they used the BSID-II because previous studies using the instrument with this population were inconsistent in their findings. Reliability of assessment procedures was ensured through videotaping all assessments, but the inter-rater reliability scores are not provided. The authors do note that the examiner was blind to the exposure status of the children.

Prenatal exposure was determined by maternal urinalysis during pregnancy and/or immediately after birth, newborn urinalysis, and maternal report. Hierarchical multiple regression correlation analysis included three categories of drug exposure: no drug exposure, non-cocaine-exposed (but exposed to combinations of alcohol, tobacco, and marijuana, referred to collectively in the study as "ATM"), and cocaine-and-other-drug-exposed. As in some of the previously reported studies, the prenatally exposed infants were more likely to have significant differences in birth outcomes. Significance was predetermined so that $p=.05$; findings for the birth outcomes were reassessed and found to be significant at the .001 level. Significant birth outcomes included lower gestational age, birth weight, and head circumference, although once gestational age was controlled for, head circumference was reportedly no longer an effect of prenatal cocaine exposure.

On the total BSID-II, the prenatally cocaine-exposed group showed similar variability in scores as the nonexposed group and the so-called ATM group, children prenatally exposed to alcohol, tobacco, and marijuana, but not cocaine. The mean total scores are lowest for the cocaine-exposed group, as are the motor index means and mental index means. The trajectories reveal that there was a greater, but reportedly statistically nonsignificant, decrease in the motor index scores of the prenatally cocaine-exposed group over time, and a significant decrease in the mental index scores of the

cocaine-exposed group over time (Mayes et al., 2001, p. 331). The authors note that this declining trajectory on the motor and mental indexes is often noted for “high-risk populations,” and that it is “attributed to the cumulative effects of environmental stressors” (p. 332). The authors further state that postnatal substance abuse “impacts a mother’s ability to respond consistently to her infant, and it is likely that the impact of continued postnatal use is cumulative on both parental abilities and infant development” and that they “cannot rule out the impact of continued postnatal exposure to crack or other drugs through passive inhalation as another factor that might be associated with a decline in performance in high-risk children” (p. 332).

Similarly, Lewis et al. (2004) studied 361 mother-infant dyads to investigate the neurological and developmental outcomes of prenatally cocaine-exposed children as measured at 12, 18, 24, and 36 months on the Bayley Scales of Infant Development and the Achenbach Child Behavior Check List. The authors clearly state that they used the Bayley Scales of Infant Development, alternately referred to as the Bayley, and the BSID, but make no reference to the edition, and the in-text citation refers to a reference list citation that shows the year of publication as 1965/1993. Information regarding the appropriateness of the BSID-II includes references to the instrument being used with “a wide range of populations” (p. 302), information about test-retest reliability, and information about the scales and subscales. Expertise of the three examiners is not identified, nor is the inter-rater reliability; it is noted, however, that they were blind to the children’s exposure status. Information about the Achenbach Child Behavior Check List includes details about the instrument’s format and use, and the statement that it “has been used across a variety of settings and diverse populations, and shows good reliability and

validity” (p.302). No information about the examiners’ expertise, inter-rater reliability, or knowledge of the children’s exposure status is offered.

Infants were excluded from the study if their gestational age was less than 31 weeks, there were birth complications, or their 1 and 5 minute Apgar scores were less than or equal to 3 and 5, respectively. Though the reader is directed to a previous study for information on the birth outcomes, the authors state that there was “catch-up growth” (p. 306) for weight and head circumference by 12 months and length by 18 to 24 months, suggesting that this cohort did demonstrate birth outcomes in keeping with the majority of findings reported previously in this paper.

More of the prenatally exposed infants exhibited suspicious neurological signs, including “mild tone abnormalities, signs of attention deficit, or mild delays” (Lewis et al., 2004, p. 302), or abnormal neurological signs, including “clearly severe abnormalities in motor tone, levels of activity or delays” (p. 302) at birth and across all testing periods. Prenatally cocaine-exposed children showed lower Mental Development Index scores at 12 and again at 24 months; at 18 months, the difference was not apparent, in keeping with Singer et al.’s (2002) findings of delay at two years of age. The authors suggest that the nonexposed children were able to improve their scores whereas the prenatally exposed children were not. On the Psychomotor Developmental Index (PDI), the prenatally cocaine-exposed children had lower scores at 24 months, but not at 12 and 18 months, whereas Singer et al. (2002) found no effect on the PDI at two years of age. The prenatally cocaine-exposed group also demonstrated higher rates of abnormal speech, based on neurological exams, generally in keeping with the findings from Morrison et al. (2000) and Singer et al. (2001).

The authors explain that the differences in MDI scores at 24 months may be attributed to the impact of poor impulse control and impulsivity on the children's ability to follow directions, and the declines in the 18- and 24-month MDI scores may be a result of the increased importance in language skills at this point on the index. Mayes et al. (2003) reported similar concerns. The authors also deduce from their findings that "prenatal cocaine exposure adds an additional burden to the substantial environmental risks already experienced by children living in poverty" (Lewis et al., 2004, p. 314).

Conners et al. (2004) studied the life circumstances and experiences of 4084 children to investigate the cumulative effects of prenatal and environmental risk factors. This study, part of the Residential Women and Children (RWC)/Pregnant and Postpartum Women (PPW) programs and studies funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Treatment (CSAT), is notable for its study design, sample size, and generalizability. The longitudinal study spanned five years and collected data from women in residential treatment for substance abuse and their children at 50 programs across the United States. In addition to the 4084 children who were included in the data analyses, their 2746 mothers were included as well. The centers represented diversity in geographic region and domicile setting (including urban, suburban, rural areas, and Indian reservations). The mothers represented wide diversity across ethnicity, age, marital status, and education. The children ranged in age from newborn to 17 years, included males and females, and represented a variety of placements prior to moving to the residential setting, including with birth mother, with both parents, or in out-of-home placements with other relatives or in foster care.

The present study was designed to describe the physical and developmental problems of the children who enrolled in treatment with their mothers. The findings are based on maternal report at the time of admission into treatment. Notable limitations include no specific information pertaining to prenatal exposure as related to outcomes, and questionable minimum age limits for identifying health and developmental risks. For example, FAS, hearing problems, vision problems, and communication disorders were not identified in children younger than three years of age, and motor skills disorders were not identified in children younger than seven years of age, though these conditions, or at least clear symptoms of the conditions, may be evident much earlier, even in infancy. This may have caused the rates of certain conditions to be underestimated.

On the 11-item risk index, children presented an average of 6.5 risks, which included environmental risks (e.g., homelessness, low income status), parental risks (e.g., poor quality relationship with father, mother involved with child protective services), and prenatal or perinatal risks (e.g., prenatal exposure to alcohol or other drugs, placed in NICU at birth). The percentage of children presenting with developmental and physical problems were above the national average for asthma (identified at 6 months of age), FAS (3 years), hearing problems (3 years), vision problems (3 years), learning disabilities (7 years), and communication disorders (3 years); and near or equal to the national average for cognitive impairment (6 years) and attention deficit disorder (7 years). School problems included need for special education services, not being in the right grade level, mothers contacted by the school because of behavior problems at school, and serious arguments or fights with a teacher for 10%-25% of the children. With regards to the cumulative effects of risk factors on children affected by illegal substance abuse, the

authors conclude, “from the time of their conception and continuing throughout childhood, their environment had been characterized by an accumulation of factors known to place children at increased vulnerability for physical, academic, and social-emotional problems” (Conners et al., 2002, p. 94).

Arendt, Short, et al. (2004) followed up with 231 (101 of whom were identified as exposed to cocaine, and 130 who were identified as unexposed) of the children from the cohort in the Arendt, Angelopoulos, et al. (1999) study described above. In this study, the then seven-year-old children were assessed using the Developmental Test of Visual Motor Integration (VMI) Fourth Edition, the Bruininks-Oseretsky Test of Motor Proficiency (BOTMP), and the Weschler Intelligence Scale for Children-Third Edition (WISC-III). On the VMI Motor Coordination standard scores, WISC Verbal and Full Scale IQ, the exposed group demonstrated significantly lower scores, and marginally lower scores on the BOTMP fine motor subscale. These results suggest that cocaine effects seen in infancy continue to be evident in later childhood; however, the effects were no longer statistically significant once sociodemographic and environmental variables were added to the model, such that the authors concluded that prenatal exposure to cocaine may present concurrently with other risk factors which may impact the development of children in low-income families. (This conclusion, notably, is not the same as concluding that the prenatal exposure is not of concern at all or that the risk factors central to the child’s environment are the only risk factors of concern.) Nevertheless, a dose-effect response wherein higher levels of cocaine exposure significantly predicted lower scores on the VMI total and marginally predicted scores on the BOTMP were maintained even with the inclusion of the other variables.

These third generation studies suggest that children exposed to illegal substance abuse may be at risk for adverse developmental outcomes. Prenatal exposure presents a risk. Environmental exposure presents a risk. While not all prenatally exposed children are at environmental risk (e.g., if the child is raised by someone other than the mother who used drugs, or if the mother changes her lifestyle), and not all children environmentally exposed were prenatally exposed (e.g., if the substance using parent is the father, or if the mother begins using drugs after the child is born), children who are both prenatally and environmentally exposed may be at an increased risk.

Though the third generation studies present an improvement in research design over the previous studies, the developmental outcomes which can be attributed to prenatal and/or environmental exposure to substance abuse is still a very complex and greatly debated issue. Nevertheless, we now have an education statute which references a social welfare statute and mandates that interventionists in both fields work together to refer this group of children for services. The next section presents expanded information about both IDEA and CAPTA, and how the connection between IDEA Part C and CAPTA applies to children who are exposed to and/or affected by illegal substance abuse.

Review of the Policy

When IDEA was reauthorized in 2004 (IDEA 2004), one of the amendments was the inclusion of a required linkage between lead agencies that fall under Part C of IDEA and the social welfare agencies that are governed by CAPTA (42 U.S.C. 5106(a)), amended as the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). The purpose of Part C of IDEA is to enhance the development of infants and toddlers with

disabilities; reduce educational costs by minimizing the need for special education through early intervention; minimize the likelihood of institutionalization, and maximize independent living; and, enhance the capacity of families to meet their child's needs. The purpose of CAPTA is to protect the best interest of the child, which includes attention not just to the child's physical and mental well-being, but also the overall developmental picture. It is apparent that combining an education statute designed to improve developmental outcomes of young children with a social welfare statute designed to protect the developmental interest of the child through a policy which dictates collaboration between these two would create a very beneficial partnership for infants and toddlers who have—or who are at risk of developing—developmental delays and disabilities. What is not so apparent is how the policy will be implemented.

Part C of IDEA. Education for children with special needs was first legislated in 1975 under the Education of All Handicapped Children Act (EHA; P.L. 94-142). In its first incarnation, under Part B, the law provided for special services for school-age children with disabilities between the ages of 6-21 years. In 1986, that law was amended as P.L. 99-457. Part B was expanded to include Section 619 which made the law applicable to all preschool children with disabilities. An additional part—then referred to as Part H—provided incentives for states to also provide special services to infants and toddlers with special needs. When EHA was reauthorized in 1990 under P.L. 101-476, it was renamed the Individuals with Disabilities Education Act (IDEA). Just one year later, P.L. 102-119 both Part B of Section 619 and Part H were reauthorized and amended. In 1997, some of the most extensive changes to the law occurred when it was reauthorized as P.L. 105-17, the 1997 Amendments to IDEA, also widely referred to as

“IDEA ’97”. As part of these extensive changes, the law was reformatted, and the former Part H became Part C. (Part B remains and still stipulates the special education services to be provided to children aged 3-21). The Final Regulations for Part C of IDEA ’97 were published in the Federal Register in 1999 and further specified the early intervention services that could be offered to infants and toddlers and their families.

The latest reauthorization was signed on December 3, 2004 as The Individuals with Disabilities Education Improvement Act of 2004, P.L. 108-446. (Though originally abbreviated as IDEIA 2004, it is now commonly referred to as IDEA 2004.) Though the Federal Regulations for Part B of IDEA 2004 were published in the Federal Register on August 14, 2006, the Final Regulations for Part C have yet to be released. From IDEA ’97 to the 2004 reauthorization, infants and toddlers with disabilities and their families have been served under the Early Intervention Program for Infants and Toddlers with Disabilities (Part C of IDEA ’97, and the corresponding regulations described in 34 CFR Part 303; 1999). For this reason, the regulations cited in this dissertation are from the regulations published in 1999, unless specifically noted as excerpted from the Notice of Proposed Rulemaking of 2006.

Children who are eligible for services in Part C are described as follows:

“(5) INFANT OR TODDLER WITH A DISABILITY.—The term ‘infant or toddler with a disability’—“(A) means an individual under 3 years of age who needs early intervention services because the individual—“(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development, and

adaptive development; or “(ii) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay; and “(B) may also include, at a State’s discretion—“(i) at-risk infants and toddlers; and “(ii) children with disabilities who are eligible for services under section 619 and who previously received services under this part until such children enter, or are eligible under State law to enter, kindergarten or elementary school, as appropriate...(P.L. 108-446; U.S.C. 1400 et seq., Sec. 632)

It is important to note that though the guidelines are set in IDEA, states have the flexibility to determine how they will define “developmental delay” and how they will serve “children who are at risk of having substantial delays” for determining eligibility. Criteria for defining developmental delay vary widely across states (Shackelford, 2005, p.2) as do identified risk factors and eligibility based on risk factors. Children with conditions of established risk must be served; the law identifies these as “chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders” (see 34 C.F.R. §303.16, Note 1; 1999). Children with biological/medical and environmental risks who are at risk of having developmental delays are served at the discretion of the State. Biological/medical risk conditions under the law include “low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation” (34 CFR § 303.16, Note 2; 1999) and various states have included “low birth weight, intraventricular hemorrhage at birth, chronic lung

disease, and failure to thrive” among the risk factors that they identify and serve (Shackelford, 2006, p.3). Environmental risk conditions are not clearly specified under the law, but states have included “parental substance abuse, family social disorganization, poverty, parental developmental disability, parental age, parental educational attainment, and child abuse or neglect” as risk factors that they identify and serve (Shackelford, 2005, p.3). According to data reported by the IDEA Data Accountability Center (DAC), which was updated as of July 15, 2008, of the 50 states plus the District of Columbia and five outlying jurisdictions that participate in the Part C program, only eight states and one outlying jurisdiction serve children at risk from biological and/or environmental factors. The proposed regulations for Part C of IDEA 2004 included this definition: an “at-risk infant or toddler may include an infant or toddler who is at risk of experiencing developmental delays because of biological and environmental factors that can be identified such as... a history of abuse or neglect, being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. (§303.5; Authority: 20 U.S.C. 1432(1) and 1437(a)(6))”

Services provided to eligible children and families are referred to as “early intervention services” and defined as “services that... are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development.” (§303.12; 1999) Early intervention services may consist of a myriad of services, including special instruction and therapies for the child (e.g., occupational therapy, physical therapy, and speech-language pathology) and services for the family.

Under the current Part C regulations (IDEA '97), services for families include the following:

Family training, counseling, and home visits mean services provided to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development... Social work services includes... [evaluating] patterns of parent-child interaction; preparing a social or emotional developmental assessment of the child within the family context; [and] providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents. (§303.12; 1999).

The 2004 reauthorization and proposed regulations included the following changes to the section that describes the procedures for identifying children who may be eligible for services:

§303.301 Comprehensive child find system. (c) Coordination. (1) The lead agency, with the assistance of the Council, as defined in §303.8, must ensure that the child find system under this part--(i) Is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health, and social service programs relevant to this part...; and (ii) Is coordinated with the efforts of the--
...(G) Child protection programs, including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a))...

Furthermore, the 2004 reauthorization and proposed regulations included these changes to the section that describes the procedures for referrals:

§303.302 Referral procedures. (a) General. (1) The child find system described in §303.301 must include procedures for use by primary referral sources for referring a child to the Part C system for--(i) Evaluation and assessment...; and (ii) As appropriate, the provision of early intervention services...(2)...(b)

Referral of specific at-risk children. The procedures required in paragraph (a) of this section must provide for requiring the referral of a child under the age of three who--(1) Is involved in a substantiated case of abuse or neglect; or(2) Is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.

Proposed regulations for Part C of IDEA 2004 were released on May 4, 2007. They were subsequently withdrawn by the U.S. Department of Education. In a memo, OSEP officials informed State Part C Coordinators: "Although the draft final Part C regulations were withdrawn by the Department on Friday, January 16, 2009, States are required to ensure that their State policies, including statutes and regulations, are consistent with the Part C requirements in 20 U.S.C. §§1401 et seq., as amended in 2004, and all applicable regulations in 34 CFR Part 303". That is to say, because the law itself was passed, states are still responsible for the entire statute, including Part C, and specifically the section referring to the child find system and CAPTA. Considering the family-centeredness of early intervention services, as well as Part C eligibility criterion that include such biological risk factors as exposure to toxic substances and such environmental risk factors as parental substance abuse, child abuse or neglect (as noted

above), this linkage to social service agencies which serve families and children would seem to be a reasonable connection. Indeed, the proposed regulations contained language which explained that the CAPTA ruling laid the groundwork for this provision in Part C:

Proposed §303.206 would be added to align with section 637(a)(6) of the Act.

Proposed §303.206 would require each application to include the State's policies and procedures that require the referral for early intervention services of a child under the age of three who is involved in a substantiated case of child abuse or neglect or is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, consistent with proposed §303.302. This requirement has applied to State agencies receiving funds under the Child Abuse Prevention and Treatment Act (CAPTA) in 42 U.S.C. 5106a since June 2003. A comparable requirement was added to section 637(a)(6) of the Act for Part C lead agencies, effective July 1, 2005.

CAPTA. CAPTA was initially signed into law in 1974 as P.L. 93-247. In 1978, it was amended by the Child Abuse Prevention and Treatment and Adoption Reform Act (P.L. 95-266). Beginning in 1985, a number of changes and expansions to CAPTA occurred in conjunction with amendments, revisions, and reauthorizations of other Acts. The latest reauthorization was on June 25, 2003 as part of the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

The 2003 reauthorization introduced a number of assurances that states must declare in order to determine eligibility under Section 106, Grants to States for Child Abuse and Neglect Prevention and Treatment Programs (42 U.S.C. 5106a), most notably for the purposes of this study, the following:

COORDINATION.—A State plan submitted under paragraph (1) shall...contain ...assurance...that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect that includes...provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part [sic] C of the Individuals with Disabilities Education Act;... (§106(b)(2)(A)(xxi))

An issue brief from the National Abandoned Infants Assistance Resource Center (2006) explained that this is one of the revised CAPTA provisions that spotlight the increasing concern from child advocates that infants and toddlers exposed to illegal substance abuse need to be identified so that they may receive services through child welfare and early intervention programs that will support their development and address their caregiving environment. It is clear, then, that just as IDEA 2004 is concerned with finding children at risk due to environmental risks (and prenatal risks correlated with risky environments), so, too, is CAPTA concerned with referring children to early intervention services.

The connection between IDEA and CAPTA. It is interesting to note that both IDEA and CAPTA were initially authorized in 1975, and both laws were amended within a year of each other (2004 and 2003, respectively) to include language which references the other law. IDEA 2004, a statute which is under the auspices of the Department of Education, Office of Special Education and Rehabilitative Services, OSEP, specifically requires a State to describe the procedures for identifying infants and toddlers who may be eligible for early intervention programs by coordinating with the State's Child

Protection Programs that are responsible for implementing CAPTA. Further, procedures to be used by the referring agency to refer a child to Part C services must be included, and those procedures must specifically require the referral of children involved in a substantiated case of abuse and neglect, identified as affected by illegal substance abuse, or having withdrawal symptoms resulting from prenatal drug exposure. CAPTA, a statute which is under the auspices of the U.S. Department of Health and Human Services, Administration for Child and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Abuse and Neglect, specifically requires a State to assure that there are provisions and procedures for referring a child to early intervention services who has been a part of a substantiated case of abuse and neglect. (CAPTA does not have the same requirement for infants affected by parental illegal substance abuse.)

The research findings presented in this section provide evidence for why the two agencies each decided that the Part C-CAPTA connection is an important policy. A number of programs are already demonstrating seemingly effective and efficient procedures for interagency collaboration, however the studies reported to date focus on children who have been referred to child protective services for suspected maltreatment, and as mentioned above, these children are not the focus of this study and were not addressed in this review; therefore, the studies reporting outcomes from these model demonstration projects were also excluded. Despite the evidence suggesting that these infants and toddlers likely need and may benefit from early intervention, and despite the amendments to these laws, it is not guaranteed that this new policy will be implemented as intended.

Review of Policy Evaluation

In this section, I discussed the process for evaluating policy, with special attention to the use of the terms *impact* and *implementation*, and how this dissertation meets the standards for policy implementation studies. A number of researchers have addressed the issue of how researchers may choose to evaluate policy implementation, policy impact, or both. Some assert that it is important to make the clear distinction that the evaluation of the *implementation* of a policy is only appropriate for examining how programs are working as well as the process of carrying out a new policy (Hargrove, 1975; McLaughlin & Elmore, 1982). Others argue that it is first necessary to differentiate between the types of products that may be evaluated in order to determine which processes should be the focus of the evaluation. To this end, it is important to make a clear distinction between outputs, which are the work done by the individual or agency as a result of the policy, and outcomes, which are the results or changes that occur because of the work done as a result of the policy (Robichau & Lynn, 2009). Following this distinction, an evaluation of policy *implementation* would examine outputs, whereas an examination of policy *impact* would examine outcomes (Van Meter & Van Horn, 1975).

Another argument regarding the use of the term *implementation* has to do with timing and changes as a result of time, so that to view policy this way involves considering policy as part of the chronosphere in addition to the exosystem. Robichau and Lynn (2009), who revisit and reassert Hargrove's claim that policy implementation studies are the "missing link" in policy study, define implementation as occurring after a policy has been disseminated by the appropriate public officials and interpreted by the courts. It is this interpretation which results in regulations. Since regulations for IDEA

Part C are still pending, the argument could be made that Part C as a policy is not yet available to be evaluated via a policy implementation study.

Some researchers, however, substantiate my decision that the term *implementation* is a completely acceptable term to use here. Van Meter and Van Horn (1975) took a different approach to defining the timing of implementation when they stated that the implementation phase begins once legislation has been approved. IDEA is the legislation of concern for my study, and the reauthorization has been approved. McLaughlin (2005) recasts the analogy suggested by Van Meter and Van Horn that implementation is to outputs as impact is to outcomes by explaining that how policy is interpreted, changed, and applied during the process of implementation, and especially by those at the street level, is what determines the results of a policy. Applying this argument, the analogy can then be interpreted as implementation is to outputs as implementation is to outcomes. For this study, I analyzed the data from one local agency to determine the results of the policy in terms of descriptive statistics for referrals, determinations of eligibility, and recommendation for services for infants and toddlers affected by substance abuse following this new mandate from Part C. My questions focused not on how the policy was followed, but rather on what were the results once the policy was followed; using McLaughlin's approach, this study is very much an implementation study. Weatherley and Lipsky (1977) defined the connections between how a policy is developed and how a policy is implemented as complex and necessarily problematic because the meaning of the policy does not become clearly defined until *street-level bureaucrats* begin to carry out the policy as practice. Given that the local agency at the center of this study generated data about the group of infants and toddlers

targeted by this policy, it is a fair to state that those within this agency have worked out the meaning of the policy for themselves as they carried out the work of the policy, and negotiated the problematic areas en route to implementation. It would also be fair to say that they have determined how they will control their program in accordance with this new policy, in accordance with Hargrove's assertion that policy implementation involves those at the street level striving to either control or resist a new plan. Therefore, an evaluation of their outcomes is reasonably referred to as a policy implementation study.

Once the determination has been made as to what type of policy evaluation is to take place, there are a few additional concepts which are important to consider. One effective approach is to evaluate policies with respect to two main characteristics: how much of a change the new policy represents over the old policy, and how much organizational change will be required as a result; and, whether there is, and to what degree there is, consent or dissent over the goals of the program (Van Meter & Van Horn). IDEA has not previously specifically required the referral of this group of infants and toddlers, so certainly this new policy represents a considerable change over the previous policy. The degree of dissent is notably also notable, especially in light of the extensive debate over the proposed regulations, the subsequent removal of those proposed regulations, and the still-pending new proposed regulations. This issue, like the partial majority of all policies is a *major change/low consensus* policy (the other part of the majority is represented by *minor change/high consensus* policies), and these policies typically involve greater struggle before there is resolution. For this reason, it will be important to have the type of baseline data that was produced as part of this study to evaluate outcomes and outputs over time.

McLaughlin and Elmore (1982) recommend considering whether the policy is focused at the level of the microsystem (e.g., how the process is carried out in programs or classrooms), or at the level of the macrosystem, where the focus would be on how the process is carried out within the Federal government to the local agency. The authors offer five lessons as most relevant for the macro-level: Federal policy implementation and outcomes are determined by institutional changes at the state and local levels; skill and knowledge are required for meeting the goals set forth by legislation, but are not enough when resources are limited; implementation is an ongoing process, involving many steps and requiring that the organization have the ability and resource to develop and learn during the process; the policy will develop and may also change as it is moved through the implementation process; and special projects or policies tend to be effective only if they are effectively embedded within the larger context. The policy being evaluated in this study is easily situated within the macrosystem since the purpose of the study was to determine how the Federal policy was being implemented; but since the purpose was to determine how the policy was implemented across time by the local infants and toddlers program, it should also be understood that this policy implementation study is situated within the microsystem (e.g., what services were recommended to occur in the infants and toddlers homes or natural settings), exosystem (e.g., procedures within the early intervention and social service agencies), and the chronosystem (in so much as the early intervention or home environments change as a result of the new policy).

Summary

Children prenatally exposed to and/or affected by illegal substance abuse may demonstrate poor birth outcomes, developmental abnormalities, and developmental

delays. Poor birth outcomes include premature delivery and low birth size, including weight, length, and head circumference, not explained by early gestational age.

Developmental abnormalities are especially noted in brain development, neurological functioning, and neurodevelopmental outcomes. Developmental delays are noted in the areas of cognition; communication and language; fine and gross motor skills; and social and adaptive skills. Additional concerns were expressed about attention and impulse control. As Schutter and Brinker (1992) asserted, not all of the children exhibited delays or abnormalities, and none of the delays or abnormalities were substantially different from what might be expected in children with neurological or developmental delays, except perhaps the brain and central nervous system anomalies described by Sher and Richardson (2000). In contrast with the first- and second-generation studies, however, all of the third-generation studies presented here controlled for confounding variables, used credible sample sizes and appropriate assessment measures, and did find that a sizable proportion of the prenatally exposed children did indeed present with developmental delays and abnormalities that might warrant early intervention and/or early childhood special education services.

Further, children environmentally exposed to and/or affected by illegal substance abuse may also demonstrate poor developmental outcomes. Caregivers who abuse illegal substance were found, like other at-risk families, to provide a home environment that was not necessarily conducive to encouraging child development. Caregivers who abuse illegal substances also showed increased rates of depression and decreased rates of parent-child interaction, both of which were shown to impact child outcomes. The possible risk of accidental ingestion or inhalation of the illegal substances was also seen

as a risk factor. Specifically, environmental exposure was found to have an increase in behavioral and emotional difficulties, particularly acting-out behaviors, and a decrease in intellectual capabilities. Again, all of the studies found that environmentally exposed children presented with developmental delays and challenges that might warrant early intervention and/or early childhood special education services.

The research findings support the Part C-CAPTA mandate set forth in IDEA 2004. Collaboration between early intervention programs and child welfare programs can provide a streamlined process for identifying and referring infants and toddlers exposed to and/or affected by substance abuse to early intervention programs for determination of eligibility for early intervention services. Even in the absence of the IDEA 2004 Part C regulations that would dictate how these collaborations should occur, states are required to still meet the standard set forth in the legislation. Without regulations, the work may be undefined at the *macro*-level (McLaughlin & Elmore, 1982; Robichau & Lynn, 2009), but street-level bureaucrats at the *micro*- and *meso*-levels will still be doing the work at the *exo*-levels (Weatherley and Lipsky, 1977). According to Hargrove (1975), a policy implementation study such as this one may be helpful when regulations for legislation have not yet been developed because the inquiry may provide answers which may enhance the decisions that need to be made by policy officials.

Chapter 3

Methodology

The purpose of this chapter is to review the methods that were used to gather data in response to the research questions outlined in chapter 1. After the research questions, the methodology is organized in terms of research design, participants, data collection procedures, and data analyses.

This study was designed to answer the following research questions:

1. What were the reasons, counts, and trends over time for referrals to the local ITP for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse?
2. What were the reasons, counts, and trends over time for determination of eligibility for Part C services for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse?
3. What were the reasons, counts, and trends over time for services recommended for infants and toddlers who were documented to be exposed to and/or affected by illegal substance abuse?

Design of the Study

The purpose of this study was to investigate the extent to which one Part C agency in a large urban district in a Mid-Atlantic state implemented the requirement to establish policies and procedures for requiring the referral of infants and toddlers affected by illegal substance abuse to early intervention services. Descriptive statistics were used to describe and analyze the data contained in the Part C Online Database for the state in which the study was implemented. (Though the database was slated to be replaced

shortly after this study concluded, the new database will carry over the information from the Part C Online Database; therefore, the data as accessed for this study are still viable.) In this study, I analyzed the records of those children referred between October 2003 and September 2009 whose reasons for referral included exposure to illegal substance abuse to determine the reasons these children were referred, the counts, and the trends over time; the reasons these children were determined eligible for services, the counts, and the trends over time; and the services recommended for these children, the counts, and the trends across time, measures which also served as a proxy measure for whether children were found to have demonstrated delays at the time they were determined eligible for services, or whether they were determined eligible for early intervention based on documentation of a high probability condition alone.

Study Participants

The records of infants and toddlers who were under 3 years of age at the time of referral to the local ITP, as recorded in the database, were used in the analyses. Only the records entered by the local ITP between October 1, 2003—when the Part C Online Database was launched—and September 30, 2009 were examined, for a total of six 12-month research years (each of which encompassed the dates October 1-September 30). The database contained records of infants and toddlers who were referred for Part C services because they were noted to have biological concerns, developmental concerns, environmental concerns, a diagnosed condition, or other concerns which suggested that the child might be determined to be an infant or toddler with a disability or at risk of developing a disability and in need of early intervention services.

Data Collection Procedures

I accessed the Part C Online Database directly through one of the computer terminals in the main office of the local ITP. This database was developed in 2003 through the study State's Department of Education. The database was created to collect local and State data, improve ease of monitoring, and to meet reporting requirements required by OSEP. The database was an online, real-time system used to report information to the Federal monitors of the Part C program, as well as to document each child's services and progress through the system. The system was designed so that more than one user could access the records at the same time; the person who saved the record last overwrote any previous information, a process which did not yield any problems. (Personal communication, database manager for the state in which the study was conducted, February 4, 2010). Staff of the local ITP inputted information into the database directly from their computers at the service site. Information was collected from various standard forms such as referral forms and the Individualized Family Service Plan (IFSP) for each child.

A few of the data entry fields were automatically assigned by the database (e.g., *Child ID#* and *Referral ID#* which are unique identifiers for each child and each referral, respectively; each child has only one *Child ID#*, but may have more than one *Referral ID#*), and a few were fill-in-the-blank fields (though none that were used for this study). For most data entry fields, the staff that inputted the data from the referral used a drop down menu to select among several options. For example, under the category of *reason for referral*, the options were *biological concerns*, *developmental concerns*, *diagnosed conditions*, *environmental concerns*, and *other factors*. These options also had drop down menus, some of which were of special note for this study. For example, the drop

down menus under *biological concerns*, *diagnosed conditions*, and *environmental concerns* contained options which note that the child was reportedly exposed to illegal substance abuse. All of the variables (categories and subcategories) that were used for this study are included in Table 1. (Note that whenever variables are discussed herein using the name as recorded in the data entry field in the online database or as in the coded dataset, that variable is italicized.)

The database permitted two options for running data reports (i.e., retrieving data from the database, and producing output that was presented in the form of a table or spreadsheet). Predefined reports were created by the data administrator to pull data for variables that answer frequently asked questions, such as total number of referrals, or age at referral. These reports provided summary data and therefore did not contain detailed information about individual children. These reports also filtered by the *category* or *status* variables by default, as predetermined. Dynamic reports permitted users to select the variables to include and accessed child-level data. Because the dynamic reports pulled data for all of the infants and toddlers in the database, whereas the predefined reports filtered by *category* and/or *status*, the total numbers of infants and toddlers included in the dynamic reports was higher than the total number reported by the predefined reports, even after the data were transformed.

Each report was exported to an Excel file, saved to a password-protected USB drive, with a back up copy of each file also saved on that drive, all of which were also copied to a password protected computer in a locked office. The data from those reports were organized into three Excel workbooks—one for each research question—with six spreadsheets each—one for each research year (October 1-September 30). Data

appropriate to each research question (e.g., reasons for research question 1, eligibility for research question 2, and services were research question 3) were included in the appropriate workbook. The data were then recoded, merged, and collapsed to produce three datasets, one for each of the research questions.

Data Coding Procedures

The spreadsheets within each Excel workbook each contained the fields for the child identification number, the referral identification number, referral date, age at referral, and *category* (used to denote whether an IFSP was developed for that child). The additional variables were those which were appropriate to the specific research question. Because the database allowed for a one-to-many relationship wherein certain categories such as *childID* and *referralID* could be repeatedly connected to multiple other categories and subcategories, when the dynamic reports were created and exported to Excel, duplicate cases were produced for some children. For example, if a child was referred more than once, or referred for more than one reason, that child had only one *childID*, but might have had multiple *referralIDs*, and that child's data were then contained on multiple lines of rows in the dynamic report, and therefore also in the spreadsheets that were used for analyses. To address this issue and allow for unduplicated frequencies, the data were recoded through a multi-step process.

First, new variables were created in order to disaggregate the information for each category. In the original form, the developmental concerns referral reason category, for example, contained up to seven different responses, one for each developmental domain. New variables were created so that each developmental concern referral reason was represented separately (*Ref: Dev: Adaptive, Ref: Dev: Cognitive, etc.*), except for

Sensory-Hearing and *Sensory-Vision*, which were combined into the variable *Ref: Dev: Sensory*, for a total of six new variables for the developmental concern category. The original data for the *dev_concern* variable were then copied into each of these new variables and the qualitative variables were coded into dichotomous numerical values. Within each variable column, data that matched that variable (e.g., the qualitative data *adaptive* in the *Ref: Dev: Adaptive* column) were coded as 1 to indicate presence of that variable. All other qualitative data (i.e., other domains) and missing or absent data were coded as 0 to indicate the absence of that variable. This process was carried out for each of the categories and subcategories of interest (listed in Table 1).

Next, an additional dichotomous variable was created to serve as an aggregate for the multiple referral reasons which indicate the referral reason was related to illegal substance abuse. Using the *if/then* function in Excel, if any of the substance abuse related referral reasons (i.e., *Diagnosed condition: Effects of intrauterine drug exposure; Environmental factors: Maternal substance abuse; Other factors: Exposed to intrauterine drug exposure; Other factors: Maternal prenatal drug abuse*) were coded as 1, then the new variable *Ref: SA* was coded as 1. Again, a code of 0 indicated the absence of that variable.

The three workbooks were then submitted to a reliability check procedure in which another doctoral-level researcher verified that the codes matched the original inputted variable. The reliability checker examined each recoded variable individually by comparing the codes to the original variable data. Any inconsistently coded variables were highlighted by the reliability checker so that I could address them. I attended to the data highlighted for inaccuracies by first comparing the recoded variable column to the

original data column to ensure that the qualitative data were copied correctly in the first step, then by examining the dichotomous coding from the second step, and also by referring to the original Excel workbooks to examine the original data as necessary. Reliability of first-run coding for all three workbooks was quite respectable at 99.9% for the reasons dataset, 99.9% for the eligibility dataset, and 99.9% for the services dataset.

Following the verification of coding, the remaining original columns (those containing terms rather than codes) were deleted so that only numerical information remained for each variable (except for the identification variables). The data represented by multiple cases were collapsed into one case per each child through creating a pivot table in Excel. The variable *childID* was dragged into the row label field, thereby collapsing all of the data for that child into one case. The other variables were dragged into the sigma values box to be used as columns. The referral identification and referral date variables were set to *value field setting: count* and the dichotomous variables were set to *value field setting: sum*. The recoded data presented the total number of original cases for each child as represented in the *referralID* and *ref_date* columns, which was used to continuously verify that the data had been recoded correctly. The recoded data in the dichotomous variables columns were added rather than counted because counting the data would have also counted the 0s which represented the absence of that variable, whereas summing the data allowed the 0s to remain. The data were then recoded again so that any value greater than 1 was recoded as 1 to indicate presence of that variable.

Lastly, the spreadsheets were merged into one dataset. The spreadsheets were compared to verify that the total numbers for each year matched and that the same *childID* numbers were represented within each year. Then the variables for reasons,

referrals, and eligibility were inserted into one dataset, contained in the new combined workbook, with data for each research year contained on a separate spreadsheet. Once the data were coded and transformed, the data were analyzed in Excel, in keeping with the way the Part C Online Database output is analyzed in this jurisdiction and in this State Department of Education.

Data Analysis Procedures

I analyzed the data three ways for each research question. Frequencies and proportions were calculated through the *count* and *countif* functions in Excel. These frequencies and proportions were then organized within one table by research year and the Excel function *insert: line* was used to examine the trends. Data were also analyzed in SPSS to determine whether there were any statistically significant associations between variables. The function *descriptive: correlate: Pearson's* was used as a stand-in for the chi square test of independence with phi for strength of association for dichotomous variables because the datasets were too large to run the association analysis through the function *descriptive: crosstabs: Phi* analysis. SPSS uses precise algorithms for which the Pearson correlation output when using dichotomous variables is the same as the output for Phi for determining statistically significant associations. (Garson, 2008). Additionally, by using the correlational function instead of the crosstabs function, the output produced a complete row-by-cell analysis of association of each of the variables by each of the variables.

Summary

This was a descriptive study that addressed the issue of whether, in light of the CAPTA collaboration statute and in the absence of Federal Regulations for Part C, there

was an increase in the identification of children affected by illegal substances for eligibility for Part C services. Further, the study determined not only how many children affected by illegal substance abuse were determined eligible but also whether these children were determined eligible based solely on the documentation of a high probability condition. The study established a baseline for future examinations of trends for the implementation of the new collaboration mandates.

Chapter 4

Results of the data analyses are presented below for each research question addressed in a separate section. Please note that results are presented for the period of October 1 – September 30, henceforth referenced as a *research year*. For example, the first research year of October 1, 2003- September 30, 2004 would be referenced as the *03-04 research year*, or simply as *03-04*. The combined 03-04, 04-05, 05-06, 06-07, 07-08, and 08-09 research years are henceforth referenced as the *research period*. All results are derived from data analyses using the transformed data from the dynamic reports as described in chapter 3 unless otherwise stated.

Research Question 1

Infants and toddlers may have been referred to Part C services for multiple reasons which fall into three major categories: *developmental concerns, diagnosed conditions* (including *effects of intrauterine drug exposure*), or *risk factors*. There were three sub-categories for risk factors: *environmental factors* (including *maternal substance abuse*), *biological factors* (including *drug exposed/affected*), and *other factors* (including *exposed to intrauterine drug exposure and maternal prenatal drug abuse*). A proxy variable was created to represent all of the variables that relate to substance abuse, and is the variable referenced when the findings refer to children who were referred for reasons related to being exposed to and/or affected by illegal substance abuse. All of these variables are included in Table 1.

During research year 03-04, a total of 1426 infants and toddlers were referred to this local Part C program, of which 156, or 10.94%, were referred for reasons related to being exposed to and/or affected by illegal substance abuse. In 04-05, a total of 1484

infants and toddlers were referred, of which 207, or 13.95%, were referred for reasons related to being exposed to and/or affected by illegal substance abuse. A total of 1629 infants and toddlers were referred in 05-06, of which 165, or 10.13%, were referred for reasons related to being exposed to and/or affected by illegal substance abuse. During 06-07, a total of 1562 infants and toddlers were referred, of which 150, or 9.6%, were referred for reasons related to being exposed to and/or affected by illegal substance abuse. In 07-08, a total of 1812 infants and toddlers were referred, of which 62, or 3.42%, were referred for reasons related to being exposed to and/or affected by illegal substance abuse. A total of 1833 infants and toddlers were referred in 08-09, of which 50, or 2.73%, were referred for reasons related to being exposed to and/or affected by illegal substance abuse. Frequencies and percentages for reasons for referral for all infants and toddlers are listed in Table 2. Frequencies and percentages for reasons for referral for infants and toddlers referred for reasons related to substance abuse are listed in Table 3.

Examination of trends revealed that total referrals for all infants and toddlers have steadily climbed, except for a slight drop in 06-07. Referrals related to substance abuse have been unsteady; however examination of trends suggests a gradual decline. These trends are depicted in Figure 1.

Associations were examined to determine whether there were any statistically significant relationships between the aggregate variable, which includes all referral reasons related to illegal substance abuse and other referral variables. Referrals for substance abuse were significantly associated with referrals for concerns in the

communication (03-04, 04-05, 06-07, 07-08, 08-09), motor (03-04, 04-05, 06-07, 07-08), and sensory domains (05-06). Associations for all variables are displayed in Tables 4-9.

Research Question 2

Infants and toddlers referred to Part C services can be determined eligible or ineligible (which includes those children who did not complete the evaluation process for a number of different reasons) for services. There are three possible reasons for determination of eligibility for Part C services in the state in which the study was conducted: a developmental delay of at least 25% in at least one developmental domain; atypical development in one developmental domain; or the presence of a condition considered to have a high probability of delaying development or resulting in a disability. As described in the database manual, if an infant or toddler meets the criterion for eligibility in more than one reason, including the presence of a high probability condition, the reason for determination of eligibility is recorded as *high probability* regardless of what were the other reasons. Within each of these reasons for determination of eligibility, there are several possible subcategories, including *high probability: effects of intrauterine substance abuse*. These variables are included in Table 1.

Table 2 presents frequencies and percentages for determination of eligibility for all infants and toddlers are listed in Table 2. Table 3 presents frequencies and percentages for determination of eligibility for infants and toddlers referred for reasons related to substance abuse. Results indicate that for most years, most infants and toddlers were determined eligible for services due to a high probability condition. However, most infants and toddlers were determined eligible due to a developmental delay in 06-07 (though the proportion was barely higher than the proportion for high probability

condition) and again in 08-09. For infants and toddlers who were referred for reasons related to substance abuse, high probability condition was the highest reason for determination of eligibility across all years.

Examination of trends revealed that rates for determination of eligibility due to developmental delay and atypical development have held steady. The trend for determination of eligibility for a high probability condition for all infants and toddlers dropped sharply in 06-07, and then continued to gradually decline. The trend for determination of eligibility for a high probability condition for infants and toddlers who were referred for reasons related to substance abuse steadily increased until it hit a peak in 07-08, then began an apparent decline. These trends are depicted in Figures 2 and 3, respectively.

Associations were examined to determine whether there were any statistically significant relationships between the aggregate variable *Ref: SA* and variables for determination of eligibility related to developmental domains. Referrals for substance abuse were significantly associated with determination of eligibility due to delayed development in the cognitive (all research years), communication (all research years), motor (all research years), adaptive (04-05, 05-06, 06-07), and social/emotional domains (04-05, 05-06, 06-07); and, atypical development in the cognitive (03-04, 04-05), communication (03-04—06-07), and motor domains (03-04—06-07). Associations for all variables are displayed in Tables 4-9.

Research Question 3

There are many early intervention services which may be recommended for an infant or toddler and their family. These include special instruction, therapies (i.e.,

occupational therapy, physical therapy, speech-language therapy), and services for the family (e.g., respite care, social work services, family counseling/training). As many services as are needed and agreed to may be included on the Individualized Family Service Plan (IFSP), the legal contract which determines the child-specific/family-specific early intervention plan for infants and toddlers and their families. For this question, statistics refer to those who had services recorded on their IFSP, and may or may not reflect those who actually received services.

The total number of services across all years for these three groups of infants and toddlers ranged from 0-7. Frequencies, percentages, mean, and median for recommended services for all infants and toddlers are listed in Table 2; in Table 3 for infants and toddlers referred for reasons related to substance abuse; and in Table 10 for infants and toddlers who were determined eligible due to the high probability condition effects of intrauterine exposure. Across the years, 47%-57% of all infants and toddlers who had IFSPs developed had services included on their IFSPs. For infants and toddlers who were referred for reasons related to substance abuse, the rate across the years ranged from 59%-66% for IFSPs that included services. Across all years, more than nearly 95% of infants and toddlers who were determined eligible due to the high probability condition *effects of intrauterine drug exposure* had one or more services listed on their IFSPs.

Examination of trends for services for all infants and toddlers depicted an unstable, but essentially downward trend. Examination of trends for services infants and toddlers who were referred for a reason related to substance abuse revealed a steady increase until 07-08, when services declined. Services for infants and toddlers who were determined eligible due to the high probability condition *effects of intrauterine drug*

exposure maintained a stable trend until services dipped slightly, also in 07-08, then leveled off. These trends are depicted in Figure 4.

Examination of associations revealed that there were statistically significant relationships between the referral reason related to substance abuse and the services variables *occupational therapy* (03-04—07-08), *special instruction* (03-04—07-08), *speech-language therapy* (03-04—07-08), *physical therapy* (04-05, 05-06, 06-07), *audiology* (05-06), *family counseling/training* (05-06, 06-07, 08-09), and *nursing* (08-09). There were also statistically significant associations between the variable Determination of eligibility for the high probability condition *effects of intrauterine drug exposure* was statistically associated with the service variables *audiology* (03-04, 04-05), *family counseling/training* (all research years), and *special instruction* (07-08). Associations for all variables are displayed in Tables 4-9.

Additional Trends

Two additional examinations of trends were conducted in order to enhance the description and interpretation of the data described above. Figure 5 displays the examination of trends for data for referrals by age, duplicated counts, across all research years. Figure 6 displays the examination of trends for data for referral sources, counts by children (as opposed to by referrals), across all research years. Because these analyses include duplicated data, the total numbers (Ns) for these data are different than the total numbers (Ns) than the data used above. As described in the Data Analysis section, the online database permits a one-to-many relationship, and there may be multiple referrals for any child in the database. In order to best describe the data used in the above analyses, that data were recoded down to an unduplicated count of all infants and toddlers

for whom there is data in the database for that time period. The data used for these two examinations of trends were not so coded because coding to that level would have caused information about that variable to be lost (e.g., if one child was referred at before the first birthday, and then again one year later, there would not be a way to indicate that in the analyses).

The duplicated cases for the age at referral data were generated from the original data obtained through the dynamic reports as described above, but filtered through the *advance filter: unique cases* in Excel. This yielded Ns that varied from 1.03%-13.15% greater than the Ns used in the above analyses. However, both the duplicated and unduplicated counts were included in the examinations of trends, and the trends are nearly identical. The entire trend, for that matter, follows a similar trend of gently climbing, dipping, climbing, dipping (in 06-07), then recovering, or leveling off.

The data on referral sources were obtained from a predefined report that provided frequencies for referral sources counted by children (as opposed to referrals). While there was no clear way to compare this data because of the sheer number of variables and the possibility of multiple referrals, the examination of trends is still quite interesting and helpful for describing and interpreting the data. Variables from that predefined report were collapsed to create fewer variables overall and to increase the total Ns for each category so that the examinations of trends could be meaningfully interpreted. The variables used in this analysis and the aggregated variables are included in Table 1. The most obvious and perhaps most intriguing aspect of this trend is the steady, dramatic climb in *Parent* as referral sources. Also of interest, the trend for *Local DSS or Foster Parent* appears relatively stable. The other sources of referrals do not reveal much

information. The trends for *Other Family or Known to Family Personally* (including other family members, and neighbors), *Other Public Agency, Hospitals, Physician*, and *Other/Private Provider* are essentially uninteresting in comparison to the trend for *Parent*, and the unstable trends are difficult to interpret.

Summary

After a considerable amount of coding and transforming, these data provided useful descriptions of the patterns of referral, determination of eligibility, and inclusion of services on IFSPs. Total referrals remained steady over the research period, save for the decline in 06-07. Referrals for infants and toddlers affected by substance abuse steadily declined, reaching a low of only 50 out of 1833 infants and toddlers referred in 08-09. Determination of eligibility due to developmental delay or atypical development remained steady overall, but the overall trend for determination of eligibility due to a high probability condition has been on a steady decline, beginning with a big drop in 06-07. For infants and toddlers affected by substance abuse, the trend appeared to be climbing until 07-08. Services for those children followed a similar pattern.

There were statistically significant associations between referrals for reasons related to substance abuse and referrals due to concerns over communication and motor development. Likewise, there were significant associations for the *Ref:SA* variable and determination of eligibility due to delayed or atypical development in communication and motor, in particular, as well as in the cognitive and social/emotional domains. Services related to these areas (e.g., occupational therapy, physical therapy, speech/language therapy, special instruction) also had significant associations, as did the variable *family counseling/training*. These associations cannot be interpreted as causation, but it is

interesting to consider whether these relationships may suggest that these children are more likely to have special needs in these areas.

Chapter 5

Conclusion

Part C of IDEA mandates the referral of infants and toddlers who are exposed to and/or affected by illegal substance abuse to early intervention services. Previous research substantiates the appropriateness of this mandate given the myriad of needs that may be presented by these young children. By describing the data from a local infants and toddlers program in a large, urban jurisdiction with notable prevalence of substance abuse, the results of this study add to that body of literature and also to the policy implementation literature.

Discussion

This study was designed to determine the extent to which one Part C agency in a large urban district in a Mid-Atlantic state implemented the requirement to establish policies and procedures for requiring the referral of infants and toddlers affected by illegal substance abuse for early intervention services by describing the reasons, rates, and trends for referrals, determination of eligibility, and recommendations for services. In this section, the bioecological theory is used as a framework for discussing the findings, wherein the child at the center of the model is an infant or toddler affected by illegal substance abuse.

For the examined period, referrals for infants and toddlers to Part C for reasons related to substance abuse peaked at 13.95% in 04-05, the time period during which IDEA and CAPTA were both reauthorized, then steadily declined to a notably low rate of only 2.73% of total referrals for infants and toddlers in 08-09, even though the trend for total numbers of referred infants and toddlers steadily increased (range of 1426 to 1833

across the research period). This finding was unexpected, and on its own, was not easily interpretable. When the trends for referral sources were evaluated, however, a possible explanation presented itself. There was a steep increase in referrals from parents (range of 332 to 675 across the research period) such that the frequency of referrals by the end of the research period represents an increase of greater than double that of the first year. This could reasonably explain the notable decrease in referrals that were related to substance abuse since the information that is recorded at the time of referral is that which is provided by the referral source.

Based on the data regarding referral source, which showed a basically stable trend for referrals from the Department of Social Services and foster parents, there is no evidence that those agencies which fall under CAPTA are facilitating the collaboration with this Part C agency. On the other hand, the evidence does suggest that the local infants and toddlers program has established policies and procedures for the referral, determination of eligibility, and provisions of services for infants and toddlers affected by illegal substance abuse as is reflected in the outcomes of the data analyses.

It is also interesting that, though the rates were low, infants and toddlers who were referred to Part C for reasons related to substance abuse were sometimes determined eligible because of delayed or atypical development rather than because of a high probability condition. Perhaps this occurred because at the time of referral, the reasons given by the person making the referral did not include issues related to substance abuse which would have triggered the “high probability condition”. It is also possible that those numbers represent infants and toddlers who were documented to have been environmentally exposed to substance abuse given that the only high probability

condition for determination of eligibility that was related to substance abuse was specifically defined as *effects of intrauterine drug exposure*. When the new online database is launched in April, this high probability condition will be defined as *infants affected by intrauterine drug exposure requiring treatment or showing evidence of intrauterine growth restriction*. This may further limit the numbers of infants and toddlers affected by substance abuse who will be determined eligible specifically under this criterion and may increase rates of determination of eligibility due to developmental delay or atypical development for these infants and toddlers. This is especially likely to be the case given that there were no statistically significant relationships between the variable *Referral: Biological concerns: Small for gestational age* and any of the variables directly related to substance abuse.

Reasons for referral related to substance abuse, on the other hand, were significantly associated with referrals due to delayed development in communication for all of the research years, and referrals due to delayed motor development in all but one of the research years; determination of eligibility due to delayed development in communication and motor skills for all of the research years; and determination of eligibility due to atypical development in communication and motor skills for most of the research years. This is consistent with the reviewed literature presented earlier. Eriksson et al. (2000), Lewis et al., (2004), Morrison et al. (2000), and Singer et al. (2001) noted communication and language skills were impacted in their study participants. Motor skills were similarly impacted, according to Arendt, et al. (1999), Arendt, Short, et al. (2004), Lewis et al. (2004), Mayes et al., (2003), Morrison et al. (2000), and Singer et al. (2002). Further, in the Singer et al. longitudinal studies (2000, 2001), infants who were

prenatally exposed to by illegal substances were found to have delayed development in these two domains.

The association between referrals related to substance abuse and referrals and/or determination of eligibility due to delayed and/or atypical development in the communication and motor domains may also be due to parents, family members, and others being more likely to notice delays in communication and motor skills in infants or toddlers since these domains have many milestones in the very early childhood years. It may also suggest that these children's caregivers were attuned to the needs of these children, especially given the dramatically climbing trend in referrals from parents, which represented a frequency that at its lowest point was greater than the frequency for any other referral source. These findings may help to counterbalance the reviewed literature that suggests substance abusing parents are less likely to provide an environment that supports child development (Connors et al., 2004) or engage in parent-child interaction that supports child outcomes (Bennett et al., 2002; Drucker & Greco-Vigorito, 2002).

Greater than 60% of infants and toddlers who were referred for reasons related to substance abuse had services listed on their IFSPs, as did greater than 96% of infants and toddlers who were determined eligible due to the high probability condition effects of intrauterine drug exposure. Assuming that the child was correctly classified, these statistics indicate that a greater proportion of infants and toddlers who were prenatally exposed to illegal substances received services than infants and toddlers exposed to and/or affected by illegal substance abuse in general (including environmental exposure). However, the rates of services for both of these groups declined in 07-08, during which time *eligibility: high probability* for infants and toddlers referred for reasons related to

substance abuse also declined. Referral for reasons related to substance abuse was significantly associated with recommendations for *special instruction* (five of six years), *occupational therapy* (five of six years), *speech/language therapy* (four of six years), and *family counseling/training* (four of six years). Determination of eligibility due to *high probability: effects of intrauterine substance abuse* was significantly associated with *special instruction* in only one year, *audiology* in two years, and *family counseling/training* in each of the research years.

As discussed above, the associations between referrals for delayed or atypical development in certain domains and referrals for substance abuse may be explained by the literature on infants and toddlers affected by illegal substance abuse. The significant associations between referrals related to substance abuse and referrals for certain services may be explained by an obvious but untested association between the observed characteristics or needs of the infant or toddler which led to referral and the types of services which were recorded on the IFSP. The significant associations between referrals related to delayed and/or atypical development in the communication domain, for example, and recommendation for speech/language therapy is a logical association: if the infant or toddler for whom communication is a concern for the person making the recommendation is assessed and determined to be demonstrating delays or atypical development in communication, then speech/language therapy would be included on the IFSP. The same logic could be applied to the significant associations between referrals for delayed or atypical motor development and the recommendation for occupational therapy.

The significant associations with *family counseling/training* is interesting in that the association is represented in four of the research years for those children who were referred for reasons related to substance abuse, including prenatal and environmental exposure, but across all six years for infants and toddlers who were determined eligible due to prenatal exposure. This finding may be misleading, however, if the variable name is misunderstood. If a form of substance abuse treatment or special parenting skills training for individuals who are in treatment and/or recovery were included in this category, this finding might be not only expected but notable. However, if this variable is being applied as defined in the database manual (see Table 1 for definition), then this category includes services which help parents to understand their child's special needs and how to enhance their child's development, which may or may not include parenting skills, would not include substance abuse treatment, and might include—or be limited to—other services not included in the manual. Regardless, given the increased demands of caring for infants and toddlers with disabilities, and the likely decrease in coping skills in parents who abuse illegal substances, the service delivery of family counseling/training is still of interest.

Implications for Practice

This study was a policy implementation study designed to create baseline data for referrals, determination of eligibility, and services recommended for infants and toddlers affected by substance abuse.

The frequency, proportion, and examinations of trends were all purposely conducted through Excel because this is a program that most government-sponsored early intervention programs would have, and most staff members are likely to have familiarity.

Though the chi square with phi adjustment was calculated through the Pearson's Correlation function in SPSS as a stand-in method of analysis, chi square can also be run through Excel, as can basic correlations. The examinations of trends over time are particularly important to policymakers. These analyses, for example, revealed that though rates for referrals related to substance abuse were trending downward in this one jurisdiction, rates for referrals from the local DSS and foster parents (e.g., agencies and individuals who fall under CAPTA) have remained relatively stable, and rates for referrals from parents have greatly trended upward. Perhaps, then, the downward trend in referrals specifically for issues related to substance abuse is less a feature of a weakening of collaborative efforts between Part C and CAPTA agencies but rather an effect of the proportional increase in referrals from parents who may be less likely than professionals to state substance abuse as a reason for making the referral. Programs should establish baselines on multiple indicators or outputs and monitor their trends. This will provide a more robust picture of how the policy implementation is shifting or drifting.

Programs using similar databases should ensure that all staff members engaged in data entry are thoroughly and regularly trained in proper use of the criteria for each of the categories and data entry techniques. As discussed in Chapter 3, several variables had to be excluded from analyses because the inputted data were determined to be in error. While this is a concern for data analysis, it is a greater concern for service delivery. This database was not designed for use by researchers, and therefore the data recoding required multiple steps. The new database scheduled to be launched in April 2010 has been designed to address many of these concerns, and should permit easier analysis for researchers, analysts, and early intervention staff members. Programs designing a

database from the platform up should consider the levels of analyses that may be desirable (e.g., for federally mandated reporting, for program-level decisions, and for individual child planning).

Given the high rates of significant associations between referrals and determination of eligibility related to substance abuse and specific services being recommended on the IFSP, programs serving infants and toddlers affected by substance abuse and their families may want to ensure that they are adequately staffed with and/or have adequate access to occupational therapists, special educators, speech/language pathologists, and individuals or programs that provide family counseling or parent training.

It is fascinating that this baseline data created a picture of need for early intervention for these infants and toddlers, as the majority of infants and toddlers who were referred for reasons related to substance abuse were determined eligible for early intervention services. These data align, then, with the literature presented earlier, as well as with the mandate from IDEA 2004 to develop procedures for referring these infants and toddlers to Part C services. Early interventionists may want to similarly analyze their datasets to establish a baseline for evaluating their service delivery to this population, and implementation of the Part C-CAPTA mandate.

Implications for Policy

Hargrove (1975) suggested that policy implementation studies may provide answers which can enhance the decisions that need to be made by public officials. This study was designed to investigate policy implementation in one program in one jurisdiction, and therefore the findings may not generalize to other programs or

jurisdictions. Nevertheless, the findings are still important and useful for considering implications for policy. This is particularly the case given McLaughlin's (2005) contention that the decisions at the local level regarding how a policy will be implemented will determine the outcomes. If Hargrove's assertion that the elements that will be required for new programs already exist in current programs, the lessons learned from this policy implication study may inform future policy implication practices.

Given the numbers of infants and toddlers served by this jurisdiction, the data revealed surprisingly low rates of service to infants and toddlers affected by substance abuse given anecdotal evidence about the prevalence of illegal substance abuse in this jurisdiction, high rates of service delivery for infants and toddlers referred for reasons related to substance abuse, and very high rates of service delivery for infants and toddlers affected by prenatal substance abuse. The lessons learned from the data in this jurisdiction may be helpful for others who are implementing this mandate without adequate federal guidance in the form of statutory regulations for IDEA Part C.

Infants and toddlers programs might find it helpful to refer to the research to determine criterion for reasons for referral, determination of eligibility, and service delivery. Studies such as Arendt et al. (1999), Chiriboga et al. (1999), Lewis et al. (2004) Mayes et al. (2004), Morrison et al. (2000), and Singer et al. (2000, 2001, 2002) provide detailed information about the developmental liabilities that may be apparent in infancy and early childhood, needs which may be appropriately addressed through early intervention. The longitudinal studies by Arendt et al. (2004), Eriksson et al. (2000), and Golschmidt et al. (2000), for example, follow infants who were affected by substance abuse well into and beyond their elementary years, and serve as a reminder that early

intervention is just the beginning of a child's educational and developmental career.

These studies describe the issues that the children face later in their school careers in such a way that it may be possible to develop criterion for identifying the precursors for these issues and how they may be targeted in early intervention.

The ITPs should review their policies to determine whether they easily and effectively facilitate collaboration with CAPTA provider agencies and other outside providers in order to facilitate the referral of infants and toddlers affected by substance abuse. Keeping in mind that CAPTA does not contain the same mandate for establishing procedures for referring infants and toddlers affected by substance abuse, ITPs should also consult with their local CAPTA provider agencies to ascertain whether their policies encourage the collaborative process, and, as necessary, take steps to facilitate the development of a strong working relationship. Lastly, the Part C regulations need to be drafted, approved, and released, for the benefit of infants and toddlers who have, or who are at risk of developing, disabilities.

Limitations of the Study and Implications for Research

With any research study, there are potential limitations. For this study, the main limitation was the potential for human error when the data were entered, as it was not possible to independently verify the data contained within the database and there were no means for conducting reliability checks of the multiple users inputting the data due to issues of confidentiality. This limitation is potentially mediated by the original purpose of this database and the related required trainings: this database contained the working documents for this district and for this state and was used to generate federally required reports; and, the State data managers provided statewide training, tailored training at the

request of a jurisdiction, and one-on-one training for new staff when requested (personal communication, database manager for the state in which the study was conducted, February 4, 2010). Additionally, the Part C providers constantly referenced the information, so any input errors would hopefully be recognized and amended in a timely manner. An additional limitation is that I only analyzed data for one local Part C agency; therefore the results are not intended to generalize to statewide or nationally.

Lastly, the use of the term “affected by illegal substance abuse” presents a potential limitation to the study. Though this phrase is used in both IDEA and CAPTA, there is not yet a widely accepted definition for this term, and, as noted in previous chapters, there is still quite a bit of controversy over the developmental outcomes which result from prenatal and/or environmental exposure, and whether these children are “affected” by parental illegal substance abuse. This issue, though, is central to the statement of the problem for this study: having regulations could clarify this issue, if only by defining the term. In this study, the phrase “affected by illegal substance abuse” is used with a nod to the statutory language. The phrase “exposed to illegal substance abuse” is the primary term used when referencing the literature since that is the phraseology used in the majority of the research reviewed for this study. Generally, the phrase “exposed to and/or affected by substance abuse” is used, especially since this is the terminology used in the Part C Online Database for the state in which the study was implemented.

Describing policy implementation as a developmental process (McLaughlin & Elmore, 1992) facilitates the understanding that it is an ongoing, adaptive, process that is informed, prompted, and defined by the individuals, environments, and experiences that

are in turn informed, prompted, and defined by the policy. This description is consistent with Bronfenbrenner's bioecological theory (1994, 2001) which posits that changes within the child at the center, the environments wherein the child is situated as represented by the *microsystem*, the relationships within and between those environments as represented by the *mesosystem*, structures and contexts established and dictated by policy—including the local infants and toddlers program—as represented in the *exosystem*, and the laws upon which these systems are based—including the IDEA—as represented by the *macrosystem*, all impact each other in an ongoing process across time, as represented by the *chronosystem*. As a result, fully describing policy implementation requires researchers to use what Hargrove (1975) refers to as “questioning and creative perspective” (p. 32). To more fully describe the implementation of this policy, one direction would be to expand on the descriptive findings presented in this study through use of more qualitative approaches.

Qualitative research is often helpful for developing a deeper understanding of a concept, and that might be useful as an expansion of this study as well. Interview, case study, and narrative might be helpful to use to illuminate the knowledge held by those who are implementing the policy. For example, I might consider expanding this study by interviewing the director of the local Part C program as a way of conducting member checks about my interpretation of the data (and data entry) and understanding of the variables (and whether they are truly applied as described in the database manual). This would also be a way to obtain additional information about what activities or events may have led to some of the changes seen in the trends reported above, such as whether the increase in referrals from parents may have been the result of improved Child Find

campaigning through local media, information delivered directly to parents by agents of the local infants and toddlers program, or through some other means.

Robichau and Lynn (2009) proposed a theory of public sector performance which is designed to illuminate public policy making structures, management structures and processes, service delivery processes, outputs as processes, and outcomes (p. 26). The opportunity to enrich the researcher's understanding of public policy making structures and management structures and processes could also strengthen the explanations of the present data analysis by providing a historical and political context specific to past policies and traditions in the specific jurisdiction that could influence or shape how the staff responded to the new mandates. For example, the significant association between referrals for substance abuse and for audiology services could possibly be explained by the mandate for Universal Newborn Hearing Screening. The type of information that might only be readily available to those at the program level (such as the director of the program who has management level information that most are not privy to) would enrich the discussion of the implementation of this policy. Robichau and Lynn's theory of public sector performance could serve as a useful tool and framework for undertaking a case study or perhaps even participant action research approach.

Summary

The policy mandating the development of collaborative procedures for referring infants and toddlers affected by substance abuse to early intervention services can be considered a useful policy for promoting the timely and effective identification and intervention for this group of young children. Interpretations and implications of this policy will vary at the different levels of policy implementation (i.e., federal, state, local),

and likely will vary within each of those levels as well, as is appropriate. The analysis of data obtained from one local infants and toddlers program suggests that, even without regulations for IDEA Part C, at least one Part C program is implementing the policy.

Table 1

Variables

Database variables used in this study				Definition in manual	Renamed variable
Main category	Sub-category	Field	Sub-field		
Referral source					
		Audiologist			Other/Private Provider
		Child Care Provider			Other/Private Provider
		Foster Parent			Local DSS or Foster Parent
		Hospital			Hospital
		Local Department of			Local DSS or Foster Parent

Social Services
Local Education
Agency
Local Health
Department
Other

Other Family
Member

Other Public
Agency

Other Public
Agency
Other Public
Agency
Other Family
or Known to
Family
Personally
Other Family
or Known to
Family
Personally
Other Public
Agency

Reason for referral	Parent		Parent
	Physician		Physician
	Private Provider		Other/Private Provider
Developmental Concern (s)			
	Adaptive	Feeding/eating, dressing, and sleeping	Ref: Dev: Adaptive
	Cognitive	Thinking and learning	Ref: Dev: Cognitive
	Communication	Expressive – Making sounds, gestures, and talking; Receptive – Understanding sounds, words, and	Ref: Dev: Comm.

		gestures	
	Motor	Gross Motor – moving and using large muscles; Fine Motor – using hands and fingers	Ref: Dev: Motor
	Sensory- Hearing		Ref: Dev: Sensory
	Sensory-Vision		Ref: Dev: Sensory
	Social Emotional	Interacting with others	Ref: Dev: Soc./Emot.
Diagnosed Condition	Effects of intrauterine drug exposure		Ref: Dxd: PSAX

Risk Factors

Environmental

Factors

Maternal

substance abuse

Biological

Factors

Drug

exposed/affected

Small for

gestational age

Other Factors

Exposed to

intrauterine drug

exposure

Ref: Bio:

SAE/X

Ref: Bio: SGA

Ref: Other:

PSAE

	Maternal prenatal drug abuse		Ref: Other: Maternal SA
Proxy Variable	Reason for referral related to substance abuse	This proxy variable was not in the database. It was created for the data analyses as an aggregate for the reasons for referral related to substance abuse.	Ref: SA
Category	Active Status		Coded as 1
	New Child	This child has been referred but has not yet been determined to be eligible for services.	
	Eligible	Eligible infants and toddlers with disabilities are individuals from birth through age two who need early	

Inactive Status	[Multiple]	<p>intervention services because they ...</p> <p>[Including: attempts to contact unsuccessful; completion of IFSP prior to reaching maximum age for Part C; deceased; determined ineligible; moved out of state; moved to another jurisdiction; parent withdrawal; transition at age 3]</p>	Coded as 0
Eligibility Status		<p>Check only one of the three boxes designating the criteria under which the child's eligibility was determined.</p> <p>Note: If a child with a diagnosed physical or mental condition also exhibits a 25% developmental delay or atypical development, the</p>	

		appropriate box to check is:	
		Diagnosed Condition With High Probability of Developmental Delay.	
Developmental Delay		The field means that a child is functioning at least 25 percent below chronological age in a least one of the five developmental areas as measured and verified by diagnostic instruments and procedures approved by the Maryland Infants and Toddlers Program. Check all that apply.	Elig: Delay
	Cognitive	Thinking and learning	Elig: Delay: Cognitive
	Communication	Expressive – Making sounds, gestures, and talking; Receptive –	Elig: Delay: Comm.

		Understanding sounds, words, and gestures	
	Social-emotional	Interacting with others	Elig: Delay: Soc./Emot.
	Adaptive	Feeding/eating, dressing, and sleeping	Elig: Delay: Adaptive
	Motor	Gross Motor – moving and using large muscles; Fine Motor – using hands and fingers	Elig: Delay: Motor
Atypical Development		An atypical infant or toddler is one who currently demonstrates abnormal quality of performance and function in one or more developmental area(s), and has a probability of leading to increased developmental delay in the	Elig: Atyp

future. Check all that apply.

Cognitive Thinking and Learning Elig: Atyp:

Cognitive

Communication Expressive – Making sounds, Elig: Atyp:

gestures, and talking; Receptive –
Understanding sounds, words, and
gestures

Comm.

Social-emotional Interacting with others Elig: Atyp:

Soc./Emot.

Adaptive Feeding/eating, dressing, and sleeping Elig: Atyp:

Adaptive

Motor Gross Motor – moving and using Elig: Atyp:

large muscles; Fine Motor – using
hands and fingers

Motor

Diagnosed

Check all that apply.

Condition With
High
Probability of
Developmental
Delay

Infants affected
by intrauterine
drug exposure

Elig: High
Prob.: PSAE

Early
Intervention
Services

Audiology

Identification of children with
auditory impairment, using at risk
criteria and appropriate audiologic
screening techniques; determination

Service:
Audiology

of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment; Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services; provision of services for prevention of hearing loss; and Determination of the child's need for individual amplification, including selecting, fitting, and

	dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.	
Family Counseling/ Training	Services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.	Service: Family Counseling/ Training
Health Services	Services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention	Service: Health

services...

Medical

Services provided by a licensed

Service:

Services

physician to determine a child's
developmental status and need for
early intervention services.

Medical

Nursing

The assessment of health status for

Service:

Services

the purpose of providing nursing care,
including the identification of patterns
of human response to actual or
potential health problems; provision
of nursing care to prevent health
problems, restore or improve
functioning, and promote optimal
health and development; and
administration of medications,

Nursing

treatments, and regimens prescribed by a licensed physician.

Nutrition
Services

Conducting individual assessments in: nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences; developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and making referrals to appropriate community resources to carry out

Service:
Nutrition

Occupational
Therapy

nutrition goals.

Services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include— identification, assessment, and intervention; adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote

Service: OT

the acquisition of functional skills:
and, prevention or minimization of
the impact of initial or future
impairment, delay in development, or
loss of functional ability.

Physical
Therapy

Physical therapy includes services to
address the promotion of sensory
motor function through enhancement
of musculoskeletal status,
neurobehavioral organization,
perceptual and motor development,
cardiopulmonary status, and effective
environmental adaptation. These
services include— screening,
evaluation, and assessment of infants

Service: PT

and toddlers to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and, providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Psychological
Services

Administering psychological and developmental tests, and other assessment procedures; interpreting

Service:
Psychology

assessment results; obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and, planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

Respite Care

Temporary childcare services that are short-term and non-medical in nature, provided either in or out of the home, Service: Respite

designed to provide temporary relief to the primary caregiver.

Social Work
Services

Making home visits to evaluate a child's living conditions and patterns of parent-child interaction; preparing a social or emotional developmental assessment of the child within the family context; providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents; working with those problems in a child's and family's living situation (home, community, and any center

Service: Social
Work

where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and, identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

Special
Instruction

The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning,

Service: Spec.
Inst.

including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan; providing families with information, skills, and support related to enhancing the skill development of the child; and, working with the child to enhance the child's development.

Speech-
Language
Therapy

Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific

Service: S/L

disorders and delays in those skills;
referral for medical or other
professional services necessary for
the habilitation or rehabilitation of
children with communicative or
oropharyngeal disorders and delays in
development of communication
skills; and, provision of services for
the habilitation, rehabilitation, or
prevention of communicative or
oropharyngeal disorders and delays in
development of communication skills.

Vision Services

Evaluation and assessment of visual Service:
functioning, including the diagnosis Vision
and appraisal of specific visual

disorders, delays, and abilities;
referral for medical or other
professional services necessary for
the habilitation or rehabilitation of
visual functioning disorders, or both;
and, communication skills training,
orientation and mobility training for
all environment, visual training,
independent living skills training, and
additional training necessary to
activate visual motor abilities.

Table 2*Frequencies for All Variables*

		03-04 (N=156)		04-05 (N=207)		05-06 (N=165)	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Category	Count if 0	63	40.38%	79	38.16%	60	36.36%
	Count if 1	93	59.62%	128	61.84%	105	63.64%
Ref: Dev: Adaptive	Count if 0	154	98.72%	207	100.00%	165	100.00%
	Count if 1	2	1.28%	0	0.00%	0	0.00%
Ref: Dev: Cognitive	Count if 0	153	98.08%	206	99.52%	165	100.00%
	Count if 1	3	1.92%	1	0.48%	0	0.00%

Ref: Dev: Comm.	Count if O	143	91.67%	194	93.72%	159	96.36%
	Count if 1	13	8.33%	13	6.28%	6	3.64%
Ref: Dev: Motor	Count if O	142	91.03%	196	94.69%	155	93.94%
	Count if 1	14	8.97%	11	5.31%	10	6.06%
Ref: Dev: Soc./Emot.	Count if O	151	96.79%	203	98.07%	162	98.18%
	Count if 1	5	3.21%	4	1.93%	3	1.82%
Ref: Dev: Sensory	Count if O	154	98.72%	204	98.55%	165	100.00%
	Count if 1	2	1.28%	3	1.45%	0	0.00%
Ref: Dxd: PSAX	Count if O	50	32.05%	5	2.42%	5	3.03%
	Count if 1	106	67.95%	202	97.58%	160	96.97%

Ref: Env: Maternal SA	Count if O	22	14.10%	10	4.83%	6	3.64%
	Count if 1	134	85.90%	197	95.17%	159	96.36%
Ref: Bio: SAE/X	Count if O	1	0.64%	5	2.42%	4	2.42%
	Count if 1	155	99.36%	202	97.58%	161	97.58%
Ref: Bio: SGA	Count if O	156	100.00%	205	99.03%	165	100.00%
	Count if 1	0	0.00%	2	0.97%	0	0.00%
Ref: Other: PSAE	Count if O	28	17.95%	18	8.70%	9	5.45%
	Count if 1	128	82.05%	189	91.30%	156	94.55%
Ref: Other: Maternal SA	Count if O	22	14.10%	21	10.14%	10	6.06%
	Count if 1	134	85.90%	186	89.86%	155	93.94%

Ref: SA	Count if O	0	0.00%	0	0.00%	0	0.00%
	Count if 1	156	100.00%	207	100.00%	165	100.00%
Elig: Delay	Count if O	152	97.44%	203	98.07%	164	99.39%
	Count if 1	4	2.56%	4	1.93%	1	0.61%
Elig: Atyp	Count if O	154	98.72%	206	99.52%	163	98.79%
	Count if 1	2	1.28%	1	0.48%	2	1.21%
Elig: High Prob.	Count if O	69	44.23%	84	40.58%	63	38.18%
	Count if 1	87	55.77%	123	59.42%	102	61.82%
Elig: Delay: Adaptive	Count if O	155	99.36%	207	100.00%	165	100.00%
	Count if 1	1	0.64%	0	0.00%	0	0.00%

Elig: Delay: Cognitive	Count if O	156	100.00%	205	99.03%	165	100.00%
	Count if 1	0	0.00%	2	0.97%	0	0.00%
Elig: Delay: Comm.	Count if O	154	98.72%	203	98.07%	165	100.00%
	Count if 1	2	1.28%	4	1.93%	0	0.00%
Elig: Delay: Motor	Count if O	154	98.72%	205	99.03%	164	99.39%
	Count if 1	2	1.28%	2	0.97%	1	0.61%
Elig: Delay: Soc./Emot.	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Adaptive	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Elig Atyp: Cognitive	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Comm.	Count if O	156	100.00%	206	99.52%	164	99.39%
	Count if 1	0	0.00%	1	0.48%	1	0.61%
Elig Atyp: Motor	Count if O	156	100.00%	207	100.00%	164	99.39%
	Count if 1	0	0.00%	0	0.00%	1	0.61%
Elig Atyp: Soc./Emot.	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig High Prob.: PSAE	Count if O	71	45.51%	89	43.00%	68	41.21%
	Count if 1	85	54.49%	118	57.00%	97	58.79%

Service: Audiology	Count if O	141	90.38%	183	88.41%	159	96.36%
	Count if 1	15	9.62%	24	11.59%	6	3.64%
Service: Family Counseling/ Training	Count if O	66	42.31%	81	39.13%	60	36.36%
	Count if 1	90	57.69%	126	60.87%	105	63.64%
Service: Health	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Medical	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Nursing	Count if O	154	98.72%	206	99.52%	163	98.79%
	Count if 1	2	1.28%	1	0.48%	2	1.21%

Service: Nutrition	Count if O	156	100.00%	207	100.00%	164	99.39%
	Count if 1	0	0.00%	0	0.00%	1	0.61%
Service: OT	Count if O	140	89.74%	186	89.86%	151	91.52%
	Count if 1	16	10.26%	21	10.14%	14	8.48%
Service: PT	Count if O	135	86.54%	185	89.37%	145	87.88%
	Count if 1	21	13.46%	22	10.63%	20	12.12%
Service: Psychology	Count if O	156	100.00%	206	99.52%	165	100.00%
	Count if 1	0	0.00%	1	0.48%	0	0.00%
Service: Respite	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Service: Social Work	Count if O	154	98.72%	206	99.52%	165	100.00%
	Count if 1	2	1.28%	1	0.48%	0	0.00%
Service: Spec. Inst.	Count if O	140	89.74%	186	89.86%	155	93.94%
	Count if 1	16	10.26%	21	10.14%	10	6.06%
Service: S/L	Count if O	130	83.33%	168	81.16%	143	86.67%
	Count if 1	26	16.67%	39	18.84%	22	13.33%
Service: Vision	Count if O	156	100.00%	205	99.03%	165	100.00%
	Count if 1	0	0.00%	2	0.97%	0	0.00%
Service: Any?	Count if 0	63	40.38%	79	38.16%	60	36.36%
	Count if 1	93	59.62%	128	61.84%	105	63.64%

Services: Total Number	Count if 0	63	40.38%	79	38.16%	60	36.36%
	Count if 1	49	31.41%	71	34.30%	64	38.79%
	Count if 2	18	11.54%	26	12.56%	2	1.21%
	Count if 3	10	6.41%	8	3.86%	6	3.64%
	Count if 4	8	5.13%	9	4.35%	4	2.42%
	Count if 5	7	4.49%	9	4.35%	2	1.21%
	Count if 6	1	0.64%	5	2.42%	0	0.00%
	Count if 7	0	0.00%	0	0.00%	0	0.00%
	Mean	1.21		1.25		1.09	
	Median	1		1		1	

		06-07 (N=150)		07-08 (N=62)		08-09 (N=50)	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Category	Count if 0	52	34.67%	17	27.42%	15	30.00%
	Count if 1	98	65.33%	45	72.58%	35	70.00%
Ref: Dev: Adaptive	Count if 0	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Ref: Dev: Cognitive	Count if 0	149	99.33%	62	100.00%	49	98.00%
	Count if 1	1	0.67%	0	0.00%	1	2.00%
Ref: Dev: Comm.	Count if 0	130	86.67%	57	91.94%	41	82.00%
	Count if 1	20	13.33%	5	8.06%	9	18.00%

Ref: Dev: Motor	Count if 0	142	94.67%	61	98.39%	42	84.00%
	Count if 1	8	5.33%	1	1.61%	8	16.00%
Ref: Dev: Soc./Emot.	Count if 0	145	96.67%	61	98.39%	47	94.00%
	Count if 1	5	3.33%	1	1.61%	3	6.00%
Ref: Dev: Sensory	Count if 0	148	98.67%	62	100.00%	50	100.00%
	Count if 1	2	1.33%	0	0.00%	0	0.00%
Ref: Dxd: PSAX	Count if 0	2	1.33%	43	69.35%	35	70.00%
	Count if 1	148	98.67%	19	30.65%	15	30.00%
Ref: Env: Maternal SA	Count if 0	8	5.33%	10	16.13%	8	16.00%
	Count if 1	142	94.67%	52	83.87%	42	84.00%

Ref: Bio: SAE/X	Count if 0	3	2.00%	1	1.61%	0	0.00%
	Count if 1	147	98.00%	61	98.39%	50	100.00%
Ref: Bio: SGA	Count if 0	149	99.33%	62	100.00%	50	100.00%
	Count if 1	1	0.67%	0	0.00%	0	0.00%
Ref: Other: PSAE	Count if 0	5	3.33%	43	69.35%	37	74.00%
	Count if 1	145	96.67%	19	30.65%	13	26.00%
Ref: Other: Maternal SA	Count if 0	9	6.00%	39	62.90%	37	74.00%
	Count if 1	141	94.00%	23	37.10%	13	26.00%
Ref: SA	Count if 0	0	0.00%	0	0.00%	0	0.00%
	Count if 1	150	100.00%	62	100.00%	50	100.00%

Elig: Delay	Count if 0	147	98.00%	61	98.39%	48	96.00%
	Count if 1	3	2.00%	1	1.61%	2	4.00%
Elig: Atyp	Count if 0	150	100.00%	61	98.39%	49	98.00%
	Count if 1	0	0.00%	1	1.61%	1	2.00%
Elig: High Prob.	Count if 0	54	36.00%	18	29.03%	18	36.00%
	Count if 1	96	64.00%	44	70.97%	32	64.00%
Elig: Delay: Adaptive	Count if 0	149	99.33%	61	98.39%	49	98.00%
	Count if 1	1	0.67%	1	1.61%	1	2.00%
Elig: Delay: Cognitive	Count if 0	149	99.33%	62	100.00%	50	100.00%
	Count if 1	1	0.67%	0	0.00%	0	0.00%

Elig: Delay: Comm.	Count if O	148	98.67%	61	98.39%	49	98.00%
	Count if 1	2	1.33%	1	1.61%	1	2.00%
Elig: Delay: Motor	Count if O	148	98.67%	61	98.39%	49	98.00%
	Count if 1	2	1.33%	1	1.61%	1	2.00%
Elig: Delay: Soc./Emot.	Count if O	149	99.33%	61	98.39%	50	100.00%
	Count if 1	1	0.67%	1	1.61%	0	0.00%
Elig Atyp: Adaptive	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Cognitive	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Elig Atyp: Comm.	Count if 0	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Motor	Count if 0	150	100.00%	61	98.39%	49	98.00%
	Count if 1	0	0.00%	1	1.61%	1	2.00%
Elig Atyp: Soc./Emot.	Count if 0	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig High Prob.: PSAE	Count if 0	56	37.33%	19	30.65%	20	40.00%
	Count if 1	94	62.67%	43	69.35%	30	60.00%
Service: Audiology	Count if 0	142	94.67%	61	98.39%	48	96.00%
	Count if 1	8	5.33%	1	1.61%	2	4.00%

Service: Family Counseling/	Count if 0	54	36.00%	20	32.26%	20	40.00%
Training	Count if 1	96	64.00%	42	67.74%	30	60.00%
Service: Health	Count if 0	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Medical	Count if 0	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Nursing	Count if 0	149	99.33%	62	100.00%	46	92.00%
	Count if 1	1	0.67%	0	0.00%	4	8.00%
Service: Nutrition	Count if 0	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Service: OT	Count if O	140	93.33%	61	98.39%	42	84.00%
	Count if 1	10	6.67%	1	1.61%	8	16.00%
Service: PT	Count if O	129	86.00%	54	87.10%	41	82.00%
	Count if 1	21	14.00%	8	12.90%	9	18.00%
Service: Psychology	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Respite	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Social Work	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Service: Spec. Inst.	Count if 0	136	90.67%	61	98.39%	42	84.00%
	Count if 1	14	9.33%	1	1.61%	8	16.00%
Service: S/L	Count if 0	124	82.67%	58	93.55%	43	86.00%
	Count if 1	26	17.33%	4	6.45%	7	14.00%
Service: Vision	Count if 0	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Any?	Count if 0	52	34.67%	19	30.65%	17	34.00%
	Count if 1	98	65.33%	43	69.35%	33	66.00%

Services: Total Number	Count if 0	52	34.67%	19	30.65%	17	34.00%
	Count if 1	55	36.67%	33	53.23%	19	38.00%
	Count if 2	21	14.00%	7	11.29%	4	8.00%
	Count if 3	12	8.00%	2	3.23%	4	8.00%
	Count if 4	7	4.67%	1	1.61%	3	6.00%
	Count if 5	3	2.00%	0	0.00%	2	4.00%
	Count if 6	0	0.00%	0	0.00%	0	0.00%
	Count if 7	0	0.00%	0	0.00%	1	2.00%
	Mean	1.17		0.92		1.36	
	Median	1		1		1	

Table 3*Frequencies for All Variables Filtered by Referral Variable of Interest*

		03-04 (N=156)		04-05 (N=207)		05-06 (N=165)	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Category	Count if 0	63	40.38%	79	38.16%	60	36.36%
	Count if 1	93	59.62%	128	61.84%	105	63.64%
Ref: Dev: Adaptive	Count if 0	154	98.72%	207	100.00%	165	100.00%
	Count if 1	2	1.28%	0	0.00%	0	0.00%
Ref: Dev: Cognitive	Count if 0	153	98.08%	206	99.52%	165	100.00%
	Count if 1	3	1.92%	1	0.48%	0	0.00%

Ref: Dev: Comm.	Count if O	143	91.67%	194	93.72%	159	96.36%
	Count if 1	13	8.33%	13	6.28%	6	3.64%
Ref: Dev: Motor	Count if O	142	91.03%	196	94.69%	155	93.94%
	Count if 1	14	8.97%	11	5.31%	10	6.06%
Ref: Dev: Soc./Emot.	Count if O	151	96.79%	203	98.07%	162	98.18%
	Count if 1	5	3.21%	4	1.93%	3	1.82%
Ref: Dev: Sensory	Count if O	154	98.72%	204	98.55%	165	100.00%
	Count if 1	2	1.28%	3	1.45%	0	0.00%
Ref: Dxd: PSAX	Count if O	50	32.05%	5	2.42%	5	3.03%
	Count if 1	106	67.95%	202	97.58%	160	96.97%

Ref: Env: Maternal SA	Count if O	22	14.10%	10	4.83%	6	3.64%
	Count if 1	134	85.90%	197	95.17%	159	96.36%
Ref: Bio: SAE/X	Count if O	1	0.64%	5	2.42%	4	2.42%
	Count if 1	155	99.36%	202	97.58%	161	97.58%
Ref: Bio: SGA	Count if O	156	100.00%	205	99.03%	165	100.00%
	Count if 1	0	0.00%	2	0.97%	0	0.00%
Ref: Other: PSAE	Count if O	28	17.95%	18	8.70%	9	5.45%
	Count if 1	128	82.05%	189	91.30%	156	94.55%
Ref: Other: Maternal SA	Count if O	22	14.10%	21	10.14%	10	6.06%
	Count if 1	134	85.90%	186	89.86%	155	93.94%

Ref: SA	Count if O	0	0.00%	0	0.00%	0	0.00%
	Count if 1	156	100.00%	207	100.00%	165	100.00%
Elig: Delay	Count if O	152	97.44%	203	98.07%	164	99.39%
	Count if 1	4	2.56%	4	1.93%	1	0.61%
Elig: Atyp	Count if O	154	98.72%	206	99.52%	163	98.79%
	Count if 1	2	1.28%	1	0.48%	2	1.21%
Elig: High Prob.	Count if O	69	44.23%	84	40.58%	63	38.18%
	Count if 1	87	55.77%	123	59.42%	102	61.82%
Elig: Delay: Adaptive	Count if O	155	99.36%	207	100.00%	165	100.00%
	Count if 1	1	0.64%	0	0.00%	0	0.00%

Elig: Delay: Cognitive	Count if O	156	100.00%	205	99.03%	165	100.00%
	Count if 1	0	0.00%	2	0.97%	0	0.00%
Elig: Delay: Comm.	Count if O	154	98.72%	203	98.07%	165	100.00%
	Count if 1	2	1.28%	4	1.93%	0	0.00%
Elig: Delay: Motor	Count if O	154	98.72%	205	99.03%	164	99.39%
	Count if 1	2	1.28%	2	0.97%	1	0.61%
Elig: Delay: Soc./Emot.	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Adaptive	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Elig Atyp: Cognitive	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Comm.	Count if O	156	100.00%	206	99.52%	164	99.39%
	Count if 1	0	0.00%	1	0.48%	1	0.61%
Elig Atyp: Motor	Count if O	156	100.00%	207	100.00%	164	99.39%
	Count if 1	0	0.00%	0	0.00%	1	0.61%
Elig Atyp: Soc./Emot.	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig High Prob.: PSAE	Count if O	71	45.51%	89	43.00%	68	41.21%
	Count if 1	85	54.49%	118	57.00%	97	58.79%

Service: Audiology	Count if O	141	90.38%	183	88.41%	159	96.36%
	Count if 1	15	9.62%	24	11.59%	6	3.64%
Service: Family Counseling/ Training	Count if O	66	42.31%	81	39.13%	60	36.36%
	Count if 1	90	57.69%	126	60.87%	105	63.64%
Service: Health	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Medical	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Nursing	Count if O	154	98.72%	206	99.52%	163	98.79%
	Count if 1	2	1.28%	1	0.48%	2	1.21%

Service: Nutrition	Count if O	156	100.00%	207	100.00%	164	99.39%
	Count if 1	0	0.00%	0	0.00%	1	0.61%
Service: OT	Count if O	140	89.74%	186	89.86%	151	91.52%
	Count if 1	16	10.26%	21	10.14%	14	8.48%
Service: PT	Count if O	135	86.54%	185	89.37%	145	87.88%
	Count if 1	21	13.46%	22	10.63%	20	12.12%
Service: Psychology	Count if O	156	100.00%	206	99.52%	165	100.00%
	Count if 1	0	0.00%	1	0.48%	0	0.00%
Service: Respite	Count if O	156	100.00%	207	100.00%	165	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Service: Social Work	Count if O	154	98.72%	206	99.52%	165	100.00%
	Count if 1	2	1.28%	1	0.48%	0	0.00%
Service: Spec. Inst.	Count if O	140	89.74%	186	89.86%	155	93.94%
	Count if 1	16	10.26%	21	10.14%	10	6.06%
Service: S/L	Count if O	130	83.33%	168	81.16%	143	86.67%
	Count if 1	26	16.67%	39	18.84%	22	13.33%
Service: Vision	Count if O	156	100.00%	205	99.03%	165	100.00%
	Count if 1	0	0.00%	2	0.97%	0	0.00%
Service: Any?	Count if 0	63	40.38%	79	38.16%	60	36.36%
	Count if 1	93	59.62%	128	61.84%	105	63.64%

Services: Total Number	Count if 0	63	40.38%	79	38.16%	60	36.36%
	Count if 1	49	31.41%	71	34.30%	64	38.79%
	Count if 2	18	11.54%	26	12.56%	2	1.21%
	Count if 3	10	6.41%	8	3.86%	6	3.64%
	Count if 4	8	5.13%	9	4.35%	4	2.42%
	Count if 5	7	4.49%	9	4.35%	2	1.21%
	Count if 6	1	0.64%	5	2.42%	0	0.00%
	Count if 7	0	0.00%	0	0.00%	0	0.00%
	Mean	1.21		1.25		1.09	
	Median	1		1		1	

		06-07 (N=150)		07-08 (N=62)		08-09 (N=50)	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Category	Count if 0	52	34.67%	17	27.42%	15	30.00%
	Count if 1	98	65.33%	45	72.58%	35	70.00%
Ref: Dev: Adaptive	Count if 0	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Ref: Dev: Cognitive	Count if 0	149	99.33%	62	100.00%	49	98.00%
	Count if 1	1	0.67%	0	0.00%	1	2.00%
Ref: Dev: Comm.	Count if 0	130	86.67%	57	91.94%	41	82.00%
	Count if 1	20	13.33%	5	8.06%	9	18.00%

Ref: Dev: Motor	Count if O	142	94.67%	61	98.39%	42	84.00%
	Count if 1	8	5.33%	1	1.61%	8	16.00%
Ref: Dev: Soc./Emot.	Count if O	145	96.67%	61	98.39%	47	94.00%
	Count if 1	5	3.33%	1	1.61%	3	6.00%
Ref: Dev: Sensory	Count if O	148	98.67%	62	100.00%	50	100.00%
	Count if 1	2	1.33%	0	0.00%	0	0.00%
Ref: Dxd: PSAX	Count if O	2	1.33%	43	69.35%	35	70.00%
	Count if 1	148	98.67%	19	30.65%	15	30.00%
Ref: Env: Maternal SA	Count if O	8	5.33%	10	16.13%	8	16.00%
	Count if 1	142	94.67%	52	83.87%	42	84.00%

Ref: Bio: SAE/X	Count if O	3	2.00%	1	1.61%	0	0.00%
	Count if 1	147	98.00%	61	98.39%	50	100.00%
Ref: Bio: SGA	Count if O	149	99.33%	62	100.00%	50	100.00%
	Count if 1	1	0.67%	0	0.00%	0	0.00%
Ref: Other: PSAE	Count if O	5	3.33%	43	69.35%	37	74.00%
	Count if 1	145	96.67%	19	30.65%	13	26.00%
Ref: Other: Maternal SA	Count if O	9	6.00%	39	62.90%	37	74.00%
	Count if 1	141	94.00%	23	37.10%	13	26.00%
Ref: SA	Count if O	0	0.00%	0	0.00%	0	0.00%
	Count if 1	150	100.00%	62	100.00%	50	100.00%

Elig: Delay	Count if O	147	98.00%	61	98.39%	48	96.00%
	Count if 1	3	2.00%	1	1.61%	2	4.00%
Elig: Atyp	Count if O	150	100.00%	61	98.39%	49	98.00%
	Count if 1	0	0.00%	1	1.61%	1	2.00%
Elig: High Prob.	Count if O	54	36.00%	18	29.03%	18	36.00%
	Count if 1	96	64.00%	44	70.97%	32	64.00%
Elig: Delay: Adaptive	Count if O	149	99.33%	61	98.39%	49	98.00%
	Count if 1	1	0.67%	1	1.61%	1	2.00%
Elig: Delay: Cognitive	Count if O	149	99.33%	62	100.00%	50	100.00%
	Count if 1	1	0.67%	0	0.00%	0	0.00%

Elig: Delay: Comm.	Count if O	148	98.67%	61	98.39%	49	98.00%
	Count if 1	2	1.33%	1	1.61%	1	2.00%
Elig: Delay: Motor	Count if O	148	98.67%	61	98.39%	49	98.00%
	Count if 1	2	1.33%	1	1.61%	1	2.00%
Elig: Delay: Soc./Emot.	Count if O	149	99.33%	61	98.39%	50	100.00%
	Count if 1	1	0.67%	1	1.61%	0	0.00%
Elig Atyp: Adaptive	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Cognitive	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Elig Atyp: Comm.	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Motor	Count if O	150	100.00%	61	98.39%	49	98.00%
	Count if 1	0	0.00%	1	1.61%	1	2.00%
Elig Atyp: Soc./Emot.	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig High Prob.: PSAE	Count if O	56	37.33%	19	30.65%	20	40.00%
	Count if 1	94	62.67%	43	69.35%	30	60.00%
Service: Audiology	Count if O	142	94.67%	61	98.39%	48	96.00%
	Count if 1	8	5.33%	1	1.61%	2	4.00%

Service: Family	Count if O	54	36.00%	20	32.26%	20	40.00%
Counseling/ Training	Count if 1	96	64.00%	42	67.74%	30	60.00%
Service: Health	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Medical	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Nursing	Count if O	149	99.33%	62	100.00%	46	92.00%
	Count if 1	1	0.67%	0	0.00%	4	8.00%
Service: Nutrition	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Service: OT	Count if O	140	93.33%	61	98.39%	42	84.00%
	Count if 1	10	6.67%	1	1.61%	8	16.00%
Service: PT	Count if O	129	86.00%	54	87.10%	41	82.00%
	Count if 1	21	14.00%	8	12.90%	9	18.00%
Service: Psychology	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Respite	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Social Work	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Service: Spec. Inst.	Count if O	136	90.67%	61	98.39%	42	84.00%
	Count if 1	14	9.33%	1	1.61%	8	16.00%
Service: S/L	Count if O	124	82.67%	58	93.55%	43	86.00%
	Count if 1	26	17.33%	4	6.45%	7	14.00%
Service: Vision	Count if O	150	100.00%	62	100.00%	50	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Any?	Count if 0	52	34.67%	19	30.65%	17	34.00%
	Count if 1	98	65.33%	43	69.35%	33	66.00%

Services: Total Number	Count if 0	52	34.67%	19	30.65%	17	34.00%
	Count if 1	55	36.67%	33	53.23%	19	38.00%
	Count if 2	21	14.00%	7	11.29%	4	8.00%
	Count if 3	12	8.00%	2	3.23%	4	8.00%
	Count if 4	7	4.67%	1	1.61%	3	6.00%
	Count if 5	3	2.00%	0	0.00%	2	4.00%
	Count if 6	0	0.00%	0	0.00%	0	0.00%
	Count if 7	0	0.00%	0	0.00%	1	2.00%
	Mean	1.17		0.92		1.36	
	Median	1		1		1	

Table 4

Associations for all Variables, Research Year 03-04

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	
Category	Pearson Correlation	1	.027	.048	-.009	.071**	-.024	.015	.014	.040
	Sig. (2-tailed)		.301	.069	.733	.008	.361	.575	.597	.130
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Adaptive	Pearson Correlation	.027	1	.689**	.117**	.240**	.380**	-.021	-.015	-.022
	Sig. (2-tailed)	.301		.000	.000	.000	.000	.418	.563	.398
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Cognitive	Pearson Correlation	.048	.689**	1	.136**	.217**	.292**	-.027	-.012	-.022
	Sig. (2-tailed)	.069	.000		.000	.000	.000	.309	.653	.417
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Comm.	Pearson Correlation	-.009	.117**	.136**	1	-.107**	.067*	.006	-.209**	-.216**
	Sig. (2-tailed)	.733	.000	.000		.000	.011	.818	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Motor	Pearson Correlation	.071**	.240**	.217**	-.107**	1	.091**	-.035	-.054*	-.064*
	Sig. (2-tailed)	.008	.000	.000	.000		.001	.182	.040	.015
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Soc./Emot.	Pearson Correlation	-.024	.380**	.292**	.067*	.091**	1	-.038	-.053*	-.030
	Sig. (2-tailed)	.361	.000	.000	.011	.001		.147	.046	.258
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Sensory	Pearson Correlation	.015	-.021	-.027	.006	-.035	-.038	1	-.031	-.025
	Sig. (2-tailed)	.575	.418	.309	.818	.182	.147		.235	.348
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dxd: PSAX	Pearson Correlation	.014	-.015	-.012	-.209**	-.054*	-.053*	-.031	1	.753**
	Sig. (2-tailed)	.597	.563	.653	.000	.040	.046	.235		.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.040 .130 1426	-.022 .398 1426	-.022 .417 1426	-.216** .000 1426	-.064* .015 1426	-.030 .258 1426	-.025 .348 1426	.753** .000 1426	1
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	.061* .022 1426	-.012 .651 1426	-.017 .524 1426	-.242** .000 1426	-.040 .135 1426	-.033 .210 1426	-.034 .195 1426	.765** .000 1426	.873** .000 1426
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	-.018 .493 1426	.060* .022 1426	.040 .130 1426	-.072** .007 1426	.063* .017 1426	.013 .632 1426	-.024 .362 1426	-.041 .121 1426	-.047 .079 1426
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	.016 .556 1426	-.021 .434 1426	-.019 .467 1426	-.231** .000 1426	-.079** .003 1426	-.027 .312 1426	-.023 .394 1426	.823** .000 1426	.829** .000 1426
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.014 .598 1426	-.022 .403 1426	-.037 .168 1426	-.244** .000 1426	-.097** .000 1426	-.030 .265 1426	-.025 .355 1426	.793** .000 1426	.873** .000 1426
Ref: SA	Pearson Correlation Sig. (2-tailed) N	.036 .179 1426	-.009 .728 1426	-.013 .612 1426	-.238** .000 1426	-.061* .020 1426	-.029 .281 1426	-.031 .239 1426	.804** .000 1426	.915** .000 1426
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.446** .000 1426	.064* .015 1426	.080** .003 1426	.339** .000 1426	-.025 .347 1426	.003 .924 1426	-.027 .300 1426	-.126** .000 1426	-.140** .000 1426
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.252** .000 1426	.030 .262 1426	.043 .107 1426	.071** .007 1426	.156** .000 1426	.025 .350 1426	-.013 .630 1426	-.079** .003 1426	-.071** .008 1426

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.566** .000 1426	-.042 .112 1426	-.050 .060 1426	-.348** .000 1426	.019 .464 1426	-.041 .120 1426	.050 .061 1426	.174** .000 1426	.211** .000 1426
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.134** .000 1426	.020 .450 1426	.008 .776 1426	.054* .041 1426	.046 .080 1426	.034 .202 1426	.005 .839 1426	-.042 .115 1426	-.031 .246 1426
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.240** .000 1426	.034 .195 1426	.085** .001 1426	.183** .000 1426	.007 .780 1426	.019 .482 1426	-.009 .733 1426	-.075** .005 1426	-.085** .001 1426
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.403** .000 1426	.049 .065 1426	.074** .005 1426	.352** .000 1426	-.056* .035 1426	.003 .896 1426	-.016 .547 1426	-.126** .000 1426	-.130** .000 1426
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.234** .000 1426	.013 .612 1426	.033 .212 1426	.013 .621 1426	.069** .009 1426	-.019 .485 1426	-.007 .784 1426	-.062* .019 1426	-.063* .017 1426
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.129** .000 1426	-.018 .494 1426	.009 .722 1426	.024 .374 1426	.024 .362 1426	.037 .159 1426	.007 .784 1426	-.040 .128 1426	-.046 .084 1426
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.094** .000 1426	.041 .118 1426	.071** .007 1426	.080** .003 1426	.052 .051 1426	.008 .763 1426	.025 .348 1426	-.029 .268 1426	-.033 .208 1426
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.155** .000 1426	-.022 .412 1426	.027 .312 1426	.097** .000 1426	.022 .401 1426	.000 .995 1426	.024 .373 1426	-.048 .068 1426	-.055* .038 1426

Category		Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	
Elig Atyp: Comm.	Pearson Correlation	.186**	.031	.058*	.161**	-.017	.019	.010	-.058*	-.066*
	Sig. (2-tailed)	.000	.246	.027	.000	.520	.471	.715	.028	.013
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Elig Atyp: Motor	Pearson Correlation	.183**	-.026	-.009	-.059*	.229**	-.012	-.011	-.057*	-.065*
	Sig. (2-tailed)	.000	.333	.734	.026	.000	.641	.671	.031	.014
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Elig Atyp: Soc./Emot.	Pearson Correlation	.131**	.021	.072**	.079**	-.020	.058*	.037	-.041	-.047
	Sig. (2-tailed)	.000	.428	.007	.003	.455	.027	.165	.121	.079
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Elig High Prob.: PSAE	Pearson Correlation	.302**	-.042	-.023	-.185**	.003	.011	-.041	.423**	.503**
	Sig. (2-tailed)	.000	.109	.378	.000	.913	.690	.120	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Audiology	Pearson Correlation	.328**	.041	.083**	.098**	-.030	.029	.021	-.027	-.011
	Sig. (2-tailed)	.000	.117	.002	.000	.256	.270	.432	.308	.684
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Family Counseling/ Training	Pearson Correlation	.919**	.016	.053*	-.023	.075**	-.031	.012	.027	.053*
	Sig. (2-tailed)	.000	.551	.047	.385	.005	.248	.658	.303	.046
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Health	Pearson Correlation	.034	-.005	-.006	.006	-.016	-.009	-.006	-.011	-.012
	Sig. (2-tailed)	.197	.856	.820	.814	.548	.746	.813	.687	.647
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Medical	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	
Service: Nursing	Pearson Correlation	.119**	.027	-.021	-.045	.050	-.005	.045	-.017	-.005
	Sig. (2-tailed)	.000	.317	.427	.093	.057	.854	.090	.532	.848
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Nutrition	Pearson Correlation	.024	-.003	-.004	-.022	.062*	-.006	-.004	-.008	-.009
	Sig. (2-tailed)	.362	.898	.872	.397	.019	.819	.867	.776	.747
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: OT	Pearson Correlation	.398**	.020	.003	-.168**	.208**	-.047	-.026	-.066*	-.037
	Sig. (2-tailed)	.000	.448	.911	.000	.000	.076	.322	.012	.168
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: PT	Pearson Correlation	.424**	.013	.031	-.282**	.272**	-.073**	-.010	-.049	-.025
	Sig. (2-tailed)	.000	.613	.249	.000	.000	.006	.696	.066	.350
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Psychology	Pearson Correlation	.129**	.022	.009	.075**	-.004	.084**	-.024	-.040	-.046
	Sig. (2-tailed)	.000	.406	.722	.005	.882	.002	.371	.128	.084
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Respite	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Social Work	Pearson Correlation	.059*	-.008	-.010	-.033	.033	.035	-.011	.023	.053*
	Sig. (2-tailed)	.025	.754	.693	.211	.219	.187	.681	.394	.045
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Spec. Inst.	Pearson Correlation	.486**	.026	.065*	.166**	.074**	-.013	-.006	-.107**	-.086**
	Sig. (2-tailed)	.000	.331	.014	.000	.005	.622	.810	.000	.001
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

Category		Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	
Service: S/L	Pearson Correlation	.637**	.053*	.069**	.236**	.007	-.009	.030	-.119**	-.093**
	Sig. (2-tailed)	.000	.045	.009	.000	.801	.746	.264	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Vision	Pearson Correlation	.097**	-.014	-.017	-.063*	.029	-.024	.186**	-.030	-.034
	Sig. (2-tailed)	.000	.607	.518	.017	.278	.358	.000	.252	.194
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Any?	Pearson Correlation	.992**	.028	.049	-.008	.074**	-.022	.016	.016	.043
	Sig. (2-tailed)	.000	.283	.062	.775	.005	.401	.539	.536	.106
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

		Ref: Bio: SAE/X	Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA
Category	Pearson Correlation	.061*	-.018	.016	.014	.036
	Sig. (2-tailed)	.022	.493	.556	.598	.179
	N	1426	1426	1426	1426	1426
Ref: Dev: Adaptive	Pearson Correlation	-.012	.060*	-.021	-.022	-.009
	Sig. (2-tailed)	.651	.022	.434	.403	.728
	N	1426	1426	1426	1426	1426
Ref: Dev: Cognitive	Pearson Correlation	-.017	.040	-.019	-.037	-.013
	Sig. (2-tailed)	.524	.130	.467	.168	.612
	N	1426	1426	1426	1426	1426
Ref: Dev: Comm.	Pearson Correlation	-.242**	-.072**	-.231**	-.244**	-.238**
	Sig. (2-tailed)	.000	.007	.000	.000	.000
	N	1426	1426	1426	1426	1426
Ref: Dev: Motor	Pearson Correlation	-.040	.063*	-.079**	-.097**	-.061*
	Sig. (2-tailed)	.135	.017	.003	.000	.020
	N	1426	1426	1426	1426	1426
Ref: Dev: Soc./Emot.	Pearson Correlation	-.033	.013	-.027	-.030	-.029
	Sig. (2-tailed)	.210	.632	.312	.265	.281
	N	1426	1426	1426	1426	1426
Ref: Dev: Sensory	Pearson Correlation	-.034	-.024	-.023	-.025	-.031
	Sig. (2-tailed)	.195	.362	.394	.355	.239
	N	1426	1426	1426	1426	1426
Ref: Dxd: PSAX	Pearson Correlation	.765**	-.041	.823**	.793**	.804**
	Sig. (2-tailed)	.000	.121	.000	.000	.000
	N	1426	1426	1426	1426	1426

		Ref: Bio: SAE/X	Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.873** .000 1426	-.047 .079 1426	.829** .000 1426	.873** .000 1426	.915** .000 1426
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	1 .048 1426	-.052* .048 1426	.855** .000 1426	.877** .000 1426	.955** .000 1426
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	-.052* .048 1426	1 .088 1426	-.045 .088 1426	-.046 .080 1426	-.050 .057 1426
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	.855** .000 1426	-.045 .088 1426	1 .000 1426	.891** .000 1426	.896** .000 1426
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.877** .000 1426	-.046 .080 1426	.891** .000 1426	1 .000 1426	.919** .000 1426
Ref: SA	Pearson Correlation Sig. (2-tailed) N	.955** .000 1426	-.050 .057 1426	.896** .000 1426	.919** .000 1426	1 1426
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	-.150** .000 1426	.005 .847 1426	-.135** .000 1426	-.145** .000 1426	-.149** .000 1426
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.067* .012 1426	-.001 .969 1426	-.087** .001 1426	-.080** .003 1426	-.079** .003 1426

		Ref: Bio: SAE/X	Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA
Elig: High Prob.	Pearson Correlation	.242**	-.034	.189**	.192**	.219**
	Sig. (2-tailed)	.000	.201	.000	.000	.000
	N	1426	1426	1426	1426	1426
Elig: Delay: Adaptive	Pearson Correlation	-.023	.013	-.046	-.047	-.036
	Sig. (2-tailed)	.386	.611	.082	.075	.178
	N	1426	1426	1426	1426	1426
Elig: Delay: Cognitive	Pearson Correlation	-.087**	.003	-.082**	-.085**	-.092**
	Sig. (2-tailed)	.001	.922	.002	.001	.001
	N	1426	1426	1426	1426	1426
Elig: Delay: Comm.	Pearson Correlation	-.143**	.004	-.132**	-.142**	-.143**
	Sig. (2-tailed)	.000	.894	.000	.000	.000
	N	1426	1426	1426	1426	1426
Elig: Delay: Motor	Pearson Correlation	-.075**	.066*	-.070**	-.073**	-.071**
	Sig. (2-tailed)	.004	.012	.008	.006	.007
	N	1426	1426	1426	1426	1426
Elig: Delay: Soc./Emot.	Pearson Correlation	-.052	.051	-.044	-.046	-.050
	Sig. (2-tailed)	.052	.053	.093	.085	.061
	N	1426	1426	1426	1426	1426
Elig Atyp: Adaptive	Pearson Correlation	-.038	.034	-.032	-.033	-.036
	Sig. (2-tailed)	.156	.202	.222	.210	.173
	N	1426	1426	1426	1426	1426
Elig Atyp: Cognitive	Pearson Correlation	-.062*	.006	-.053*	-.055*	-.060*
	Sig. (2-tailed)	.019	.832	.044	.039	.025
	N	1426	1426	1426	1426	1426

		Ref: Bio: SAE/X	Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	-.074** .005 1426	-.004 .879 1426	-.064* .016 1426	-.066* .013 1426	-.072** .007 1426
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	-.050 .058 1426	-.003 .908 1426	-.063* .018 1426	-.065* .015 1426	-.070** .008 1426
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.052* .048 1426	.014 .586 1426	-.045 .088 1426	-.046 .080 1426	-.050 .057 1426
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.544** .000 1426	-.031 .241 1426	.463** .000 1426	.473** .000 1426	.524** .000 1426
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	-.014 .589 1426	-.036 .173 1426	-.005 .854 1426	-.002 .928 1426	-.020 .451 1426
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.052* .050 1426	-.016 .548 1426	.037 .162 1426	.036 .172 1426	.051 .052 1426
Service: Health	Pearson Correlation Sig. (2-tailed) N	.045 .092 1426	-.005 .839 1426	-.012 .657 1426	-.012 .649 1426	-.013 .620 1426
Service: Medical	Pearson Correlation Sig. (2-tailed) N	. ^a . 1426	. ^a . 1426	. ^a . 1426	. ^a . 1426	. ^a . 1426

		Ref: Bio: SAE/X	Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA
Service: Nursing	Pearson Correlation	.054*	.020	-.022	-.042	-.011
	Sig. (2-tailed)	.041	.456	.406	.112	.680
	N	1426	1426	1426	1426	1426
Service: Nutrition	Pearson Correlation	-.010	-.004	-.008	-.009	-.009
	Sig. (2-tailed)	.716	.885	.754	.748	.726
	N	1426	1426	1426	1426	1426
Service: OT	Pearson Correlation	-.040	-.009	-.070**	-.062*	-.055*
	Sig. (2-tailed)	.132	.745	.008	.020	.038
	N	1426	1426	1426	1426	1426
Service: PT	Pearson Correlation	-.015	.037	-.037	-.043	-.039
	Sig. (2-tailed)	.571	.161	.166	.108	.138
	N	1426	1426	1426	1426	1426
Service: Psychology	Pearson Correlation	-.052	.015	-.044	-.046	-.050
	Sig. (2-tailed)	.052	.561	.093	.085	.061
	N	1426	1426	1426	1426	1426
Service: Respite	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.
	N	1426	1426	1426	1426	1426
Service: Social Work	Pearson Correlation	.077**	.067*	.017	.016	.047
	Sig. (2-tailed)	.003	.011	.509	.541	.078
	N	1426	1426	1426	1426	1426
Service: Spec. Inst.	Pearson Correlation	-.094**	-.005	-.108**	-.108**	-.100**
	Sig. (2-tailed)	.000	.854	.000	.000	.000
	N	1426	1426	1426	1426	1426

		Ref: Bio: SAE/X	Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA
Service: S/L	Pearson Correlation	-.124**	.005	-.104**	-.117**	-.120**
	Sig. (2-tailed)	.000	.841	.000	.000	.000
	N	1426	1426	1426	1426	1426
Service: Vision	Pearson Correlation	-.039	-.015	-.033	-.034	-.037
	Sig. (2-tailed)	.143	.563	.207	.195	.159
	N	1426	1426	1426	1426	1426
Service: Any?	Pearson Correlation	.064*	-.027	.018	.017	.039
	Sig. (2-tailed)	.016	.310	.491	.529	.146
	N	1426	1426	1426	1426	1426

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

Elig: Delay Elig: Atyp Elig: High Prob. Elig: Delay: Adaptive Elig: Delay: Cognitive Elig: Delay: Comm. Elig: Delay: Motor Elig: Delay: Soc./Emot. Elig Atyp: Adaptive

Category		Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.	Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive
Category	Pearson Correlation	.446**	.252**	.566**	.134**	.240**	.403**	.234**	.129**	.094**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Adaptive	Pearson Correlation	.064*	.030	-.042	.020	.034	.049	.013	-.018	.041
	Sig. (2-tailed)	.015	.262	.112	.450	.195	.065	.612	.494	.118
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Cognitive	Pearson Correlation	.080**	.043	-.050	.008	.085**	.074**	.033	.009	.071**
	Sig. (2-tailed)	.003	.107	.060	.776	.001	.005	.212	.722	.007
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Comm.	Pearson Correlation	.339**	.071**	-.348**	.054*	.183**	.352**	.013	.024	.080**
	Sig. (2-tailed)	.000	.007	.000	.041	.000	.000	.621	.374	.003
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Motor	Pearson Correlation	-.025	.156**	.019	.046	.007	-.056*	.069**	.024	.052
	Sig. (2-tailed)	.347	.000	.464	.080	.780	.035	.009	.362	.051
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Soc./Emot.	Pearson Correlation	.003	.025	-.041	.034	.019	.003	-.019	.037	.008
	Sig. (2-tailed)	.924	.350	.120	.202	.482	.896	.485	.159	.763
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Sensory	Pearson Correlation	-.027	-.013	.050	.005	-.009	-.016	-.007	.007	.025
	Sig. (2-tailed)	.300	.630	.061	.839	.733	.547	.784	.784	.348
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dxd: PSAX	Pearson Correlation	-.126**	-.079**	.174**	-.042	-.075**	-.126**	-.062*	-.040	-.029
	Sig. (2-tailed)	.000	.003	.000	.115	.005	.000	.019	.128	.268
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

Elig: Delay Elig: Atyp Elig: High Prob. Elig: Delay: Adaptive Elig: Delay: Cognitive Elig: Delay: Comm. Elig: Delay: Motor Elig: Delay: Soc./Emot. Elig Atyp: Adaptive

Ref: Env: Maternal SA	Pearson Correlation	-.140**	-.071**	.211**	-.031	-.085**	-.130**	-.063*	-.046	-.033
	Sig. (2-tailed)	.000	.008	.000	.246	.001	.000	.017	.084	.208
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Bio: SAE/X	Pearson Correlation	-.150**	-.067*	.242**	-.023	-.087**	-.143**	-.075**	-.052	-.038
	Sig. (2-tailed)	.000	.012	.000	.386	.001	.000	.004	.052	.156
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Bio: SGA	Pearson Correlation	.005	-.001	-.034	.013	.003	.004	.066*	.051	.034
	Sig. (2-tailed)	.847	.969	.201	.611	.922	.894	.012	.053	.202
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Other: PSAE	Pearson Correlation	-.135**	-.087**	.189**	-.046	-.082**	-.132**	-.070**	-.044	-.032
	Sig. (2-tailed)	.000	.001	.000	.082	.002	.000	.008	.093	.222
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Other: Maternal SA	Pearson Correlation	-.145**	-.080**	.192**	-.047	-.085**	-.142**	-.073**	-.046	-.033
	Sig. (2-tailed)	.000	.003	.000	.075	.001	.000	.006	.085	.210
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: SA	Pearson Correlation	-.149**	-.079**	.219**	-.036	-.092**	-.143**	-.071**	-.050	-.036
	Sig. (2-tailed)	.000	.003	.000	.178	.001	.000	.007	.061	.173
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Elig: Delay	Pearson Correlation	1	-.128**	-.303**	.300**	.537**	.904**	.525**	.290**	-.050
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000	.057
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Elig: Atyp	Pearson Correlation	-.128**	1	-.171**	-.021	-.061*	-.115**	-.059*	-.019	.373**
	Sig. (2-tailed)	.000		.000	.419	.020	.000	.025	.465	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

Elig: Delay Elig: Atyp Elig: High Prob. Elig: Delay: Adaptive Elig: Delay: Cognitive Elig: Delay: Comm. Elig: Delay: Motor Elig: Delay: Soc./Emot. Elig Atyp: Adaptive

Service: S/L	Pearson Correlation	.534**	.180**	.138**	.158**	.224**	.544**	.181**	.117**	.148**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Vision	Pearson Correlation	-.018	-.029	.142**	.031	-.001	-.011	.000	.033	-.011
	Sig. (2-tailed)	.489	.267	.000	.245	.974	.676	.989	.214	.679
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Any?	Pearson Correlation	.450**	.254**	.561**	.135**	.242**	.407**	.236**	.130**	.095**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

Elig Atyp: Elig Atyp: Elig Atyp: Elig Atyp: Elig High
Cognitive Comm. Motor Soc./Emot. Prob.: PSAE

Category		Elig Cognitive	Elig Comm.	Elig Motor	Elig Soc./Emot.	Elig High Prob.: PSAE
Category	Pearson Correlation	.155**	.186**	.183**	.131**	.302**
	Sig. (2-tailed)	.000	.000	.000	.000	.000
	N	1426	1426	1426	1426	1426
Ref: Dev: Adaptive	Pearson Correlation	-.022	.031	-.026	.021	-.042
	Sig. (2-tailed)	.412	.246	.333	.428	.109
	N	1426	1426	1426	1426	1426
Ref: Dev: Cognitive	Pearson Correlation	.027	.058*	-.009	.072**	-.023
	Sig. (2-tailed)	.312	.027	.734	.007	.378
	N	1426	1426	1426	1426	1426
Ref: Dev: Comm.	Pearson Correlation	.097**	.161**	-.059*	.079**	-.185**
	Sig. (2-tailed)	.000	.000	.026	.003	.000
	N	1426	1426	1426	1426	1426
Ref: Dev: Motor	Pearson Correlation	.022	-.017	.229**	-.020	.003
	Sig. (2-tailed)	.401	.520	.000	.455	.913
	N	1426	1426	1426	1426	1426
Ref: Dev: Soc./Emot.	Pearson Correlation	.000	.019	-.012	.058*	.011
	Sig. (2-tailed)	.995	.471	.641	.027	.690
	N	1426	1426	1426	1426	1426
Ref: Dev: Sensory	Pearson Correlation	.024	.010	-.011	.037	-.041
	Sig. (2-tailed)	.373	.715	.671	.165	.120
	N	1426	1426	1426	1426	1426
Ref: Dxd: PSAX	Pearson Correlation	-.048	-.058*	-.057*	-.041	.423**
	Sig. (2-tailed)	.068	.028	.031	.121	.000
	N	1426	1426	1426	1426	1426

Elig Atyp: Elig Atyp: Elig Atyp: Elig Atyp: Elig High
Cognitive Comm. Motor Soc./Emot. Prob.: PSAE

		Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE
Ref: Env: Maternal SA	Pearson Correlation	-.055*	-.066*	-.065*	-.047	.503**
	Sig. (2-tailed)	.038	.013	.014	.079	.000
	N	1426	1426	1426	1426	1426
Ref: Bio: SAE/X	Pearson Correlation	-.062*	-.074**	-.050	-.052*	.544**
	Sig. (2-tailed)	.019	.005	.058	.048	.000
	N	1426	1426	1426	1426	1426
Ref: Bio: SGA	Pearson Correlation	.006	-.004	-.003	.014	-.031
	Sig. (2-tailed)	.832	.879	.908	.586	.241
	N	1426	1426	1426	1426	1426
Ref: Other: PSAE	Pearson Correlation	-.053*	-.064*	-.063*	-.045	.463**
	Sig. (2-tailed)	.044	.016	.018	.088	.000
	N	1426	1426	1426	1426	1426
Ref: Other: Maternal SA	Pearson Correlation	-.055*	-.066*	-.065*	-.046	.473**
	Sig. (2-tailed)	.039	.013	.015	.080	.000
	N	1426	1426	1426	1426	1426
Ref: SA	Pearson Correlation	-.060*	-.072**	-.070**	-.050	.524**
	Sig. (2-tailed)	.025	.007	.008	.057	.000
	N	1426	1426	1426	1426	1426
Elig: Delay	Pearson Correlation	-.083**	-.100**	-.089**	-.070**	-.162**
	Sig. (2-tailed)	.002	.000	.001	.008	.000
	N	1426	1426	1426	1426	1426
Elig: Atyp	Pearson Correlation	.615**	.739**	.725**	.522**	-.091**
	Sig. (2-tailed)	.000	.000	.000	.000	.001
	N	1426	1426	1426	1426	1426

Elig Atyp: Elig Atyp: Elig Atyp: Elig Atyp: Elig High
 Cognitive Comm. Motor Soc./Emot. Prob.: PSAE

Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	-.105** .000 1426	-.127** .000 1426	-.124** .000 1426	-.089** .001 1426	.534** .000 1426
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.025 .347 1426	-.030 .259 1426	-.004 .880 1426	-.021 .425 1426	-.049 .067 1426
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.045 .092 1426	-.054* .043 1426	-.038 .154 1426	-.038 .153 1426	-.087** .001 1426
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	-.075** .005 1426	-.090** .001 1426	-.079** .003 1426	-.064* .016 1426	-.146** .000 1426
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	-.044 .100 1426	-.052* .048 1426	-.036 .171 1426	-.037 .163 1426	-.085** .001 1426
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.024 .364 1426	-.029 .276 1426	-.002 .937 1426	-.020 .442 1426	-.047 .077 1426
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.524** .000 1426	.435** .000 1426	.372** .000 1426	.570** .000 1426	-.034 .197 1426
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	1 .000 1426	.746** .000 1426	.429** .000 1426	.728** .000 1426	-.056* .034 1426

Elig Atyp: Elig Atyp: Elig Atyp: Elig Atyp: Elig High
 Cognitive Comm. Motor Soc./Emot. Prob.: PSAE

Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.746** .000 1426	1 1426	.294** .000 1426	.630** .000 1426	-.068* .011 1426
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	.429** .000 1426	.294** .000 1426	1 1426	.384** .000 1426	-.066* .012 1426
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.728** .000 1426	.630** .000 1426	.384** .000 1426	1 1426	-.048 .072 1426
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	-.056* .034 1426	-.068* .011 1426	-.066* .012 1426	-.048 .072 1426	1 1426
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.153** .000 1426	.140** .000 1426	-.003 .901 1426	.120** .000 1426	.058* .028 1426
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.135** .000 1426	.174** .000 1426	.155** .000 1426	.103** .000 1426	.291** .000 1426
Service: Health	Pearson Correlation Sig. (2-tailed) N	-.006 .810 1426	-.008 .773 1426	-.008 .777 1426	-.005 .839 1426	-.012 .640 1426
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.^{a} . 1426	.^{a} . 1426	.^{a} . 1426	.^{a} . 1426	.^a . 1426

Elig Atyp: Elig Atyp: Elig Atyp: Elig Atyp: Elig High
 Cognitive Comm. Motor Soc./Emot. Prob.: PSAE

Service:	Pearson Correlation	-.022	-.027	.059*	-.019	.048
Nursing	Sig. (2-tailed)	.402	.314	.027	.477	.070
	N	1426	1426	1426	1426	1426
Service:	Pearson Correlation	-.005	-.005	-.005	-.004	-.009
Nutrition	Sig. (2-tailed)	.865	.838	.841	.885	.741
	N	1426	1426	1426	1426	1426
Service: OT	Pearson Correlation	.134**	.097**	.201**	.181**	.029
	Sig. (2-tailed)	.000	.000	.000	.000	.281
	N	1426	1426	1426	1426	1426
Service: PT	Pearson Correlation	.032	-.020	.231**	.024	.043
	Sig. (2-tailed)	.223	.455	.000	.363	.105
	N	1426	1426	1426	1426	1426
Service:	Pearson Correlation	.343**	.281**	.103**	.338**	-.013
Psychology	Sig. (2-tailed)	.000	.000	.000	.000	.623
	N	1426	1426	1426	1426	1426
Service:	Pearson Correlation	.^{a}	.^{a}	.^{a}	.^{a}	.^a
Respite	Sig. (2-tailed)	.	.	.	.	.
	N	1426	1426	1426	1426	1426
Service:	Pearson Correlation	-.011	-.013	-.013	.067*	.015
Social Work	Sig. (2-tailed)	.677	.617	.623	.011	.578
	N	1426	1426	1426	1426	1426
Service:	Pearson Correlation	.288**	.228**	.095**	.235**	-.029
Spec. Inst.	Sig. (2-tailed)	.000	.000	.000	.000	.271
	N	1426	1426	1426	1426	1426

Elig Atyp: Elig Atyp: Elig Atyp: Elig Atyp: Elig High
 Cognitive Comm. Motor Soc./Emot. Prob.: PSAE

Service: S/L	Pearson Correlation	.207**	.262**	.046	.164**	-.026
	Sig. (2-tailed)	.000	.000	.079	.000	.328
	N	1426	1426	1426	1426	1426
Service: Vision	Pearson Correlation	-.018	-.022	-.021	-.015	-.035
	Sig. (2-tailed)	.495	.412	.421	.563	.183
	N	1426	1426	1426	1426	1426
Service: Any?	Pearson Correlation	.156**	.188**	.184**	.133**	.300**
	Sig. (2-tailed)	.000	.000	.000	.000	.000
	N	1426	1426	1426	1426	1426

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

		Service: Audiology	Service: Family Counseling/ Training	Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology
Category	Pearson Correlation	.328**	.919**	.034 ^a	.	.119**	.024	.398**	.424**	.129**
	Sig. (2-tailed)	.000	.000	.197	.	.000	.362	.000	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Adaptive	Pearson Correlation	.041	.016	-.005 ^a	.	.027	-.003	.020	.013	.022
	Sig. (2-tailed)	.117	.551	.856	.	.317	.898	.448	.613	.406
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Cognitive	Pearson Correlation	.083**	.053*	-.006 ^a	.	-.021	-.004	.003	.031	.009
	Sig. (2-tailed)	.002	.047	.820	.	.427	.872	.911	.249	.722
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Comm.	Pearson Correlation	.098**	-.023	.006 ^a	.	-.045	-.022	-.168**	-.282**	.075**
	Sig. (2-tailed)	.000	.385	.814	.	.093	.397	.000	.000	.005
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Motor	Pearson Correlation	-.030	.075**	-.016 ^a	.	.050	.062*	.208**	.272**	-.004
	Sig. (2-tailed)	.256	.005	.548	.	.057	.019	.000	.000	.882
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Soc./Emot.	Pearson Correlation	.029	-.031	-.009 ^a	.	-.005	-.006	-.047	-.073**	.084**
	Sig. (2-tailed)	.270	.248	.746	.	.854	.819	.076	.006	.002
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dev: Sensory	Pearson Correlation	.021	.012	-.006 ^a	.	.045	-.004	-.026	-.010	-.024
	Sig. (2-tailed)	.432	.658	.813	.	.090	.867	.322	.696	.371
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Ref: Dxd: PSAX	Pearson Correlation	-.027	.027	-.011 ^a	.	-.017	-.008	-.066*	-.049	-.040
	Sig. (2-tailed)	.308	.303	.687	.	.532	.776	.012	.066	.128
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

		Service: Audiology	Service: Family Counseling/ Training	Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.011 .684 1426	.053* .046 1426	-.012 ^a .647 1426	.	-.005 .848 1426	-.009 .747 1426	-.037 .168 1426	-.025 .350 1426	-.046 .084 1426
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.014 .589 1426	.052* .050 1426	.045 ^a .092 1426	.	.054* .041 1426	-.010 .716 1426	-.040 .132 1426	-.015 .571 1426	-.052 .052 1426
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	-.036 .173 1426	-.016 .548 1426	-.005 ^a .839 1426	.	.020 .456 1426	-.004 .885 1426	-.009 .745 1426	.037 .161 1426	.015 .561 1426
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.005 .854 1426	.037 .162 1426	-.012 ^a .657 1426	.	-.022 .406 1426	-.008 .754 1426	-.070** .008 1426	-.037 .166 1426	-.044 .093 1426
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.002 .928 1426	.036 .172 1426	-.012 ^a .649 1426	.	-.042 .112 1426	-.009 .748 1426	-.062* .020 1426	-.043 .108 1426	-.046 .085 1426
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.020 .451 1426	.051 .052 1426	-.013 ^a .620 1426	.	-.011 .680 1426	-.009 .726 1426	-.055* .038 1426	-.039 .138 1426	-.050 .061 1426
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.249** .000 1426	.397** .000 1426	-.018 ^a .489 1426	.	.033 .216 1426	-.013 .625 1426	.034 .198 1426	.001 .971 1426	.033 .209 1426
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.098** .000 1426	.230** .000 1426	-.010 ^a .696 1426	.	.028 .297 1426	-.007 .783 1426	.178** .000 1426	.151** .000 1426	.237** .000 1426

		Service: Audiology	Service: Family Counseling/ Training	Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.092** .000 1426	.541** .000 1426	.060* ^a .022 1426	.	.101** .000 1426	.043 .107 1426	.315** .000 1426	.388** .000 1426	-.020 .450 1426
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.070** .008 1426	.126** .000 1426	-.005 ^a .836 1426	.	.095** .000 1426	-.004 .884 1426	.123** .000 1426	.073** .006 1426	.050 .061 1426
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.184** .000 1426	.209** .000 1426	-.010 ^a .710 1426	.	.032 .224 1426	-.007 .793 1426	.072** .006 1426	.013 .636 1426	.086** .001 1426
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.253** .000 1426	.352** .000 1426	-.017 ^a .532 1426	.	.031 .247 1426	-.012 .659 1426	.009 .733 1426	-.041 .118 1426	.033 .211 1426
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.091** .001 1426	.220** .000 1426	-.010 ^a .717 1426	.	.057* .031 1426	-.007 .798 1426	.182** .000 1426	.186** .000 1426	.027 .313 1426
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.060* .023 1426	.130** .000 1426	-.005 ^a .841 1426	.	.060* .023 1426	-.004 .888 1426	.062* .018 1426	.053* .044 1426	.089** .001 1426
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.071** .007 1426	.047 .074 1426	-.004 ^a .884 1426	.	-.013 .611 1426	-.003 .918 1426	.143** .000 1426	.042 .112 1426	.233** .000 1426
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.153** .000 1426	.135** .000 1426	-.006 ^a .810 1426	.	-.022 .402 1426	-.005 .865 1426	.134** .000 1426	.032 .223 1426	.343** .000 1426

		Service: Audiology	Service: Family Counseling/ Training	Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.140** .000 1426	.174** .000 1426	-.008 ^a .773 1426	.	-.027 .314 1426	-.005 .838 1426	.097** .000 1426	-.020 .455 1426	.281** .000 1426
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	-.003 .901 1426	.155** .000 1426	-.008 ^a .777 1426	.	.059* .027 1426	-.005 .841 1426	.201** .000 1426	.231** .000 1426	.103** .000 1426
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.120** .000 1426	.103** .000 1426	-.005 ^a .839 1426	.	-.019 .477 1426	-.004 .885 1426	.181** .000 1426	.024 .363 1426	.338** .000 1426
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.058* .028 1426	.291** .000 1426	-.012 ^a .640 1426	.	.048 .070 1426	-.009 .741 1426	.029 .281 1426	.043 .105 1426	-.013 .623 1426
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	1 .000 1426	.194** .000 1426	.045 ^a .086 1426	.	.056* .035 1426	.074** .005 1426	.114** .000 1426	.075** .004 1426	.092** .000 1426
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.194** .000 1426	1 .000 1426	.037 ^a .160 1426	.	-.001 .972 1426	.026 .321 1426	.391** .000 1426	.402** .000 1426	.100** .000 1426
Service: Health	Pearson Correlation Sig. (2-tailed) N	.045 .086 1426	.037 .160 1426	1 ^a .000 1426	.	-.005 .853 1426	-.001 .970 1426	.035 .189 1426	.032 .232 1426	-.005 .841 1426
Service: Medical	Pearson Correlation Sig. (2-tailed) N	^a .000 1426	^a .000 1426	^a .000 1426	^a .000 1426	^a .000 1426	^a .000 1426	^a .000 1426	^a .000 1426	^a .000 1426

		Service: Audiology	Service: Family Counseling/ Training	Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology
Service: Nursing	Pearson Correlation	.056 ^a	-.001	-.005 ^a		1	-.003	.121 ^{**}	.182 ^{**}	-.019
	Sig. (2-tailed)	.035	.972	.853	.	.	.896	.000	.000	.485
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Nutrition	Pearson Correlation	.074 ^{**}	.026	-.001 ^a		-.003	1	.061 [*]	.057 [*]	-.004
	Sig. (2-tailed)	.005	.321	.970	.	.896	.	.022	.031	.888
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: OT	Pearson Correlation	.114 ^{**}	.391 ^{**}	.035 ^a		.121 ^{**}	.061 [*]	1	.644 ^{**}	.076 ^{**}
	Sig. (2-tailed)	.000	.000	.189	.	.000	.022	.	.000	.004
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: PT	Pearson Correlation	.075 ^{**}	.402 ^{**}	.032 ^a		.182 ^{**}	.057 [*]	.644 ^{**}	1	-.026
	Sig. (2-tailed)	.004	.000	.232	.	.000	.031	.000	.	.326
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Psychology	Pearson Correlation	.092 ^{**}	.100 ^{**}	-.005 ^a		-.019	-.004	.076 ^{**}	-.026	1
	Sig. (2-tailed)	.000	.000	.841	.	.485	.888	.004	.326	.
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Respite	Pearson Correlation	^a	^a	^a	^a	^a	^a	^a	^a	^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Social Work	Pearson Correlation	.045	.043	-.002 ^a		.076 ^{**}	-.002	.119 ^{**}	.083 ^{**}	.069 ^{**}
	Sig. (2-tailed)	.091	.106	.927	.	.004	.948	.000	.002	.009
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Spec. Inst.	Pearson Correlation	.308 ^{**}	.434 ^{**}	.025 ^a		.141 ^{**}	.050	.381 ^{**}	.266 ^{**}	.180 ^{**}
	Sig. (2-tailed)	.000	.000	.341	.	.000	.060	.000	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

		Service: Audiology	Service: Family Counseling/ Training	Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology
Service: S/L	Pearson Correlation	.388**	.597**	.054 ^a	.	.071**	.038	.385**	.290**	.138**
	Sig. (2-tailed)	.000	.000	.043	.	.007	.152	.000	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Vision	Pearson Correlation	.025	.092**	-.004 ^a	.	-.014	-.003	.208**	.195**	-.015
	Sig. (2-tailed)	.355	.000	.880	.	.599	.915	.000	.000	.569
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426
Service: Any?	Pearson Correlation	.331**	.927**	.034 ^a	.	.120**	.024	.402**	.427**	.130**
	Sig. (2-tailed)	.000	.000	.193	.	.000	.358	.000	.000	.000
	N	1426	1426	1426	1426	1426	1426	1426	1426	1426

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

			Service: Respite	Service: Social Work	Service: Spec. Inst.	Service: S/L	Service: Vision	Service: Any?
Category	Pearson Correlation	. ^a		.059*	.486**	.637**	.097**	.992**
	Sig. (2-tailed)	.		.025	.000	.000	.000	.000
	N		1426	1426	1426	1426	1426	1426
Ref: Dev: Adaptive	Pearson Correlation	. ^a		-.008	.026	.053*	-.014	.028
	Sig. (2-tailed)	.		.754	.331	.045	.607	.283
	N		1426	1426	1426	1426	1426	1426
Ref: Dev: Cognitive	Pearson Correlation	. ^a		-.010	.065*	.069**	-.017	.049
	Sig. (2-tailed)	.		.693	.014	.009	.518	.062
	N		1426	1426	1426	1426	1426	1426
Ref: Dev: Comm.	Pearson Correlation	. ^a		-.033	.166**	.236**	-.063*	-.008
	Sig. (2-tailed)	.		.211	.000	.000	.017	.775
	N		1426	1426	1426	1426	1426	1426
Ref: Dev: Motor	Pearson Correlation	. ^a		.033	.074**	.007	.029	.074**
	Sig. (2-tailed)	.		.219	.005	.801	.278	.005
	N		1426	1426	1426	1426	1426	1426
Ref: Dev: Soc./Emot.	Pearson Correlation	. ^a		.035	-.013	-.009	-.024	-.022
	Sig. (2-tailed)	.		.187	.622	.746	.358	.401
	N		1426	1426	1426	1426	1426	1426
Ref: Dev: Sensory	Pearson Correlation	. ^a		-.011	-.006	.030	.186**	.016
	Sig. (2-tailed)	.		.681	.810	.264	.000	.539
	N		1426	1426	1426	1426	1426	1426
Ref: Dxd: PSAX	Pearson Correlation	. ^a		.023	-.107**	-.119**	-.030	.016
	Sig. (2-tailed)	.		.394	.000	.000	.252	.536
	N		1426	1426	1426	1426	1426	1426

			Service: Respite	Service: Social Work	Service: Spec. Inst.	Service: S/L	Service: Vision	Service: Any?
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	. . 1426	.053* .045	-.086** .001	-.093** .000	-.034 .194	.043 .106	
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	. . 1426	.077** .003	-.094** .000	-.124** .000	-.039 .143	.064* .016	
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	. . 1426	.067* .011	-.005 .854	.005 .841	-.015 .563	-.027 .310	
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	. . 1426	.017 .509	-.108** .000	-.104** .000	-.033 .207	.018 .491	
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	. . 1426	.016 .541	-.108** .000	-.117** .000	-.034 .195	.017 .529	
Ref: SA	Pearson Correlation Sig. (2-tailed) N	. . 1426	.047 .078	-.100** .000	-.120** .000	-.037 .159	.039 .146	
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	. . 1426	-.004 .871	.408** .000	.534** .000	-.018 .489	.450** .000	
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	. . 1426	.067* .012	.176** .000	.180** .000	-.029 .267	.254** .000	

			Service: Respite	Service: Social Work	Service: Spec. Inst.	Service: S/L	Service: Vision	Service: Any?
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	. 1426	.032 .223 1426	.089** .001 1426	.138** .000 1426	.142** .000 1426	.561** .000 1426	
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	. 1426	.066* .013 1426	.228** .000 1426	.158** .000 1426	.031 .245 1426	.135** .000 1426	
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	. 1426	.027 .308 1426	.404** .000 1426	.224** .000 1426	-.001 .974 1426	.242** .000 1426	
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	. 1426	.001 .983 1426	.391** .000 1426	.544** .000 1426	-.011 .676 1426	.407** .000 1426	
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	. 1426	.028 .285 1426	.264** .000 1426	.181** .000 1426	.000 .989 1426	.236** .000 1426	
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	. 1426	.069** .009 1426	.180** .000 1426	.117** .000 1426	.033 .214 1426	.130** .000 1426	
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	. 1426	-.007 .800 1426	.177** .000 1426	.148** .000 1426	-.011 .679 1426	.095** .000 1426	
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	. 1426	-.011 .677 1426	.288** .000 1426	.207** .000 1426	-.018 .495 1426	.156** .000 1426	

			Service: Respite	Service: Social Work	Service: Spec. Inst.	Service: S/L	Service: Vision	Service: Any?
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	a . . 1426	-0.013 .617 1426	.228** .000 1426	.262** .000 1426	-.022 .412 1426	.188** .000 1426	
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	a . . 1426	-0.013 .623 1426	.095** .000 1426	.046 .079 1426	-.021 .421 1426	.184** .000 1426	
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	a . . 1426	.067* .011 1426	.235** .000 1426	.164** .000 1426	-.015 .563 1426	.133** .000 1426	
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	a . . 1426	.015 .578 1426	-.029 .271 1426	-.026 .328 1426	-.035 .183 1426	.300** .000 1426	
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	a . . 1426	.045 .091 1426	.308** .000 1426	.388** .000 1426	.025 .355 1426	.331** .000 1426	
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	a . . 1426	.043 .106 1426	.434** .000 1426	.597** .000 1426	.092** .000 1426	.927** .000 1426	
Service: Health	Pearson Correlation Sig. (2-tailed) N	a . . 1426	-.002 .927 1426	.025 .341 1426	.054* .043 1426	-.004 .880 1426	.034 .193 1426	
Service: Medical	Pearson Correlation Sig. (2-tailed) N	a . . 1426	.a . . 1426	.a . . 1426	.a . . 1426	.a . . 1426	.a . . 1426	

			Service: Respite	Service: Social Work	Service: Spec. Inst.	Service: S/L	Service: Vision	Service: Any?
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	a		.076** .004 1426	.141** .000 1426	.071** .007 1426	-.014 .599 1426	.120** .000 1426
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	a		-.002 .948 1426	.050 .060 1426	.038 .152 1426	-.003 .915 1426	.024 .358 1426
Service: OT	Pearson Correlation Sig. (2-tailed) N	a		.119** .000 1426	.381** .000 1426	.385** .000 1426	.208** .000 1426	.402** .000 1426
Service: PT	Pearson Correlation Sig. (2-tailed) N	a		.083** .002 1426	.266** .000 1426	.290** .000 1426	.195** .000 1426	.427** .000 1426
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	a		.069** .009 1426	.180** .000 1426	.138** .000 1426	-.015 .569 1426	.130** .000 1426
Service: Respite	Pearson Correlation Sig. (2-tailed) N	a	a	a	a	a	a	a
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	a		1 .000 1426	.122** .000 1426	.047 .076 1426	-.007 .794 1426	.060* .024 1426
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	a		.122** .000 1426	1 .000 1426	.623** .000 1426	.152** .000 1426	.490** .000 1426

		Service: Respite	Service: Social Work	Service: Spec. Inst.	Service: S/L	Service: Vision	Service: Any?
Service: S/L	Pearson Correlation	. ^a	.047	.623**	1	.096**	.642**
	Sig. (2-tailed)	.	.076	.000		.000	.000
	N	1426	1426	1426	1426	1426	1426
Service: Vision	Pearson Correlation	. ^a	-.007	.152**	.096**	1	.098**
	Sig. (2-tailed)	.	.794	.000	.000		.000
	N	1426	1426	1426	1426	1426	1426
Service: Any?	Pearson Correlation	. ^a	.060*	.490**	.642**	.098**	1
	Sig. (2-tailed)	.	.024	.000	.000	.000	
	N	1426	1426	1426	1426	1426	1426

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

Table 5

Associations for All Variables, Research Year 04-05

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Category	Pearson Correlation	1	.021	.032	-.009	.063*	.023	-.054*	.040	.032	.022
	Sig. (2-tailed)		.421	.217	.738	.016	.366	.037	.127	.214	.387
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Adaptive	Pearson Correlation	.021	1	.736**	.102**	.227**	.332**	.045	-.044	-.043	-.045
	Sig. (2-tailed)	.421		.000	.000	.000	.000	.083	.088	.095	.085
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Cognitive	Pearson Correlation	.032	.736**	1	.122**	.198**	.293**	.057*	-.038	-.037	-.039
	Sig. (2-tailed)	.217	.000		.000	.000	.000	.027	.139	.153	.132
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Comm.	Pearson Correlation	-.009	.102**	.122**	1	-.061*	.105**	.023	-.313**	-.294**	-.294**
	Sig. (2-tailed)	.738	.000	.000		.019	.000	.386	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Motor	Pearson Correlation	.063*	.227**	.198**	-.061*	1	.039	-.010	-.129**	-.125**	-.122**
	Sig. (2-tailed)	.016	.000	.000	.019		.133	.691	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Soc./Emot.	Pearson Correlation	.023	.332**	.293**	.105**	.039	1	-.007	-.049	-.047	-.050
	Sig. (2-tailed)	.366	.000	.000	.000	.133		.791	.059	.071	.052
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Sensory	Pearson Correlation	-.054*	.045	.057*	.023	-.010	-.007	1	-.045	-.054*	-.046
	Sig. (2-tailed)	.037	.083	.027	.386	.691	.791		.082	.038	.074
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dxd: PSAX	Pearson Correlation	.040	-.044	-.038	-.313**	-.129**	-.049	-.045	1	.951**	.949**
	Sig. (2-tailed)	.127	.088	.139	.000	.000	.059	.082		.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Ref: Env: Maternal SA	Pearson Correlation	.032	-.043	-.037	-.294**	-.125**	-.047	-.054*	.951**	1	.940**
	Sig. (2-tailed)	.214	.095	.153	.000	.000	.071	.038	.000		.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Bio: SAE/X	Pearson Correlation	.022	-.045	-.039	-.294**	-.122**	-.050	-.046	.949**	.940**	1
	Sig. (2-tailed)	.387	.085	.132	.000	.000	.052	.074	.000	.000	
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Bio: SGA	Pearson Correlation	.011	.143**	.071**	-.012	.082**	.029	-.023	-.015	-.030	-.016
	Sig. (2-tailed)	.671	.000	.006	.631	.002	.266	.375	.572	.247	.551
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Other: PSAE	Pearson Correlation	.039	-.042	-.036	-.301**	-.120**	-.054*	-.041	.957**	.941**	.917**
	Sig. (2-tailed)	.130	.103	.170	.000	.000	.038	.116	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Other: Maternal SA	Pearson Correlation	.030	-.042	-.035	-.302**	-.118**	-.063*	-.040	.948**	.932**	.908**
	Sig. (2-tailed)	.245	.106	.177	.000	.000	.016	.124	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: SA	Pearson Correlation	.037	-.045	-.039	-.301**	-.126**	-.050	-.046	.980**	.972**	.969**
	Sig. (2-tailed)	.159	.086	.134	.000	.000	.054	.076	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay	Pearson Correlation	.471**	.039	.070**	.320**	.110**	.068**	-.048	-.206**	-.201**	-.204**
	Sig. (2-tailed)	.000	.134	.007	.000	.000	.009	.063	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Atyp	Pearson Correlation	.217**	.022	.008	.044	.097**	.038	-.005	-.095**	-.093**	-.096**
	Sig. (2-tailed)	.000	.394	.762	.093	.000	.149	.853	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.531** .000 1484	-.014 .602 1484	-.025 .331 1484	-.340** .000 1484	-.073** .005 1484	-.055* .035 1484	-.014 .600 1484	.286** .000 1484	.273** .000 1484	.266** .000 1484
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.151** .000 1484	.017 .515 1484	.007 .789 1484	.056* .031 1484	.015 .551 1484	.039 .138 1484	-.034 .195 1484	-.070** .007 1484	-.068** .008 1484	-.071** .007 1484
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.273** .000 1484	.008 .765 1484	.029 .261 1484	.216** .000 1484	.006 .831 1484	.078** .003 1484	-.048 .063 1484	-.113** .000 1484	-.110** .000 1484	-.107** .000 1484
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.436** .000 1484	.035 .180 1484	.072** .006 1484	.375** .000 1484	.012 .655 1484	.082** .002 1484	-.035 .175 1484	-.184** .000 1484	-.180** .000 1484	-.182** .000 1484
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.277** .000 1484	.026 .309 1484	.009 .740 1484	.038 .149 1484	.173** .000 1484	.039 .133 1484	-.063* .015 1484	-.117** .000 1484	-.114** .000 1484	-.119** .000 1484
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.154** .000 1484	.016 .546 1484	.006 .825 1484	.087** .001 1484	.022 .398 1484	.111** .000 1484	-.034 .185 1484	-.071** .006 1484	-.070** .007 1484	-.072** .005 1484
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.090** .001 1484	.048 .064 1484	.036 .168 1484	.001 .968 1484	.022 .400 1484	.040 .122 1484	-.020 .439 1484	-.042 .109 1484	-.041 .116 1484	-.042 .105 1484
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.117** .000 1484	.031 .233 1484	.020 .436 1484	.054* .037 1484	-.022 .403 1484	.043 .096 1484	.001 .970 1484	-.054* .036 1484	-.053* .040 1484	-.055* .034 1484

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.164** .000 1484	-.021 .416 1484	-.025 .327 1484	.137** .000 1484	-.048 .066 1484	.012 .658 1484	.003 .914 1484	-.065* .012 1484	-.064* .014 1484	-.066* .011 1484
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	.155** .000 1484	.013 .620 1484	.003 .908 1484	-.075** .004 1484	.170** .000 1484	.012 .632 1484	-.016 .529 1484	-.075** .004 1484	-.074** .004 1484	-.076** .003 1484
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.093** .000 1484	-.012 .646 1484	-.014 .580 1484	.034 .193 1484	-.015 .556 1484	.038 .148 1484	.013 .606 1484	-.043 .098 1484	-.042 .105 1484	-.043 .094 1484
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.301** .000 1484	-.039 .137 1484	-.047 .073 1484	-.239** .000 1484	-.101** .000 1484	-.055* .034 1484	-.044 .092 1484	.597** .000 1484	.572** .000 1484	.564** .000 1484
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.287** .000 1484	.025 .341 1484	-.010 .696 1484	.032 .223 1484	.058* .026 1484	.014 .583 1484	.021 .424 1484	.017 .504 1484	.022 .392 1484	.015 .574 1484
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.951** .000 1484	.012 .636 1484	.037 .158 1484	-.024 .348 1484	.057* .028 1484	.025 .345 1484	-.055* .036 1484	.050 .056 1484	.038 .144 1484	.029 .268 1484
Service: Health	Pearson Correlation Sig. (2-tailed) N	.032 .223 1484	-.004 .875 1484	-.005 .850 1484	.042 .105 1484	-.017 .520 1484	.080** .002 1484	-.007 .786 1484	-.015 .572 1484	-.014 .580 1484	-.015 .568 1484
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.022 .389 1484	-.003 .912 1484	-.003 .894 1484	-.023 .383 1484	.057* .028 1484	-.006 .828 1484	-.005 .847 1484	-.010 .690 1484	-.010 .696 1484	-.010 .687 1484

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Service: Nursing	Pearson Correlation	.090**	-.012	-.014	-.012	.039	.009	.015	-.023	-.041	-.023
	Sig. (2-tailed)	.001	.656	.592	.640	.131	.737	.562	.382	.116	.369
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Nutrition	Pearson Correlation	.032	-.004	-.005	-.032	-.017	-.008	-.007	-.015	-.014	-.015
	Sig. (2-tailed)	.223	.875	.850	.217	.520	.758	.786	.572	.580	.568
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: OT	Pearson Correlation	.350**	.023	.016	-.107**	.186**	.000	-.020	-.058*	-.058*	-.055*
	Sig. (2-tailed)	.000	.385	.538	.000	.000	.994	.450	.026	.025	.034
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: PT	Pearson Correlation	.386**	.044	.018	-.246**	.276**	-.026	-.015	-.080**	-.080**	-.078**
	Sig. (2-tailed)	.000	.088	.496	.000	.000	.320	.576	.002	.002	.003
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Psychology	Pearson Correlation	.081**	.056*	.043	.064*	.034	.084**	-.018	-.017	-.015	.004
	Sig. (2-tailed)	.002	.032	.101	.014	.190	.001	.486	.525	.552	.887
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Respite	Pearson Correlation	.000 ^a	.000 ^a	.000 ^a	.000 ^a	.000 ^a	.000 ^a	.000 ^a	.000 ^a	.000 ^a	.000 ^a
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Social Work	Pearson Correlation	.039	-.005	-.006	-.009	-.020	.062*	-.009	-.018	.027	.025
	Sig. (2-tailed)	.135	.848	.817	.728	.431	.016	.739	.489	.306	.335
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Spec. Inst.	Pearson Correlation	.421**	-.007	.013	.142**	.037	.050	-.011	-.101**	-.095**	-.094**
	Sig. (2-tailed)	.000	.778	.620	.000	.160	.054	.667	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

Category		Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Service: S/L	Pearson Correlation	.601**	.039	.058*	.298**	.017	.081**	.003	-.133**	-.120**	-.125**
	Sig. (2-tailed)	.000	.130	.025	.000	.516	.002	.916	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Vision	Pearson Correlation	.098**	-.013	-.015	-.075**	.044	.004	.043	-.011	-.009	-.011
	Sig. (2-tailed)	.000	.627	.558	.004	.092	.874	.100	.682	.723	.659
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Any?	Pearson Correlation	.986**	.021	.032	-.011	.076**	.023	-.055*	.039	.031	.021
	Sig. (2-tailed)	.000	.428	.222	.670	.003	.378	.035	.138	.230	.411
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Category	Pearson Correlation	.011	.039	.030	.037	.471**	.217**	.531**	.151**	.273**	.436**
	Sig. (2-tailed)	.671	.130	.245	.159	.000	.000	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Adaptive	Pearson Correlation	.143**	-.042	-.042	-.045	.039	.022	-.014	.017	.008	.035
	Sig. (2-tailed)	.000	.103	.106	.086	.134	.394	.602	.515	.765	.180
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Cognitive	Pearson Correlation	.071**	-.036	-.035	-.039	.070**	.008	-.025	.007	.029	.072**
	Sig. (2-tailed)	.006	.170	.177	.134	.007	.762	.331	.789	.261	.006
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Comm.	Pearson Correlation	-.012	-.301**	-.302**	-.301**	.320**	.044	-.340**	.056*	.216**	.375**
	Sig. (2-tailed)	.631	.000	.000	.000	.000	.093	.000	.031	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Motor	Pearson Correlation	.082**	-.120**	-.118**	-.126**	.110**	.097**	-.073**	.015	.006	.012
	Sig. (2-tailed)	.002	.000	.000	.000	.000	.000	.005	.551	.831	.655
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Soc./Emot.	Pearson Correlation	.029	-.054*	-.063*	-.050	.068**	.038	-.055*	.039	.078**	.082**
	Sig. (2-tailed)	.266	.038	.016	.054	.009	.149	.035	.138	.003	.002
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Sensory	Pearson Correlation	-.023	-.041	-.040	-.046	-.048	-.005	-.014	-.034	-.048	-.035
	Sig. (2-tailed)	.375	.116	.124	.076	.063	.853	.600	.195	.063	.175
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dxd: PSAX	Pearson Correlation	-.015	.957**	.948**	.980**	-.206**	-.095**	.286**	-.070**	-.113**	-.184**
	Sig. (2-tailed)	.572	.000	.000	.000	.000	.000	.000	.007	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.030 .247 1484	.941** .000 1484	.932** .000 1484	.972** .000 1484	-.201** .000 1484	-.093** .000 1484	.273** .000 1484	-.068** .008 1484	-.110** .000 1484	-.180** .000 1484
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.016 .551 1484	.917** .000 1484	.908** .000 1484	.969** .000 1484	-.204** .000 1484	-.096** .000 1484	.266** .000 1484	-.071** .007 1484	-.107** .000 1484	-.182** .000 1484
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	1 .270 1484	-.029 .270 1484	-.028 .279 1484	-.015 .556 1484	.013 .615 1484	.016 .535 1484	.002 .928 1484	-.021 .420 1484	.022 .405 1484	-.005 .858 1484
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.029 .270 1484	1 .000 1484	.960** .000 1484	.949** .000 1484	-.195** .000 1484	-.090** .000 1484	.274** .000 1484	-.067* .010 1484	-.107** .000 1484	-.175** .000 1484
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.028 .279 1484	.960** .000 1484	1 .000 1484	.940** .000 1484	-.193** .000 1484	-.089** .001 1484	.261** .000 1484	-.066* .011 1484	-.106** .000 1484	-.173** .000 1484
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.015 .556 1484	.949** .000 1484	.940** .000 1484	1 .000 1484	-.208** .000 1484	-.096** .000 1484	.285** .000 1484	-.070** .007 1484	-.114** .000 1484	-.186** .000 1484
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.013 .615 1484	-.195** .000 1484	-.193** .000 1484	-.208** .000 1484	1 .000 1484	-.138** .000 1484	-.340** .000 1484	.312** .000 1484	.564** .000 1484	.909** .000 1484
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.016 .535 1484	-.090** .000 1484	-.089** .001 1484	-.096** .000 1484	-.138** .000 1484	1 .000 1484	-.160** .000 1484	-.045 .082 1484	-.072** .005 1484	-.125** .000 1484

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Elig: High Prob.	Pearson Correlation	.002	.274**	.261**	.285**	-.340**	-.160**	1	-.099**	-.191**	-.308**
	Sig. (2-tailed)	.928	.000	.000	.000	.000	.000		.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Adaptive	Pearson Correlation	-.021	-.067*	-.066*	-.070**	.312**	-.045	-.099**	1	.456**	.314**
	Sig. (2-tailed)	.420	.010	.011	.007	.000	.082	.000		.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Cognitive	Pearson Correlation	.022	-.107**	-.106**	-.114**	.564**	-.072**	-.191**	.456**	1	.574**
	Sig. (2-tailed)	.405	.000	.000	.000	.000	.005	.000	.000		.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Comm.	Pearson Correlation	-.005	-.175**	-.173**	-.186**	.909**	-.125**	-.308**	.314**	.574**	1
	Sig. (2-tailed)	.858	.000	.000	.000	.000	.000	.000	.000	.000	
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Motor	Pearson Correlation	.038	-.111**	-.110**	-.118**	.582**	-.075**	-.197**	.414**	.596**	.392**
	Sig. (2-tailed)	.141	.000	.000	.000	.000	.004	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Soc./Emot.	Pearson Correlation	-.021	-.068**	-.068**	-.072**	.319**	-.046	-.102**	.450**	.538**	.303**
	Sig. (2-tailed)	.409	.008	.009	.006	.000	.075	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Adaptive	Pearson Correlation	.043	-.040	-.040	-.042	-.059*	.404**	-.065*	-.018	-.033	-.053*
	Sig. (2-tailed)	.100	.125	.128	.106	.024	.000	.013	.482	.204	.040
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Cognitive	Pearson Correlation	.069**	-.052*	-.052*	-.055*	-.076**	.526**	-.084**	-.024	-.043	-.069**
	Sig. (2-tailed)	.008	.045	.047	.035	.003	.000	.001	.360	.097	.008
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Elig Atyp: Comm.	Pearson Correlation	.008	-.062*	-.061*	-.066*	-.107**	.737**	-.118**	-.033	-.060*	-.097**
	Sig. (2-tailed)	.752	.017	.019	.011	.000	.000	.000	.200	.020	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Motor	Pearson Correlation	.040	-.072**	-.071**	-.076**	-.097**	.730**	-.117**	-.033	-.047	-.087**
	Sig. (2-tailed)	.123	.005	.006	.003	.000	.000	.000	.204	.071	.001
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Soc./Emot.	Pearson Correlation	.041	-.041	-.041	-.043	-.060*	.416**	-.067*	-.019	-.034	-.055*
	Sig. (2-tailed)	.117	.113	.117	.095	.020	.000	.010	.469	.190	.035
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig High Prob.: PSAE	Pearson Correlation	.013	.569**	.555**	.598**	-.196**	-.090**	.564**	-.061*	-.110**	-.178**
	Sig. (2-tailed)	.610	.000	.000	.000	.000	.001	.000	.019	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Audiology	Pearson Correlation	.017	.028	.030	.022	.193**	.025	.121**	.114**	.145**	.197**
	Sig. (2-tailed)	.507	.281	.245	.402	.000	.330	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Family Counseling/ Training	Pearson Correlation	.004	.049	.039	.043	.453**	.203**	.520**	.140**	.254**	.412**
	Sig. (2-tailed)	.886	.062	.130	.100	.000	.000	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Health	Pearson Correlation	-.004	-.014	-.014	-.015	-.021	-.009	.059*	-.006	-.012	-.019
	Sig. (2-tailed)	.865	.589	.592	.569	.428	.715	.022	.805	.655	.471
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Medical	Pearson Correlation	-.003	-.010	-.010	-.010	.046	-.007	-.016	.149**	.082**	.051*
	Sig. (2-tailed)	.905	.703	.705	.687	.075	.796	.536	.000	.002	.050
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Service: Nursing	Pearson Correlation	-.013	-.020	-.020	-.023	.033	.000	.067*	.059*	.058*	.044
	Sig. (2-tailed)	.630	.434	.446	.372	.201	.998	.010	.024	.026	.093
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Nutrition	Pearson Correlation	-.004	-.014	-.014	-.015	-.021	-.009	.059*	-.006	-.012	-.019
	Sig. (2-tailed)	.865	.589	.592	.569	.428	.715	.022	.805	.655	.471
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: OT	Pearson Correlation	.046	-.053*	-.045	-.054*	.128**	.125**	.209**	.239**	.130**	.090**
	Sig. (2-tailed)	.078	.043	.086	.036	.000	.000	.000	.000	.000	.001
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: PT	Pearson Correlation	.048	-.074**	-.066*	-.077**	.062*	.125**	.318**	.063*	-.008	-.048
	Sig. (2-tailed)	.065	.005	.011	.003	.017	.000	.000	.015	.762	.065
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Psychology	Pearson Correlation	-.011	-.014	-.014	-.017	.015	.185**	-.026	.026	.046	.006
	Sig. (2-tailed)	.665	.584	.597	.513	.561	.000	.319	.313	.078	.826
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Respite	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Social Work	Pearson Correlation	-.005	-.017	-.017	.025	.010	-.012	.039	-.008	.038	.014
	Sig. (2-tailed)	.836	.508	.512	.332	.702	.654	.131	.762	.144	.586
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Spec. Inst.	Pearson Correlation	.057*	-.094**	-.092**	-.093**	.327**	.120**	.091**	.227**	.469**	.338**
	Sig. (2-tailed)	.028	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Service: S/L	Pearson Correlation	.036	-.115**	-.121**	-.123**	.583**	.136**	.042	.188**	.324**	.626**
	Sig. (2-tailed)	.161	.000	.000	.000	.000	.000	.105	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Vision	Pearson Correlation	-.014	-.008	-.007	-.011	-.050	.020	.144**	.015	-.036	-.043
	Sig. (2-tailed)	.599	.771	.790	.665	.055	.441	.000	.553	.165	.096
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Any?	Pearson Correlation	.022	.038	.029	.035	.482**	.222**	.523**	.150**	.272**	.438**
	Sig. (2-tailed)	.391	.140	.261	.172	.000	.000	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

*. Correlation is significant at the 0.05 level (2-tailed).

**.. Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Category	Pearson Correlation	.277**	.154**	.090**	.117**	.164**	.155**	.093**	.301**	.287**	.951**
	Sig. (2-tailed)	.000	.000	.001	.000	.000	.000	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Adaptive	Pearson Correlation	.026	.016	.048	.031	-.021	.013	-.012	-.039	.025	.012
	Sig. (2-tailed)	.309	.546	.064	.233	.416	.620	.646	.137	.341	.636
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Cognitive	Pearson Correlation	.009	.006	.036	.020	-.025	.003	-.014	-.047	-.010	.037
	Sig. (2-tailed)	.740	.825	.168	.436	.327	.908	.580	.073	.696	.158
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Comm.	Pearson Correlation	.038	.087**	.001	.054*	.137**	-.075**	.034	-.239**	.032	-.024
	Sig. (2-tailed)	.149	.001	.968	.037	.000	.004	.193	.000	.223	.348
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Motor	Pearson Correlation	.173**	.022	.022	-.022	-.048	.170**	-.015	-.101**	.058*	.057*
	Sig. (2-tailed)	.000	.398	.400	.403	.066	.000	.556	.000	.026	.028
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Soc./Emot.	Pearson Correlation	.039	.111**	.040	.043	.012	.012	.038	-.055*	.014	.025
	Sig. (2-tailed)	.133	.000	.122	.096	.658	.632	.148	.034	.583	.345
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Sensory	Pearson Correlation	-.063*	-.034	-.020	.001	.003	-.016	.013	-.044	.021	-.055*
	Sig. (2-tailed)	.015	.185	.439	.970	.914	.529	.606	.092	.424	.036
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dxd: PSAX	Pearson Correlation	-.117**	-.071**	-.042	-.054*	-.065*	-.075**	-.043	.597**	.017	.050
	Sig. (2-tailed)	.000	.006	.109	.036	.012	.004	.098	.000	.504	.056
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.114** .000 1484	-.070** .007 1484	-.041 .116 1484	-.053* .040 1484	-.064* .014 1484	-.074** .004 1484	-.042 .105 1484	.572** .000 1484	.022 .392 1484	.038 .144 1484
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.119** .000 1484	-.072** .005 1484	-.042 .105 1484	-.055* .034 1484	-.066* .011 1484	-.076** .003 1484	-.043 .094 1484	.564** .000 1484	.015 .574 1484	.029 .268 1484
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	.038 .141 1484	-.021 .409 1484	.043 .100 1484	.069** .008 1484	.008 .752 1484	.040 .123 1484	.041 .117 1484	.013 .610 1484	.017 .507 1484	.004 .886 1484
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.111** .000 1484	-.068** .008 1484	-.040 .125 1484	-.052* .045 1484	-.062* .017 1484	-.072** .005 1484	-.041 .113 1484	.569** .000 1484	.028 .281 1484	.049 .062 1484
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.110** .000 1484	-.068** .009 1484	-.040 .128 1484	-.052* .047 1484	-.061* .019 1484	-.071** .006 1484	-.041 .117 1484	.555** .000 1484	.030 .245 1484	.039 .130 1484
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.118** .000 1484	-.072** .006 1484	-.042 .106 1484	-.055* .035 1484	-.066* .011 1484	-.076** .003 1484	-.043 .095 1484	.598** .000 1484	.022 .402 1484	.043 .100 1484
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.582** .000 1484	.319** .000 1484	-.059* .024 1484	-.076** .003 1484	-.107** .000 1484	-.097** .000 1484	-.060* .020 1484	-.196** .000 1484	.193** .000 1484	.453** .000 1484
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.075** .004 1484	-.046 .075 1484	.404** .000 1484	.526** .000 1484	.737** .000 1484	.730** .000 1484	.416** .000 1484	-.090** .001 1484	.025 .330 1484	.203** .000 1484

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	-.197** .000 1484	-.102** .000 1484	-.065* .013 1484	-.084** .001 1484	-.118** .000 1484	-.117** .000 1484	-.067* .010 1484	.564** .000 1484	.121** .000 1484	.520** .000 1484
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.414** .000 1484	.450** .000 1484	-.018 .482 1484	-.024 .360 1484	-.033 .200 1484	-.033 .204 1484	-.019 .469 1484	-.061* .019 1484	.114** .000 1484	.140** .000 1484
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.596** .000 1484	.538** .000 1484	-.033 .204 1484	-.043 .097 1484	-.060* .020 1484	-.047 .071 1484	-.034 .190 1484	-.110** .000 1484	.145** .000 1484	.254** .000 1484
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.392** .000 1484	.303** .000 1484	-.053* .040 1484	-.069** .008 1484	-.097** .000 1484	-.087** .001 1484	-.055* .035 1484	-.178** .000 1484	.197** .000 1484	.412** .000 1484
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	1 .000 1484	.442** .000 1484	-.034 .189 1484	-.044 .087 1484	-.062* .017 1484	-.049 .059 1484	-.035 .176 1484	-.114** .000 1484	.097** .000 1484	.260** .000 1484
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.442** .000 1484	1 .000 1484	-.019 .472 1484	-.024 .349 1484	-.034 .189 1484	-.034 .194 1484	-.019 .459 1484	-.062* .016 1484	.057* .027 1484	.136** .000 1484
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.034 .189 1484	-.019 .472 1484	1 .000 1484	.669** .000 1484	.477** .000 1484	.374** .000 1484	.663** .000 1484	-.036 .161 1484	.031 .239 1484	.093** .000 1484
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.044 .087 1484	-.024 .349 1484	.669** .000 1484	1 .000 1484	.660** .000 1484	.389** .000 1484	.696** .000 1484	-.047 .067 1484	.022 .397 1484	.101** .000 1484

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig Atyp: Comm.	Pearson Correlation	-.062*	-.034	.477**	.660**	1	.226**	.530**	-.066*	.047	.156**
	Sig. (2-tailed)	.017	.189	.000	.000		.000	.000	.010	.072	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Motor	Pearson Correlation	-.049	-.034	.374**	.389**	.226**	1	.258**	-.066*	-.013	.146**
	Sig. (2-tailed)	.059	.194	.000	.000	.000		.000	.011	.606	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Soc./Emot.	Pearson Correlation	-.035	-.019	.663**	.696**	.530**	.258**	1	-.038	.070**	.071**
	Sig. (2-tailed)	.176	.459	.000	.000	.000	.000		.148	.007	.006
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig High Prob.: PSAE	Pearson Correlation	-.114**	-.062*	-.036	-.047	-.066*	-.066*	-.038	1	.065*	.299**
	Sig. (2-tailed)	.000	.016	.161	.067	.010	.011	.148		.013	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Audiology	Pearson Correlation	.097**	.057*	.031	.022	.047	-.013	.070**	.065*	1	.243**
	Sig. (2-tailed)	.000	.027	.239	.397	.072	.606	.007	.013		.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Family Counseling/ Training	Pearson Correlation	.260**	.136**	.093**	.101**	.156**	.146**	.071**	.299**	.243**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.006	.000	.000	
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Health	Pearson Correlation	-.012	-.007	-.004	-.005	-.007	-.007	-.004	-.013	.049	-.041
	Sig. (2-tailed)	.644	.800	.883	.847	.788	.790	.879	.622	.059	.113
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Medical	Pearson Correlation	.080**	-.005	-.003	-.004	-.005	-.005	-.003	-.009	.078**	.023
	Sig. (2-tailed)	.002	.858	.917	.892	.849	.850	.914	.727	.003	.372
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: Nursing	Pearson Correlation	.054*	.019	-.011	-.014	-.020	.016	-.011	-.015	.096**	.028
	Sig. (2-tailed)	.036	.465	.675	.584	.444	.535	.665	.552	.000	.287
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Nutrition	Pearson Correlation	-.012	-.007	-.004	-.005	-.007	-.007	-.004	.046	.049	.033
	Sig. (2-tailed)	.644	.800	.883	.847	.788	.790	.879	.075	.059	.206
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: OT	Pearson Correlation	.228**	.154**	.157**	.169**	.084**	.159**	.115**	.006	.264**	.363**
	Sig. (2-tailed)	.000	.000	.000	.000	.001	.000	.000	.831	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: PT	Pearson Correlation	.245**	.028	.036	.015	-.051*	.239**	-.017	.023	.207**	.383**
	Sig. (2-tailed)	.000	.289	.165	.564	.049	.000	.502	.381	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Psychology	Pearson Correlation	.043	.025	.410**	.312**	.218**	.062*	.262**	-.010	.065*	.069**
	Sig. (2-tailed)	.099	.338	.000	.000	.000	.018	.000	.713	.012	.007
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Respite	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Social Work	Pearson Correlation	.036	-.008	-.005	-.006	-.009	-.008	-.005	.033	.135**	.010
	Sig. (2-tailed)	.164	.757	.856	.814	.741	.744	.852	.210	.000	.699
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Spec. Inst.	Pearson Correlation	.309**	.258**	.147**	.240**	.158**	.077**	.156**	-.039	.311**	.382**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.003	.000	.137	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: S/L	Pearson Correlation	.205**	.138**	.134**	.171**	.239**	.016	.126**	-.030	.333**	.591**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.541	.000	.243	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Vision	Pearson Correlation	-.017	-.020	.104**	.029	.011	.011	.044	.018	.102**	.102**
	Sig. (2-tailed)	.516	.433	.000	.259	.675	.660	.090	.486	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Any?	Pearson Correlation	.281**	.154**	.090**	.117**	.164**	.162**	.093**	.300**	.286**	.962**
	Sig. (2-tailed)	.000	.000	.001	.000	.000	.000	.000	.000	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Category	Pearson Correlation	.032	.022	.090**	.032	.350**	.386**	.081** ^a		.039	.421**
	Sig. (2-tailed)	.223	.389	.001	.223	.000	.000	.002	.	.135	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Adaptive	Pearson Correlation	-.004	-.003	-.012	-.004	.023	.044	.056* ^a		-.005	-.007
	Sig. (2-tailed)	.875	.912	.656	.875	.385	.088	.032	.	.848	.778
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Cognitive	Pearson Correlation	-.005	-.003	-.014	-.005	.016	.018	.043 ^a		-.006	.013
	Sig. (2-tailed)	.850	.894	.592	.850	.538	.496	.101	.	.817	.620
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Comm.	Pearson Correlation	.042	-.023	-.012	-.032	-.107**	-.246**	.064* ^a		-.009	.142**
	Sig. (2-tailed)	.105	.383	.640	.217	.000	.000	.014	.	.728	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Motor	Pearson Correlation	-.017	.057*	.039	-.017	.186**	.276**	.034 ^a		-.020	.037
	Sig. (2-tailed)	.520	.028	.131	.520	.000	.000	.190	.	.431	.160
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Soc./Emot.	Pearson Correlation	.080**	-.006	.009	-.008	.000	-.026	.084** ^a		.062*	.050
	Sig. (2-tailed)	.002	.828	.737	.758	.994	.320	.001	.	.016	.054
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dev: Sensory	Pearson Correlation	-.007	-.005	.015	-.007	-.020	-.015	-.018 ^a		-.009	-.011
	Sig. (2-tailed)	.786	.847	.562	.786	.450	.576	.486	.	.739	.667
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Ref: Dxd: PSAX	Pearson Correlation	-.015	-.010	-.023	-.015	-.058*	-.080**	-.017 ^a		-.018	-.101**
	Sig. (2-tailed)	.572	.690	.382	.572	.026	.002	.525	.	.489	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.014 .580 1484	-.010 .696 1484	-.041 .116 1484	-.014 .580 1484	-.058* .025 1484	-.080** .002 1484	-.015 ^a .552 1484	. . 1484	.027 .306 1484	-.095** .000 1484
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.015 .568 1484	-.010 .687 1484	-.023 .369 1484	-.015 .568 1484	-.055* .034 1484	-.078** .003 1484	.004 ^a .887 1484	. . 1484	.025 .335 1484	-.094** .000 1484
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	-.004 .865 1484	-.003 .905 1484	-.013 .630 1484	-.004 .865 1484	.046 .078 1484	.048 .065 1484	-.011 ^a .665 1484	. . 1484	-.005 .836 1484	.057* .028 1484
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.014 .589 1484	-.010 .703 1484	-.020 .434 1484	-.014 .589 1484	-.053* .043 1484	-.074** .005 1484	-.014 ^a .584 1484	. . 1484	-.017 .508 1484	-.094** .000 1484
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.014 .592 1484	-.010 .705 1484	-.020 .446 1484	-.014 .592 1484	-.045 .086 1484	-.066* .011 1484	-.014 ^a .597 1484	. . 1484	-.017 .512 1484	-.092** .000 1484
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.015 .569 1484	-.010 .687 1484	-.023 .372 1484	-.015 .569 1484	-.054* .036 1484	-.077** .003 1484	-.017 ^a .513 1484	. . 1484	.025 .332 1484	-.093** .000 1484
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	-.021 .428 1484	.046 .075 1484	.033 .201 1484	-.021 .428 1484	.128** .000 1484	.062* .017 1484	.015 ^a .561 1484	. . 1484	.010 .702 1484	.327** .000 1484
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.009 .715 1484	-.007 .796 1484	.000 .998 1484	-.009 .715 1484	.125** .000 1484	.125** .000 1484	.185** ^a .000 1484	. . 1484	-.012 .654 1484	.120** .000 1484

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Elig: High Prob.	Pearson Correlation	.059*	-.016	.067*	.059*	.209**	.318**	-.026 ^a		.039	.091**
	Sig. (2-tailed)	.022	.536	.010	.022	.000	.000	.319	.	.131	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Adaptive	Pearson Correlation	-.006	.149**	.059*	-.006	.239**	.063*	.026 ^a		-.008	.227**
	Sig. (2-tailed)	.805	.000	.024	.805	.000	.015	.313	.	.762	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Cognitive	Pearson Correlation	-.012	.082**	.058*	-.012	.130**	-.008	.046 ^a		.038	.469**
	Sig. (2-tailed)	.655	.002	.026	.655	.000	.762	.078	.	.144	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Comm.	Pearson Correlation	-.019	.051*	.044	-.019	.090**	-.048	.006 ^a		.014	.338**
	Sig. (2-tailed)	.471	.050	.093	.471	.001	.065	.826	.	.586	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Motor	Pearson Correlation	-.012	.080**	.054*	-.012	.228**	.245**	.043 ^a		.036	.309**
	Sig. (2-tailed)	.644	.002	.036	.644	.000	.000	.099	.	.164	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig: Delay: Soc./Emot.	Pearson Correlation	-.007	-.005	.019	-.007	.154**	.028	.025 ^a		-.008	.258**
	Sig. (2-tailed)	.800	.858	.465	.800	.000	.289	.338	.	.757	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Adaptive	Pearson Correlation	-.004	-.003	-.011	-.004	.157**	.036	.410** ^a		-.005	.147**
	Sig. (2-tailed)	.883	.917	.675	.883	.000	.165	.000	.	.856	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Cognitive	Pearson Correlation	-.005	-.004	-.014	-.005	.169**	.015	.312** ^a		-.006	.240**
	Sig. (2-tailed)	.847	.892	.584	.847	.000	.564	.000	.	.814	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Elig Atyp: Comm.	Pearson Correlation	-.007	-.005	-.020	-.007	.084**	-.051*	.218** ^a		-.009	.158**
	Sig. (2-tailed)	.788	.849	.444	.788	.001	.049	.000	.	.741	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Motor	Pearson Correlation	-.007	-.005	.016	-.007	.159**	.239**	.062* ^a		-.008	.077**
	Sig. (2-tailed)	.790	.850	.535	.790	.000	.000	.018	.	.744	.003
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig Atyp: Soc./Emot.	Pearson Correlation	-.004	-.003	-.011	-.004	.115**	-.017	.262** ^a		-.005	.156**
	Sig. (2-tailed)	.879	.914	.665	.879	.000	.502	.000	.	.852	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Elig High Prob.: PSAE	Pearson Correlation	-.013	-.009	-.015	.046	.006	.023	-.010 ^a		.033	-.039
	Sig. (2-tailed)	.622	.727	.552	.075	.831	.381	.713	.	.210	.137
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Audiology	Pearson Correlation	.049	.078**	.096**	.049	.264**	.207**	.065* ^a		.135**	.311**
	Sig. (2-tailed)	.059	.003	.000	.059	.000	.000	.012	.	.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Family Counseling/ Training	Pearson Correlation	-.041	.023	.028	.033	.363**	.383**	.069** ^a		.010	.382**
	Sig. (2-tailed)	.113	.372	.287	.206	.000	.000	.007	.	.699	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Health	Pearson Correlation	1	-.001	-.004	-.001	-.015	-.017	-.003 ^a		-.002	.075**
	Sig. (2-tailed)		.971	.883	.959	.553	.508	.894	.	.949	.004
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Medical	Pearson Correlation	-.001	1	-.003	-.001	.062*	.055*	-.002 ^a		-.001	.053*
	Sig. (2-tailed)	.971		.917	.971	.017	.033	.925	.	.964	.041
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Service: Nursing	Pearson Correlation	-.004	-.003	1	-.004	.048	.104**	.060* ^a		.286**	.131**
	Sig. (2-tailed)	.883	.917		.883	.066	.000	.020		.000	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Nutrition	Pearson Correlation	-.001	-.001	-.004	1	.088**	.078**	-.003 ^a		-.002	.075**
	Sig. (2-tailed)	.959	.971	.883		.001	.002	.894		.949	.004
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: OT	Pearson Correlation	-.015	.062*	.048	.088**	1	.566**	.123** ^a		.065*	.418**
	Sig. (2-tailed)	.553	.017	.066	.001		.000	.000		.012	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: PT	Pearson Correlation	-.017	.055*	.104**	.078**	.566**	1	.012 ^a		.057*	.274**
	Sig. (2-tailed)	.508	.033	.000	.002	.000		.632		.028	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Psychology	Pearson Correlation	-.003	-.002	.060*	-.003	.123**	.012	1 ^a		-.004	.156**
	Sig. (2-tailed)	.894	.925	.020	.894	.000	.632			.871	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Respite	Pearson Correlation ^a										
	Sig. (2-tailed)										
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Social Work	Pearson Correlation	-.002	-.001	.286**	-.002	.065*	.057*	-.004 ^a		1	.092**
	Sig. (2-tailed)	.949	.964	.000	.949	.012	.028	.871			.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Spec. Inst.	Pearson Correlation	.075**	.053*	.131**	.075**	.418**	.274**	.156** ^a		.092**	1
	Sig. (2-tailed)	.004	.041	.000	.004	.000	.000	.000		.000	
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Service: S/L	Pearson Correlation	.052*	.037	.065*	.052*	.357**	.205**	.087** ^a		.032	.539**
	Sig. (2-tailed)	.045	.157	.013	.045	.000	.000	.001	.	.220	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Vision	Pearson Correlation	-.004	-.003	.046	-.004	.255**	.212**	.054* ^a		-.005	.112**
	Sig. (2-tailed)	.872	.909	.076	.872	.000	.000	.039	.	.844	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484
Service: Any?	Pearson Correlation	.032	.022	.090**	.032	.361**	.403**	.081** ^a		.039	.420**
	Sig. (2-tailed)	.224	.390	.001	.224	.000	.000	.002	.	.136	.000
	N	1484	1484	1484	1484	1484	1484	1484	1484	1484	1484

*. Correlation is significant at the 0.05 level (2-tailed).

**.. Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

		Service: S/L	Service: Vision	Service: Any?
Category	Pearson Correlation	.601**	.098**	.986**
	Sig. (2-tailed)	.000	.000	.000
	N	1484	1484	1484
Ref: Dev: Adaptive	Pearson Correlation	.039	-.013	.021
	Sig. (2-tailed)	.130	.627	.428
	N	1484	1484	1484
Ref: Dev: Cognitive	Pearson Correlation	.058*	-.015	.032
	Sig. (2-tailed)	.025	.558	.222
	N	1484	1484	1484
Ref: Dev: Comm.	Pearson Correlation	.298**	-.075**	-.011
	Sig. (2-tailed)	.000	.004	.670
	N	1484	1484	1484
Ref: Dev: Motor	Pearson Correlation	.017	.044	.076**
	Sig. (2-tailed)	.516	.092	.003
	N	1484	1484	1484
Ref: Dev: Soc./Emot.	Pearson Correlation	.081**	.004	.023
	Sig. (2-tailed)	.002	.874	.378
	N	1484	1484	1484
Ref: Dev: Sensory	Pearson Correlation	.003	.043	-.055*
	Sig. (2-tailed)	.916	.100	.035
	N	1484	1484	1484
Ref: Dxd: PSAX	Pearson Correlation	-.133**	-.011	.039
	Sig. (2-tailed)	.000	.682	.138
	N	1484	1484	1484

		Service: S/L	Service: Vision	Service: Any?
Ref: Env:	Pearson Correlation	-.120**	-.009	.031
Maternal SA	Sig. (2-tailed)	.000	.723	.230
	N	1484	1484	1484
Ref: Bio:	Pearson Correlation	-.125**	-.011	.021
SAE/X	Sig. (2-tailed)	.000	.659	.411
	N	1484	1484	1484
Ref: Bio:	Pearson Correlation	.036	-.014	.022
SGA	Sig. (2-tailed)	.161	.599	.391
	N	1484	1484	1484
Ref: Other:	Pearson Correlation	-.115**	-.008	.038
PSAE	Sig. (2-tailed)	.000	.771	.140
	N	1484	1484	1484
Ref: Other:	Pearson Correlation	-.121**	-.007	.029
Maternal SA	Sig. (2-tailed)	.000	.790	.261
	N	1484	1484	1484
Ref: SA	Pearson Correlation	-.123**	-.011	.035
	Sig. (2-tailed)	.000	.665	.172
	N	1484	1484	1484
Elig: Delay	Pearson Correlation	.583**	-.050	.482**
	Sig. (2-tailed)	.000	.055	.000
	N	1484	1484	1484
Elig: Atyp	Pearson Correlation	.136**	.020	.222**
	Sig. (2-tailed)	.000	.441	.000
	N	1484	1484	1484

		Service: S/L	Service: Vision	Service: Any?
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.042 .105 1484	.144** .000 1484	.523** .000 1484
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.188** .000 1484	.015 .553 1484	.150** .000 1484
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.324** .000 1484	-.036 .165 1484	.272** .000 1484
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.626** .000 1484	-.043 .096 1484	.438** .000 1484
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.205** .000 1484	-.017 .516 1484	.281** .000 1484
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.138** .000 1484	-.020 .433 1484	.154** .000 1484
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.134** .000 1484	.104** .000 1484	.090** .001 1484
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.171** .000 1484	.029 .259 1484	.117** .000 1484

		Service: S/L	Service: Vision	Service: Any?
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.239** .000 1484	.011 .675 1484	.164** .000 1484
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	.016 .541 1484	.011 .660 1484	.162** .000 1484
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.126** .000 1484	.044 .090 1484	.093** .000 1484
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	-.030 .243 1484	.018 .486 1484	.300** .000 1484
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.333** .000 1484	.102** .000 1484	.286** .000 1484
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.591** .000 1484	.102** .000 1484	.962** .000 1484
Service: Health	Pearson Correlation Sig. (2-tailed) N	.052* .045 1484	-.004 .872 1484	.032 .224 1484
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.037 .157 1484	-.003 .909 1484	.022 .390 1484

		Service: S/L	Service: Vision	Service: Any?
Service: Nursing	Pearson Correlation	.065*	.046	.090**
	Sig. (2-tailed)	.013	.076	.001
	N	1484	1484	1484
Service: Nutrition	Pearson Correlation	.052*	-.004	.032
	Sig. (2-tailed)	.045	.872	.224
	N	1484	1484	1484
Service: OT	Pearson Correlation	.357**	.255**	.361**
	Sig. (2-tailed)	.000	.000	.000
	N	1484	1484	1484
Service: PT	Pearson Correlation	.205**	.212**	.403**
	Sig. (2-tailed)	.000	.000	.000
	N	1484	1484	1484
Service: Psychology	Pearson Correlation	.087**	.054*	.081**
	Sig. (2-tailed)	.001	.039	.002
	N	1484	1484	1484
Service: Respite	Pearson Correlation	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.
	N	1484	1484	1484
Service: Social Work	Pearson Correlation	.032	-.005	.039
	Sig. (2-tailed)	.220	.844	.136
	N	1484	1484	1484
Service: Spec. Inst.	Pearson Correlation	.539**	.112**	.420**
	Sig. (2-tailed)	.000	.000	.000
	N	1484	1484	1484

		Service: S/L	Service: Vision	Service: Any?
Service: S/L	Pearson Correlation	1	.148**	.608**
	Sig. (2-tailed)		.000	.000
	N	1484	1484	1484
Service: Vision	Pearson Correlation	.148**	1	.098**
	Sig. (2-tailed)	.000		.000
	N	1484	1484	1484
Service: Any?	Pearson Correlation	.608**	.098**	1
	Sig. (2-tailed)	.000	.000	
	N	1484	1484	1484

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

Table 6

Associations for All Variables, Research Year 05-06

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Category	Pearson Correlation	1	.007	.029	.031	.121**	-.059*	-.003	.064*	.056*	.072**
	Sig. (2-tailed)		.764	.242	.213	.000	.017	.903	.010	.023	.004
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Adaptive	Pearson Correlation	.007	1	.690**	.094**	.180**	.296**	.050*	-.029	-.028	-.029
	Sig. (2-tailed)	.764		.000	.000	.000	.000	.045	.248	.251	.240
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Cognitive	Pearson Correlation	.029	.690**	1	.122**	.141**	.215**	.053*	-.038	-.038	-.039
	Sig. (2-tailed)	.242	.000		.000	.000	.000	.033	.125	.128	.119
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Comm.	Pearson Correlation	.031	.094**	.122**	1	-.091**	.055*	.006	-.247**	-.245**	-.239**
	Sig. (2-tailed)	.213	.000	.000		.000	.027	.801	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Motor	Pearson Correlation	.121**	.180**	.141**	-.091**	1	.029	-.007	-.111**	-.105**	-.104**
	Sig. (2-tailed)	.000	.000	.000	.000		.239	.773	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Soc./Emot.	Pearson Correlation	-.059*	.296**	.215**	.055*	.029	1	.022	-.030	-.029	-.031
	Sig. (2-tailed)	.017	.000	.000	.027	.239		.376	.230	.239	.206
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Sensory	Pearson Correlation	-.003	.050*	.053*	.006	-.007	.022	1	-.073**	-.063*	-.074**
	Sig. (2-tailed)	.903	.045	.033	.801	.773	.376		.003	.011	.003
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dxd: PSAX	Pearson Correlation	.064*	-.029	-.038	-.247**	-.111**	-.030	-.073**	1	.959**	.949**
	Sig. (2-tailed)	.010	.248	.125	.000	.000	.230	.003		.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.056* .023 1629	-.028 .251 1629	-.038 .128 1629	-.245** .000 1629	-.105** .000 1629	-.029 .239 1629	-.063* .011 1629	.959** .000 1629	1 .942** 1629
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	.072** .004 1629	-.029 .240 1629	-.039 .119 1629	-.239** .000 1629	-.104** .000 1629	-.031 .206 1629	-.074** .003 1629	.949** .000 1629	.942** .000 1629
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	.008 .738 1629	-.011 .646 1629	.027 .280 1629	.021 .392 1629	.046 .063 1629	.001 .983 1629	-.029 .241 1629	-.044 .076 1629	-.044 .078 1629
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	.057* .020 1629	-.028 .258 1629	-.037 .134 1629	-.241** .000 1629	-.113** .000 1629	-.028 .260 1629	-.071** .004 1629	.958** .000 1629	.972** .000 1629
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.056* .025 1629	-.028 .260 1629	-.037 .135 1629	-.244** .000 1629	-.112** .000 1629	-.028 .266 1629	-.071** .004 1629	.962** .000 1629	.983** .000 1629
Ref: SA	Pearson Correlation Sig. (2-tailed) N	.065** .009 1629	-.029 .243 1629	-.038 .122 1629	-.241** .000 1629	-.108** .000 1629	-.031 .215 1629	-.074** .003 1629	.976** .000 1629	.976** .000 1629
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.516** .000 1629	-.015 .551 1629	.038 .128 1629	.310** .000 1629	.093** .000 1629	-.005 .830 1629	-.041 .097 1629	-.177** .000 1629	-.176** .000 1629
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.216** .000 1629	.012 .626 1629	-.002 .925 1629	.075** .003 1629	.136** .000 1629	-.015 .555 1629	-.025 .309 1629	-.060* .016 1629	-.059* .017 1629

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.530** .000 1629	.016 .506 1629	-.003 .895 1629	-.304** .000 1629	-.011 .671 1629	-.064** .010 1629	.042 .090 1629	.277** .000 1629	.266** .000 1629	.295** .000 1629
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.176** .000 1629	-.016 .508 1629	.008 .751 1629	.069** .006 1629	.055* .027 1629	-.018 .466 1629	-.042 .091 1629	-.063* .011 1629	-.063* .011 1629	-.064** .009 1629
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.288** .000 1629	-.027 .277 1629	.002 .920 1629	.146** .000 1629	.033 .178 1629	.023 .362 1629	-.038 .127 1629	-.097** .000 1629	-.096** .000 1629	-.106** .000 1629
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.457** .000 1629	-.025 .312 1629	.011 .656 1629	.368** .000 1629	.002 .930 1629	-.020 .424 1629	-.029 .241 1629	-.166** .000 1629	-.160** .000 1629	-.169** .000 1629
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.312** .000 1629	-.005 .826 1629	.015 .540 1629	-.006 .804 1629	.234** .000 1629	.002 .945 1629	-.036 .151 1629	-.099** .000 1629	-.098** .000 1629	-.108** .000 1629
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.171** .000 1629	-.016 .520 1629	-.021 .393 1629	.057* .021 1629	.035 .160 1629	-.017 .503 1629	-.024 .327 1629	-.062* .013 1629	-.061* .014 1629	-.063* .012 1629
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.100** .000 1629	-.009 .706 1629	-.012 .617 1629	.055* .027 1629	.051* .040 1629	-.021 .404 1629	.003 .890 1629	-.036 .145 1629	-.036 .148 1629	-.037 .139 1629
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.124** .000 1629	-.012 .640 1629	-.015 .535 1629	.093** .000 1629	.043 .083 1629	.025 .315 1629	-.007 .765 1629	-.045 .071 1629	-.044 .073 1629	-.046 .066 1629

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.166** .000 1629	.026 .299 1629	.011 .666 1629	.140** .000 1629	.041 .099 1629	.004 .868 1629	-.006 .813 1629	-.048 .053 1629	-.047 .055 1629	-.049* .047 1629
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	.177** .000 1629	-.017 .504 1629	-.022 .376 1629	.011 .660 1629	.164** .000 1629	-.001 .983 1629	-.026 .287 1629	-.053* .033 1629	-.052* .035 1629	-.054* .029 1629
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.105** .000 1629	-.010 .691 1629	-.013 .598 1629	.066** .008 1629	.071** .004 1629	.008 .751 1629	.001 .972 1629	-.038 .125 1629	-.038 .128 1629	-.039 .119 1629
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.291** .000 1629	-.027 .274 1629	-.036 .146 1629	-.206** .000 1629	-.062* .012 1629	-.037 .139 1629	-.049* .049 1629	.561** .000 1629	.558** .000 1629	.586** .000 1629
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.283** .000 1629	-.026 .287 1629	.023 .349 1629	.076** .002 1629	.039 .114 1629	-.035 .163 1629	.037 .134 1629	-.058* .019 1629	-.057* .021 1629	-.053* .032 1629
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.960** .000 1629	.011 .672 1629	.022 .372 1629	.034 .172 1629	.116** .000 1629	-.059* .018 1629	-.007 .780 1629	.075** .002 1629	.068** .006 1629	.080** .001 1629
Service: Health	Pearson Correlation Sig. (2-tailed) N	.040 .110 1629	-.004 .881 1629	-.005 .843 1629	-.034 .169 1629	-.021 .408 1629	-.008 .741 1629	-.009 .704 1629	-.014 .565 1629	-.014 .567 1629	-.015 .558 1629
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^a . 1629

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	.086** .001 1629	-.008 .746 1629	-.011 .668 1629	-.033 .185 1629	.024 .336 1629	-.018 .475 1629	.011 .649 1629	.014 .586 1629	-.031 .215 1629	.012 .617 1629
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	.051* .039 1629	-.005 .847 1629	-.006 .798 1629	-.021 .392 1629	-.027 .285 1629	-.011 .670 1629	.041 .100 1629	.019 .452 1629	.019 .444 1629	.018 .472 1629
Service: OT	Pearson Correlation Sig. (2-tailed) N	.376** .000 1629	.047 .058 1629	.047 .059 1629	-.121** .000 1629	.202** .000 1629	-.030 .229 1629	.028 .262 1629	-.053* .032 1629	-.052* .036 1629	-.039 .113 1629
Service: PT	Pearson Correlation Sig. (2-tailed) N	.444** .000 1629	.068** .006 1629	.056* .025 1629	-.224** .000 1629	.347** .000 1629	-.058* .019 1629	.035 .155 1629	-.057* .022 1629	-.055* .027 1629	-.056* .025 1629
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	.056* .024 1629	-.005 .833 1629	-.007 .779 1629	-.007 .790 1629	-.029 .241 1629	.044 .079 1629	-.013 .590 1629	-.020 .415 1629	-.020 .418 1629	.013 .604 1629
Service: Respite	Pearson Correlation Sig. (2-tailed) N	. ^a . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629	.^{a} . 1629
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	.061* .014 1629	-.006 .819 1629	-.008 .762 1629	-.014 .585 1629	.017 .497 1629	-.013 .614 1629	-.014 .561 1629	-.022 .379 1629	-.022 .382 1629	-.022 .370 1629
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	.422** .000 1629	.055* .025 1629	.077** .002 1629	.094** .000 1629	.102** .000 1629	.019 .448 1629	.008 .751 1629	-.098** .000 1629	-.102** .000 1629	-.101** .000 1629

Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X
Service: S/L									
Pearson Correlation	.618**	.004	.005	.288**	.017	-.020	-.009	-.127**	-.128**
Sig. (2-tailed)	.000	.879	.840	.000	.481	.408	.706	.000	.000
N	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Vision									
Pearson Correlation	.086**	.070**	-.011	-.033	.024	-.018	.138**	-.031	-.031
Sig. (2-tailed)	.001	.005	.668	.185	.336	.475	.000	.212	.215
N	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Any?									
Pearson Correlation	.990**	.008	.029	.028	.126**	-.065**	-.014	.065**	.057*
Sig. (2-tailed)	.000	.757	.238	.263	.000	.009	.566	.009	.022
N	1629	1629	1629	1629	1629	1629	1629	1629	1629

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm..
Category	Pearson Correlation	.008	.057*	.056*	.065**	.516**	.216**	.530**	.176**	.288**	.457**
	Sig. (2-tailed)	.738	.020	.025	.009	.000	.000	.000	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Adaptive	Pearson Correlation	-.011	-.028	-.028	-.029	-.015	.012	.016	-.016	-.027	-.025
	Sig. (2-tailed)	.646	.258	.260	.243	.551	.626	.506	.508	.277	.312
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Cognitive	Pearson Correlation	.027	-.037	-.037	-.038	.038	-.002	-.003	.008	.002	.011
	Sig. (2-tailed)	.280	.134	.135	.122	.128	.925	.895	.751	.920	.656
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Comm.	Pearson Correlation	.021	-.241**	-.244**	-.241**	.310**	.075**	-.304**	.069**	.146**	.368**
	Sig. (2-tailed)	.392	.000	.000	.000	.000	.003	.000	.006	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Motor	Pearson Correlation	.046	-.113**	-.112**	-.108**	.093**	.136**	-.011	.055*	.033	.002
	Sig. (2-tailed)	.063	.000	.000	.000	.000	.000	.671	.027	.178	.930
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Soc./Emot.	Pearson Correlation	.001	-.028	-.028	-.031	-.005	-.015	-.064**	-.018	.023	-.020
	Sig. (2-tailed)	.983	.260	.266	.215	.830	.555	.010	.466	.362	.424
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Sensory	Pearson Correlation	-.029	-.071**	-.071**	-.074**	-.041	-.025	.042	-.042	-.038	-.029
	Sig. (2-tailed)	.241	.004	.004	.003	.097	.309	.090	.091	.127	.241
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dxd: PSAX	Pearson Correlation	-.044	.958**	.962**	.976**	-.177**	-.060*	.277**	-.063*	-.097**	-.166**
	Sig. (2-tailed)	.076	.000	.000	.000	.000	.016	.000	.011	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm..
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.044 .078 1629	.972** .000 1629	.983** .000 1629	.976** .000 1629	-.176** .000 1629	-.059* .017 1629	.266** .000 1629	-.063* .011 1629	-.096** .000 1629	-.160** .000 1629
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.045 .071 1629	.942** .000 1629	.932** .000 1629	.966** .000 1629	-.185** .000 1629	-.061* .014 1629	.295** .000 1629	-.064** .009 1629	-.106** .000 1629	-.169** .000 1629
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	1 .082 1629	-.043 .082 1629	-.043 .084 1629	-.044 .073 1629	.025 .309 1629	.011 .644 1629	.000 .995 1629	.001 .983 1629	.025 .313 1629	.005 .844 1629
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.043 .082 1629	1 .000 1629	.975** .000 1629	.969** .000 1629	-.178** .000 1629	-.058* .020 1629	.269** .000 1629	-.062* .012 1629	-.102** .000 1629	-.162** .000 1629
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.043 .084 1629	.975** .000 1629	1 .000 1629	.966** .000 1629	-.177** .000 1629	-.057* .021 1629	.266** .000 1629	-.062* .013 1629	-.101** .000 1629	-.162** .000 1629
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.044 .073 1629	.969** .000 1629	.966** .000 1629	1 .000 1629	-.184** .000 1629	-.060* .015 1629	.285** .000 1629	-.064** .010 1629	-.105** .000 1629	-.168** .000 1629
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.025 .309 1629	-.178** .000 1629	-.177** .000 1629	-.184** .000 1629	1 .000 1629	-.125** .000 1629	-.318** .000 1629	.339** .000 1629	.556** .000 1629	.888** .000 1629
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.011 .644 1629	-.058* .020 1629	-.057* .021 1629	-.060* .015 1629	-.125** .000 1629	1 .000 1629	-.129** .000 1629	-.045 .071 1629	-.064* .010 1629	-.117** .000 1629

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm..
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.000 .995 1629	.269** .000 1629	.266** .000 1629	.285** .000 1629	-.318** .000 1629	-.129** .000 1629	1 .000 1629	-.102** .000 1629	-.171** .000 1629	-.285** .000 1629
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.001 .983 1629	-.062* .012 1629	-.062* .013 1629	-.064** .010 1629	.339** .000 1629	-.045 .071 1629	-.102** .000 1629	1 .000 1629	.515** .000 1629	.348** .000 1629
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.025 .313 1629	-.102** .000 1629	-.101** .000 1629	-.105** .000 1629	.556** .000 1629	-.064* .010 1629	-.171** .000 1629	.515** .000 1629	1 .000 1629	.545** .000 1629
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.005 .844 1629	-.162** .000 1629	-.162** .000 1629	-.168** .000 1629	.888** .000 1629	-.117** .000 1629	-.285** .000 1629	.348** .000 1629	.545** .000 1629	1 .000 1629
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.049* .049 1629	-.103** .000 1629	-.103** .000 1629	-.107** .000 1629	.601** .000 1629	-.070** .005 1629	-.191** .000 1629	.409** .000 1629	.591** .000 1629	.388** .000 1629
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.028 .254 1629	-.060* .015 1629	-.060* .015 1629	-.062* .012 1629	.329** .000 1629	-.043 .080 1629	-.099** .000 1629	.655** .000 1629	.580** .000 1629	.345** .000 1629
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.014 .562 1629	-.035 .154 1629	-.035 .155 1629	-.036 .141 1629	-.061* .014 1629	.463** .000 1629	-.063* .011 1629	-.021 .404 1629	-.034 .171 1629	-.054* .029 1629
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.018 .473 1629	-.044 .077 1629	-.044 .078 1629	-.045 .068 1629	-.076** .002 1629	.574** .000 1629	-.078** .002 1629	-.026 .301 1629	-.042 .090 1629	-.067** .007 1629

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm..
Elig Atyp: Comm.	Pearson Correlation	.003	-.047	-.046	-.049*	-.101**	.766**	-.104**	-.034	-.056*	-.090**
	Sig. (2-tailed)	.893	.060	.062	.050	.000	.000	.000	.167	.023	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Elig Atyp: Motor	Pearson Correlation	.000	-.051*	-.051*	-.054*	-.100**	.819**	-.103**	-.037	-.048	-.096**
	Sig. (2-tailed)	.997	.039	.040	.031	.000	.000	.000	.140	.051	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Elig Atyp: Soc./Emot.	Pearson Correlation	-.015	-.037	-.037	-.038	-.064**	.487**	-.066**	-.022	-.036	-.057*
	Sig. (2-tailed)	.542	.134	.135	.122	.010	.000	.008	.380	.150	.021
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Elig High Prob.: PSAE	Pearson Correlation	-.042	.560**	.555**	.583**	-.172**	-.074**	.545**	-.048	-.091**	-.152**
	Sig. (2-tailed)	.093	.000	.000	.000	.000	.003	.000	.051	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Audiology	Pearson Correlation	.044	-.063*	-.062*	-.059*	.223**	.076**	.070**	.120**	.196**	.220**
	Sig. (2-tailed)	.078	.012	.012	.017	.000	.002	.004	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Family Counseling/ Training	Pearson Correlation	.022	.069**	.067**	.077**	.500**	.208**	.513**	.162**	.277**	.444**
	Sig. (2-tailed)	.366	.005	.007	.002	.000	.000	.000	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Health	Pearson Correlation	-.006	-.014	-.014	-.014	-.024	-.010	.074**	-.008	-.013	-.021
	Sig. (2-tailed)	.819	.573	.574	.561	.330	.684	.003	.741	.588	.387
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Medical	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm..
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	-.012 .619 1629	-.030 .222 1629	-.030 .223 1629	.013 .605 1629	-.037 .138 1629	.038 .126 1629	.115** .000 1629	-.018 .475 1629	-.006 .817 1629	-.030 .229 1629
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	-.007 .767 1629	.020 .428 1629	.020 .424 1629	.018 .464 1629	.021 .402 1629	-.013 .600 1629	.045 .071 1629	-.011 .670 1629	-.017 .484 1629	.000 .998 1629
Service: OT	Pearson Correlation Sig. (2-tailed) N	.014 .581 1629	-.055* .026 1629	-.054* .028 1629	-.055* .026 1629	.141** .000 1629	.110** .000 1629	.247** .000 1629	.247** .000 1629	.169** .000 1629	.104** .000 1629
Service: PT	Pearson Correlation Sig. (2-tailed) N	.008 .745 1629	-.057* .022 1629	-.061* .013 1629	-.059* .017 1629	.127** .000 1629	.153** .000 1629	.319** .000 1629	.103** .000 1629	.079** .001 1629	.005 .856 1629
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	-.008 .746 1629	-.020 .425 1629	-.020 .426 1629	-.020 .410 1629	.037 .135 1629	-.014 .565 1629	.035 .158 1629	.099** .000 1629	.088** .000 1629	.020 .412 1629
Service: Respite	Pearson Correlation Sig. (2-tailed) N	. ^a . 1629	. ^a . 1629	. ^a . 1629	. ^a . 1629	. ^a . 1629	. ^a . 1629	. ^a . 1629	. ^a . 1629	. ^a . 1629	. ^a . 1629
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	-.009 .726 1629	-.021 .389 1629	-.021 .390 1629	-.022 .374 1629	.029 .242 1629	.027 .280 1629	.027 .276 1629	.039 .120 1629	.045 .067 1629	.038 .129 1629
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	.027 .278 1629	-.105** .000 1629	-.104** .000 1629	-.100** .000 1629	.294** .000 1629	.163** .000 1629	.121** .000 1629	.275** .000 1629	.438** .000 1629	.295** .000 1629

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm..
Service: S/L	Pearson Correlation	.033	-.125**	-.129**	-.130**	.560**	.193**	.071**	.181**	.314**	.614**
	Sig. (2-tailed)	.184	.000	.000	.000	.000	.000	.004	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Vision	Pearson Correlation	-.012	-.030	-.030	-.031	-.006	.008	.100**	.018	.018	-.013
	Sig. (2-tailed)	.619	.222	.223	.207	.821	.745	.000	.456	.478	.595
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Any?	Pearson Correlation	.018	.058*	.056*	.066**	.517**	.217**	.526**	.176**	.285**	.459**
	Sig. (2-tailed)	.466	.019	.023	.008	.000	.000	.000	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Category	Pearson Correlation	.312**	.171**	.100**	.124**	.166**	.177**	.105**	.291**	.283**	.960**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Adaptive	Pearson Correlation	-.005	-.016	-.009	-.012	.026	-.017	-.010	-.027	-.026	.011
	Sig. (2-tailed)	.826	.520	.706	.640	.299	.504	.691	.274	.287	.672
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Cognitive	Pearson Correlation	.015	-.021	-.012	-.015	.011	-.022	-.013	-.036	.023	.022
	Sig. (2-tailed)	.540	.393	.617	.535	.666	.376	.598	.146	.349	.372
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Comm.	Pearson Correlation	-.006	.057*	.055*	.093**	.140**	.011	.066**	-.206**	.076**	.034
	Sig. (2-tailed)	.804	.021	.027	.000	.000	.660	.008	.000	.002	.172
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Motor	Pearson Correlation	.234**	.035	.051*	.043	.041	.164**	.071**	-.062*	.039	.116**
	Sig. (2-tailed)	.000	.160	.040	.083	.099	.000	.004	.012	.114	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Soc./Emot.	Pearson Correlation	.002	-.017	-.021	.025	.004	-.001	.008	-.037	-.035	-.059*
	Sig. (2-tailed)	.945	.503	.404	.315	.868	.983	.751	.139	.163	.018
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Sensory	Pearson Correlation	-.036	-.024	.003	-.007	-.006	-.026	.001	-.049*	.037	-.007
	Sig. (2-tailed)	.151	.327	.890	.765	.813	.287	.972	.049	.134	.780
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dxd: PSAX	Pearson Correlation	-.099**	-.062*	-.036	-.045	-.048	-.053*	-.038	.561**	-.058*	.075**
	Sig. (2-tailed)	.000	.013	.145	.071	.053	.033	.125	.000	.019	.002
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm..	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.098** .000 1629	-.061* .014 1629	-.036 .148 1629	-.044 .073 1629	-.047 .055 1629	-.052* .035 1629	-.038 .128 1629	.558** .000 1629	-.057* .021 1629	.068** .006 1629
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.108** .000 1629	-.063* .012 1629	-.037 .139 1629	-.046 .066 1629	-.049* .047 1629	-.054* .029 1629	-.039 .119 1629	.586** .000 1629	-.053* .032 1629	.080** .001 1629
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	.049* .049 1629	.028 .254 1629	-.014 .562 1629	-.018 .473 1629	.003 .893 1629	.000 .997 1629	-.015 .542 1629	-.042 .093 1629	.044 .078 1629	.022 .366 1629
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.103** .000 1629	-.060* .015 1629	-.035 .154 1629	-.044 .077 1629	-.047 .060 1629	-.051* .039 1629	-.037 .134 1629	.560** .000 1629	-.063* .012 1629	.069** .005 1629
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.103** .000 1629	-.060* .015 1629	-.035 .155 1629	-.044 .078 1629	-.046 .062 1629	-.051* .040 1629	-.037 .135 1629	.555** .000 1629	-.062* .012 1629	.067** .007 1629
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.107** .000 1629	-.062* .012 1629	-.036 .141 1629	-.045 .068 1629	-.049* .050 1629	-.054* .031 1629	-.038 .122 1629	.583** .000 1629	-.059* .017 1629	.077** .002 1629
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.601** .000 1629	.329** .000 1629	-.061* .014 1629	-.076** .002 1629	-.101** .000 1629	-.100** .000 1629	-.064** .010 1629	-.172** .000 1629	.223** .000 1629	.500** .000 1629
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.070** .005 1629	-.043 .080 1629	.463** .000 1629	.574** .000 1629	.766** .000 1629	.819** .000 1629	.487** .000 1629	-.074** .003 1629	.076** .002 1629	.208** .000 1629

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	-.191** .000 1629	-.099** .000 1629	-.063* .011 1629	-.078** .002 1629	-.104** .000 1629	-.103** .000 1629	-.066** .008 1629	.545** .000 1629	.070** .004 1629	.513** .000 1629
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.409** .000 1629	.655** .000 1629	-.021 .404 1629	-.026 .301 1629	-.034 .167 1629	-.037 .140 1629	-.022 .380 1629	-.048 .051 1629	.120** .000 1629	.162** .000 1629
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.591** .000 1629	.580** .000 1629	-.034 .171 1629	-.042 .090 1629	-.056* .023 1629	-.048 .051 1629	-.036 .150 1629	-.091** .000 1629	.196** .000 1629	.277** .000 1629
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.388** .000 1629	.345** .000 1629	-.054* .029 1629	-.067** .007 1629	-.090** .000 1629	-.096** .000 1629	-.057* .021 1629	-.152** .000 1629	.220** .000 1629	.444** .000 1629
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	1 .000 1629	.378** .000 1629	-.037 .139 1629	-.046 .066 1629	-.061* .014 1629	-.054* .029 1629	-.039 .119 1629	-.099** .000 1629	.178** .000 1629	.299** .000 1629
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.378** .000 1629	1 .000 1629	-.020 .417 1629	-.025 .315 1629	-.033 .179 1629	-.036 .151 1629	-.021 .393 1629	-.046 .061 1629	.139** .000 1629	.156** .000 1629
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.037 .139 1629	-.020 .417 1629	1 .000 1629	.591** .000 1629	.539** .000 1629	.473** .000 1629	.748** .000 1629	-.034 .168 1629	.109** .000 1629	.070** .005 1629
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.046 .066 1629	-.025 .315 1629	.591** .000 1629	1 .000 1629	.722** .000 1629	.575** .000 1629	.767** .000 1629	-.042 .087 1629	.108** .000 1629	.110** .000 1629

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm..	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig Atyp: Comm.	Pearson Correlation	-.061*	-.033	.539**	.722**	1	.441**	.636**	-.057*	.108**	.158**
	Sig. (2-tailed)	.014	.179	.000	.000		.000	.000	.022	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Elig Atyp: Motor	Pearson Correlation	-.054*	-.036	.473**	.575**	.441**	1	.507**	-.061*	.036	.164**
	Sig. (2-tailed)	.029	.151	.000	.000	.000		.000	.015	.150	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Elig Atyp: Soc./Emot.	Pearson Correlation	-.039	-.021	.748**	.767**	.636**	.507**	1	-.036	.140**	.087**
	Sig. (2-tailed)	.119	.393	.000	.000	.000	.000		.146	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Elig High Prob.: PSAE	Pearson Correlation	-.099**	-.046	-.034	-.042	-.057*	-.061*	-.036	1	.003	.297**
	Sig. (2-tailed)	.000	.061	.168	.087	.022	.015	.146		.910	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Audiology	Pearson Correlation	.178**	.139**	.109**	.108**	.108**	.036	.140**	.003	1	.241**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.150	.000	.910		.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Family Counseling/ Training	Pearson Correlation	.299**	.156**	.070**	.110**	.158**	.164**	.087**	.297**	.241**	1
	Sig. (2-tailed)	.000	.000	.005	.000	.000	.000	.000	.000	.000	
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Health	Pearson Correlation	-.015	-.008	-.005	-.006	-.008	-.008	-.005	.036	.038	-.016
	Sig. (2-tailed)	.558	.748	.851	.816	.755	.739	.843	.142	.126	.512
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Medical	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: Nursing	Pearson Correlation	-.010	-.017	.114**	-.013	-.017	.054*	-.011	.017	.043	.062*
	Sig. (2-tailed)	.700	.487	.000	.613	.500	.030	.668	.490	.085	.012
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Nutrition	Pearson Correlation	.054*	-.010	-.006	-.007	-.010	-.011	-.006	-.017	.023	.053*
	Sig. (2-tailed)	.028	.679	.808	.763	.687	.667	.798	.481	.362	.032
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: OT	Pearson Correlation	.250**	.150**	.087**	.038	.058*	.130**	.031	.043	.232**	.354**
	Sig. (2-tailed)	.000	.000	.000	.124	.020	.000	.207	.081	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: PT	Pearson Correlation	.341**	.094**	.020	.006	-.015	.202**	.014	.017	.197**	.423**
	Sig. (2-tailed)	.000	.000	.416	.818	.537	.000	.575	.505	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Psychology	Pearson Correlation	.046	.159**	-.007	-.008	-.011	-.012	-.007	.016	.054*	.018
	Sig. (2-tailed)	.062	.000	.790	.741	.659	.638	.779	.513	.030	.479
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Respite	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Social Work	Pearson Correlation	.040	.040	.080**	-.009	-.012	.038	-.008	-.021	.080**	.044
	Sig. (2-tailed)	.109	.104	.001	.721	.634	.125	.762	.404	.001	.076
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Spec. Inst.	Pearson Correlation	.279**	.278**	.192**	.245**	.197**	.148**	.221**	-.020	.346**	.395**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.431	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm..	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: S/L	Pearson Correlation	.217**	.163**	.112**	.149**	.228**	.099**	.122**	-.037	.341**	.619**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.135	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Vision	Pearson Correlation	.012	.020	-.010	-.013	.021	-.018	-.011	-.006	.066**	.076**
	Sig. (2-tailed)	.617	.422	.683	.613	.387	.471	.668	.805	.007	.002
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Any?	Pearson Correlation	.309**	.171**	.100**	.125**	.166**	.178**	.106**	.291**	.284**	.967**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Category	Pearson Correlation	.040 ^a		.086**	.051 [*]	.376**	.444**	.056 ^a		.061 [*]	.422**
	Sig. (2-tailed)	.110	.	.001	.039	.000	.000	.024	.	.014	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Adaptive	Pearson Correlation	-.004 ^a		-.008	-.005	.047	.068**	-.005 ^a		-.006	.055 [*]
	Sig. (2-tailed)	.881	.	.746	.847	.058	.006	.833	.	.819	.025
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Cognitive	Pearson Correlation	-.005 ^a		-.011	-.006	.047	.056 ^a	-.007 ^a		-.008	.077**
	Sig. (2-tailed)	.843	.	.668	.798	.059	.025	.779	.	.762	.002
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Comm.	Pearson Correlation	-.034 ^a		-.033	-.021	-.121**	-.224**	-.007 ^a		-.014	.094**
	Sig. (2-tailed)	.169	.	.185	.392	.000	.000	.790	.	.585	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Motor	Pearson Correlation	-.021 ^a		.024	-.027	.202**	.347**	-.029 ^a		.017	.102**
	Sig. (2-tailed)	.408	.	.336	.285	.000	.000	.241	.	.497	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Soc./Emot.	Pearson Correlation	-.008 ^a		-.018	-.011	-.030	-.058 [*]	.044 ^a		-.013	.019
	Sig. (2-tailed)	.741	.	.475	.670	.229	.019	.079	.	.614	.448
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dev: Sensory	Pearson Correlation	-.009 ^a		.011	.041	.028	.035	-.013 ^a		-.014	.008
	Sig. (2-tailed)	.704	.	.649	.100	.262	.155	.590	.	.561	.751
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Ref: Dxd: PSAX	Pearson Correlation	-.014 ^a		.014	.019	-.053 ^a	-.057 ^a	-.020 ^a		-.022	-.098**
	Sig. (2-tailed)	.565	.	.586	.452	.032	.022	.415	.	.379	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.014 ^a .567 1629	.	-.031 .215 1629	.019 .444 1629	-.052* .036 1629	-.055* .027 1629	-.020 ^a .418 1629	.	-.022 .382 1629	-.102** .000 1629
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.015 ^a .558 1629	.	.012 .617 1629	.018 .472 1629	-.039 .113 1629	-.056* .025 1629	.013 ^a .604 1629	.	-.022 .370 1629	-.101** .000 1629
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	-.006 ^a .819 1629	.	-.012 .619 1629	-.007 .767 1629	.014 .581 1629	.008 .745 1629	-.008 ^a .746 1629	.	-.009 .726 1629	.027 .278 1629
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.014 ^a .573 1629	.	-.030 .222 1629	.020 .428 1629	-.055* .026 1629	-.057* .022 1629	-.020 ^a .425 1629	.	-.021 .389 1629	-.105** .000 1629
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.014 ^a .574 1629	.	-.030 .223 1629	.020 .424 1629	-.054* .028 1629	-.061* .013 1629	-.020 ^a .426 1629	.	-.021 .390 1629	-.104** .000 1629
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.014 ^a .561 1629	.	.013 .605 1629	.018 .464 1629	-.055* .026 1629	-.059* .017 1629	-.020 ^a .410 1629	.	-.022 .374 1629	-.100** .000 1629
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	-.024 ^a .330 1629	.	-.037 .138 1629	.021 .402 1629	.141** .000 1629	.127** .000 1629	.037 ^a .135 1629	.	.029 .242 1629	.294** .000 1629
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.010 ^a .684 1629	.	.038 .126 1629	-.013 .600 1629	.110** .000 1629	.153** .000 1629	-.014 ^a .565 1629	.	.027 .280 1629	.163** .000 1629

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.074** ^a .003 1629	. .1629	.115** .000 1629	.045 .071 1629	.247** .000 1629	.319** .000 1629	.035 ^a .158 1629	. .1629	.027 .276 1629	.121** .000 1629
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.008 ^a .741 1629	. .1629	-.018 .475 1629	-.011 .670 1629	.247** .000 1629	.103** .000 1629	.099** ^a .000 1629	. .1629	.039 .120 1629	.275** .000 1629
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.013 ^a .588 1629	. .1629	-.006 .817 1629	-.017 .484 1629	.169** .000 1629	.079** .001 1629	.088** ^a .000 1629	. .1629	.045 .067 1629	.438** .000 1629
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	-.021 ^a .387 1629	. .1629	-.030 .229 1629	.000 .998 1629	.104** .000 1629	.005 .856 1629	.020 ^a .412 1629	. .1629	.038 .129 1629	.295** .000 1629
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	-.015 ^a .558 1629	. .1629	-.010 .700 1629	.054* .028 1629	.250** .000 1629	.341** .000 1629	.046 ^a .062 1629	. .1629	.040 .109 1629	.279** .000 1629
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.008 ^a .748 1629	. .1629	-.017 .487 1629	-.010 .679 1629	.150** .000 1629	.094** .000 1629	.159** ^a .000 1629	. .1629	.040 .104 1629	.278** .000 1629
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.005 ^a .851 1629	. .1629	.114** .000 1629	-.006 .808 1629	.087** .000 1629	.020 .416 1629	-.007 ^a .790 1629	. .1629	.080** .001 1629	.192** .000 1629
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.006 ^a .816 1629	. .1629	-.013 .613 1629	-.007 .763 1629	.038 .124 1629	.006 .818 1629	-.008 ^a .741 1629	. .1629	-.009 .721 1629	.245** .000 1629

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	-.008 ^a .755 1629		-.017 .500 1629	-.010 .687 1629	.058* .020 1629	-.015 .537 1629	-.011 ^a .659 1629		-.012 .634 1629	.197*** .000 1629
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	-.008 ^a .739 1629		.054* .030 1629	-.011 .667 1629	.130** .000 1629	.202** .000 1629	-.012 ^a .638 1629		.038 .125 1629	.148** .000 1629
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.005 ^a .843 1629		-.011 .668 1629	-.006 .798 1629	.031 .207 1629	.014 .575 1629	-.007 ^a .779 1629		-.008 .762 1629	.221*** .000 1629
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.036 ^a .142 1629		.017 .490 1629	-.017 .481 1629	.043 .081 1629	.017 .505 1629	.016 ^a .513 1629		-.021 .404 1629	-.020 .431 1629
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.038 ^a .126 1629		.043 .085 1629	.023 .362 1629	.232** .000 1629	.197** .000 1629	.054* ^a .030 1629		.080** .001 1629	.346** .000 1629
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	-.016 ^a .512 1629		.062* .012 1629	.053* .032 1629	.354** .000 1629	.423** .000 1629	.018 ^a .479 1629		.044 .076 1629	.395*** .000 1629
Service: Health	Pearson Correlation Sig. (2-tailed) N	1 ^a .000 1629		-.004 .872 1629	-.002 .923 1629	.023 .344 1629	.016 .528 1629	-.003 ^a .916 1629		-.003 .909 1629	.018 .463 1629
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.000 ^a .000 1629	.000 ^a .000 1629	.000 ^a .000 1629	.000 ^a .000 1629	.000 ^a .000 1629	.000 ^a .000 1629	.000 ^a .000 1629	.000 ^a .000 1629	.000 ^a .000 1629	.000 ^a .000 1629

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Service: Nursing	Pearson Correlation	-.004 ^a		1	-.005	.095**	.124**	.104** ^a		.502**	.080**
	Sig. (2-tailed)	.872	.		.835	.000	.000	.000	.	.000	.001
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Nutrition	Pearson Correlation	-.002 ^a		-.005	1	.136**	.114**	-.003 ^a		-.004	.121**
	Sig. (2-tailed)	.923	.	.835		.000	.000	.892	.	.883	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: OT	Pearson Correlation	.023 ^a		.095**	.136**	1	.599**	.033 ^a		.081**	.408**
	Sig. (2-tailed)	.344	.	.000	.000		.000	.180	.	.001	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: PT	Pearson Correlation	.016 ^a		.124**	.114**	.599**	1	-.004 ^a		.136**	.307**
	Sig. (2-tailed)	.528	.	.000	.000	.000		.883	.	.000	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Psychology	Pearson Correlation	-.003 ^a		.104**	-.003	.033	-.004	1 ^a		-.004	.079**
	Sig. (2-tailed)	.916	.	.000	.892	.180	.883		.	.872	.001
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Respite	Pearson Correlation ^a	^a	^a	^a	^a	^a	^a	^a	^a	^a	^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Social Work	Pearson Correlation	-.003 ^a		.502**	-.004	.081**	.136**	-.004 ^a		1	.020
	Sig. (2-tailed)	.909	.	.000	.883	.001	.000	.872	.		.430
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Spec. Inst.	Pearson Correlation	.018 ^a		.080**	.121**	.408**	.307**	.079** ^a		.020	1
	Sig. (2-tailed)	.463	.	.001	.000	.000	.000	.001	.	.430	
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

Service: Health Service: Medical Service: Nursing Service: Nutrition Service: OT Service: PT Service: Psychology Service: Respite Service: Social Work Service: Spec. Inst.

Service: S/L	Pearson Correlation	.002 ^a		.081**	.082**	.392**	.246**	.025 ^a		.077**	.510**
	Sig. (2-tailed)	.940	.	.001	.001	.000	.000	.323	.	.002	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Vision	Pearson Correlation	-.004 ^a		.063*	.115**	.152**	.141**	-.006 ^a		-.006	.080**
	Sig. (2-tailed)	.872	.	.011	.000	.000	.000	.819	.	.805	.001
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629
Service: Any?	Pearson Correlation	.040 ^a		.086**	.051*	.377**	.448**	.056 ^a		.061*	.423**
	Sig. (2-tailed)	.109	.	.001	.038	.000	.000	.023	.	.014	.000
	N	1629	1629	1629	1629	1629	1629	1629	1629	1629	1629

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Service: S/L	Service: Vision	Service: Any?
Category	Pearson Correlation	.618**	.086**	.990**
	Sig. (2-tailed)	.000	.001	.000
	N	1629	1629	1629
Ref: Dev: Adaptive	Pearson Correlation	.004	.070**	.008
	Sig. (2-tailed)	.879	.005	.757
	N	1629	1629	1629
Ref: Dev: Cognitive	Pearson Correlation	.005	-.011	.029
	Sig. (2-tailed)	.840	.668	.238
	N	1629	1629	1629
Ref: Dev: Comm.	Pearson Correlation	.288**	-.033	.028
	Sig. (2-tailed)	.000	.185	.263
	N	1629	1629	1629
Ref: Dev: Motor	Pearson Correlation	.017	.024	.126**
	Sig. (2-tailed)	.481	.336	.000
	N	1629	1629	1629
Ref: Dev: Soc./Emot.	Pearson Correlation	-.020	-.018	-.065**
	Sig. (2-tailed)	.408	.475	.009
	N	1629	1629	1629
Ref: Dev: Sensory	Pearson Correlation	-.009	.138**	-.014
	Sig. (2-tailed)	.706	.000	.566
	N	1629	1629	1629
Ref: Dxd: PSAX	Pearson Correlation	-.127**	-.031	.065**
	Sig. (2-tailed)	.000	.212	.009
	N	1629	1629	1629

		Service: S/L	Service: Vision	Service: Any?
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.129** .000 1629	-.031 .215 1629	.057* .022 1629
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.128** .000 1629	-.031 .204 1629	.073** .003 1629
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	.033 .184 1629	-.012 .619 1629	.018 .466 1629
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.125** .000 1629	-.030 .222 1629	.058* .019 1629
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.129** .000 1629	-.030 .223 1629	.056* .023 1629
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.130** .000 1629	-.031 .207 1629	.066** .008 1629
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.560** .000 1629	-.006 .821 1629	.517** .000 1629
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.193** .000 1629	.008 .745 1629	.217** .000 1629

		Service: S/L	Service: Vision	Service: Any?
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.071** .004 1629	.100** .000 1629	.526** .000 1629
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.181** .000 1629	.018 .456 1629	.176** .000 1629
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.314** .000 1629	.018 .478 1629	.285** .000 1629
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.614** .000 1629	-.013 .595 1629	.459** .000 1629
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.217** .000 1629	.012 .617 1629	.309** .000 1629
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.163** .000 1629	.020 .422 1629	.171** .000 1629
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.112** .000 1629	-.010 .683 1629	.100** .000 1629
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.149** .000 1629	-.013 .613 1629	.125** .000 1629

		Service: S/L	Service: Vision	Service: Any?
Elig Atyp: Comm.	Pearson Correlation	.228**	.021	.166**
	Sig. (2-tailed)	.000	.387	.000
	N	1629	1629	1629
Elig Atyp: Motor	Pearson Correlation	.099**	-.018	.178**
	Sig. (2-tailed)	.000	.471	.000
	N	1629	1629	1629
Elig Atyp: Soc./Emot.	Pearson Correlation	.122**	-.011	.106**
	Sig. (2-tailed)	.000	.668	.000
	N	1629	1629	1629
Elig High Prob.: PSAE	Pearson Correlation	-.037	-.006	.291**
	Sig. (2-tailed)	.135	.805	.000
	N	1629	1629	1629
Service: Audiology	Pearson Correlation	.341**	.066**	.284**
	Sig. (2-tailed)	.000	.007	.000
	N	1629	1629	1629
Service: Family Counseling/ Training	Pearson Correlation	.619**	.076**	.967**
	Sig. (2-tailed)	.000	.002	.000
	N	1629	1629	1629
Service: Health	Pearson Correlation	.002	-.004	.040
	Sig. (2-tailed)	.940	.872	.109
	N	1629	1629	1629
Service: Medical	Pearson Correlation ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.
	N	1629	1629	1629

		Service: S/L	Service: Vision	Service: Any?
Service: Nursing	Pearson Correlation	.081**	.063*	.086**
	Sig. (2-tailed)	.001	.011	.001
	N	1629	1629	1629
Service: Nutrition	Pearson Correlation	.082**	.115**	.051*
	Sig. (2-tailed)	.001	.000	.038
	N	1629	1629	1629
Service: OT	Pearson Correlation	.392**	.152**	.377**
	Sig. (2-tailed)	.000	.000	.000
	N	1629	1629	1629
Service: PT	Pearson Correlation	.246**	.141**	.448**
	Sig. (2-tailed)	.000	.000	.000
	N	1629	1629	1629
Service: Psychology	Pearson Correlation	.025	-.006	.056*
	Sig. (2-tailed)	.323	.819	.023
	N	1629	1629	1629
Service: Respite	Pearson Correlation ^a	.	.	.
	Sig. (2-tailed)	.	.	.
	N	1629	1629	1629
Service: Social Work	Pearson Correlation	.077**	-.006	.061*
	Sig. (2-tailed)	.002	.805	.014
	N	1629	1629	1629
Service: Spec. Inst.	Pearson Correlation	.510**	.080**	.423**
	Sig. (2-tailed)	.000	.001	.000
	N	1629	1629	1629

		Service: S/L	Service: Vision	Service: Any?
Service: S/L	Pearson Correlation	1	.066**	.624**
	Sig. (2-tailed)		.008	.000
	N	1629	1629	1629
Service: Vision	Pearson Correlation	.066**	1	.086**
	Sig. (2-tailed)	.008		.001
	N	1629	1629	1629
Service: Any?	Pearson Correlation	.624**	.086**	1
	Sig. (2-tailed)	.000	.001	
	N	1629	1629	1629

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

Table 7

Associations for All Variables, Research Year 06-07

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Category	Pearson Correlation	1	.051*	.059*	.001	.112**	-.041	.010	.071**	.067**	.076**
	Sig. (2-tailed)		.043	.020	.965	.000	.105	.685	.005	.008	.003
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Adaptive	Pearson Correlation	.051*	1	.556**	.072**	.105**	.146**	.060*	-.029	-.028	-.029
	Sig. (2-tailed)	.043		.000	.004	.000	.000	.017	.250	.272	.245
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Cognitive	Pearson Correlation	.059*	.556**	1	.109**	.120**	.219**	.045	-.014	-.012	-.015
	Sig. (2-tailed)	.020	.000		.000	.000	.000	.078	.581	.644	.566
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Comm.	Pearson Correlation	.001	.072**	.109**	1	-.118**	.003	.063*	-.203**	-.183**	-.198**
	Sig. (2-tailed)	.965	.004	.000		.000	.910	.012	.000	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Motor	Pearson Correlation	.112**	.105**	.120**	-.118**	1	-.020	.006	-.119**	-.116**	-.110**
	Sig. (2-tailed)	.000	.000	.000	.000		.420	.800	.000	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Soc./Emot.	Pearson Correlation	-.041	.146**	.219**	.003	-.020	1	.075**	-.003	-.010	.008
	Sig. (2-tailed)	.105	.000	.000	.910	.420		.003	.916	.691	.755
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Sensory	Pearson Correlation	.010	.060*	.045	.063*	.006	.075**	1	-.042	-.050*	-.032
	Sig. (2-tailed)	.685	.017	.078	.012	.800	.003		.095	.047	.208
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dxd: PSAX	Pearson Correlation	.071**	-.029	-.014	-.203**	-.119**	-.003	-.042	1	.941**	.932**
	Sig. (2-tailed)	.005	.250	.581	.000	.000	.916	.095		.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.067** .008 1562	-.028 .272 1562	-.012 .644 1562	-.183** .000 1562	-.116** .000 1562	-.010 .691 1562	-.050* .047 1562	.941** .000 1562	1 .000 1562	.924** .000 1562
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	.076** .003 1562	-.029 .245 1562	-.015 .566 1562	-.198** .000 1562	-.110** .000 1562	.008 .755 1562	-.032 .208 1562	.932** .000 1562	.924** .000 1562	1 .000 1562
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	-.004 .860 1562	.053* .035 1562	.041 .102 1562	-.078** .002 1562	.027 .285 1562	-.022 .388 1562	-.023 .365 1562	-.020 .431 1562	-.018 .488 1562	-.021 .417 1562
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	.072** .004 1562	-.028 .266 1562	-.012 .627 1562	-.195** .000 1562	-.112** .000 1562	.001 .969 1562	-.039 .119 1562	.967** .000 1562	.950** .000 1562	.942** .000 1562
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.069** .006 1562	-.028 .274 1562	-.012 .649 1562	-.190** .000 1562	-.121** .000 1562	.003 .916 1562	-.038 .131 1562	.945** .000 1562	.934** .000 1562	.920** .000 1562
Ref: SA	Pearson Correlation Sig. (2-tailed) N	.072** .004 1562	-.029 .257 1562	-.013 .601 1562	-.193** .000 1562	-.116** .000 1562	-.001 .966 1562	-.041 .105 1562	.971** .000 1562	.970** .000 1562	.953** .000 1562
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.528** .000 1562	.017 .495 1562	.083** .001 1562	.286** .000 1562	.085** .001 1562	-.001 .957 1562	-.035 .173 1562	-.175** .000 1562	-.166** .000 1562	-.168** .000 1562
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.207** .000 1562	.046 .069 1562	.004 .886 1562	.023 .367 1562	.158** .000 1562	-.011 .651 1562	-.030 .232 1562	-.077** .002 1562	-.073** .004 1562	-.078** .002 1562

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.522** .000 1562	.018 .484 1562	-.017 .501 1562	-.304** .000 1562	-.033 .198 1562	-.042 .101 1562	.068** .007 1562	.299** .000 1562	.284** .000 1562	.303** .000 1562
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.188** .000 1562	.057* .026 1562	.104** .000 1562	.027 .282 1562	.056* .027 1562	.015 .540 1562	-.006 .818 1562	-.057* .025 1562	-.054* .034 1562	-.036 .154 1562
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.311** .000 1562	.067** .008 1562	.106** .000 1562	.151** .000 1562	.073** .004 1562	.030 .244 1562	.000 .992 1562	-.105** .000 1562	-.100** .000 1562	-.092** .000 1562
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.476** .000 1562	.008 .746 1562	.081** .001 1562	.354** .000 1562	.031 .223 1562	-.028 .269 1562	-.027 .282 1562	-.161** .000 1562	-.153** .000 1562	-.152** .000 1562
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.325** .000 1562	.039 .126 1562	.041 .103 1562	.012 .648 1562	.202** .000 1562	.035 .169 1562	-.005 .845 1562	-.103** .000 1562	-.098** .000 1562	-.098** .000 1562
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.194** .000 1562	.054* .034 1562	.069** .006 1562	.067** .008 1562	.040 .114 1562	.013 .617 1562	-.008 .748 1562	-.059* .019 1562	-.056* .027 1562	-.050* .049 1562
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.081** .001 1562	.076** .003 1562	-.009 .715 1562	.043 .091 1562	.031 .221 1562	.024 .343 1562	.021 .396 1562	-.029 .250 1562	-.028 .272 1562	-.029 .245 1562
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.096** .000 1562	-.009 .715 1562	-.011 .664 1562	.072** .005 1562	.058* .022 1562	.014 .569 1562	.012 .635 1562	-.035 .171 1562	-.033 .190 1562	-.035 .166 1562

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.151** .000 1562	.031 .215 1562	-.017 .496 1562	.109** .000 1562	.031 .223 1562	-.009 .733 1562	-.011 .662 1562	-.054* .032 1562	-.052* .040 1562	-.055* .030 1562
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	.170** .000 1562	.062* .014 1562	.013 .609 1562	-.055* .030 1562	.201** .000 1562	-.017 .499 1562	-.020 .438 1562	-.064* .012 1562	-.061* .016 1562	-.064* .011 1562
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.070** .006 1562	.090** .000 1562	.074** .004 1562	.037 .144 1562	.048 .057 1562	.079** .002 1562	.030 .239 1562	-.025 .320 1562	-.024 .342 1562	-.025 .315 1562
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.292** .000 1562	-.003 .915 1562	-.012 .633 1562	-.158** .000 1562	-.061* .016 1562	.001 .956 1562	-.016 .534 1562	.600** .000 1562	.577** .000 1562	.600** .000 1562
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.239** .000 1562	.036 .158 1562	.072** .005 1562	.032 .210 1562	.059* .020 1562	.021 .397 1562	.057* .024 1562	-.019 .461 1562	-.021 .402 1562	.006 .826 1562
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.958** .000 1562	.055* .031 1562	.063* .013 1562	-.003 .890 1562	.096** .000 1562	-.041 .110 1562	.018 .476 1562	.075** .003 1562	.070** .006 1562	.076** .003 1562
Service: Health	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^a . 1562

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	.081** .001 1562	-.008 .760 1562	-.009 .715 1562	-.061* .016 1562	.012 .623 1562	-.016 .515 1562	.021 .396 1562	.020 .427 1562	-.002 .927 1562	.019 .445 1562
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	.023 .359 1562	-.002 .930 1562	-.003 .916 1562	-.022 .389 1562	-.012 .624 1562	-.005 .851 1562	-.005 .844 1562	-.008 .741 1562	-.008 .752 1562	-.008 .738 1562
Service: OT	Pearson Correlation Sig. (2-tailed) N	.363** .000 1562	.093** .000 1562	.048 .060 1562	-.115** .000 1562	.161** .000 1562	-.003 .905 1562	.069** .006 1562	-.057* .023 1562	-.081** .001 1562	-.053* .035 1562
Service: PT	Pearson Correlation Sig. (2-tailed) N	.458** .000 1562	.065** .010 1562	.055* .030 1562	-.256** .000 1562	.322** .000 1562	-.015 .557 1562	.036 .151 1562	-.043 .088 1562	-.070** .006 1562	-.041 .108 1562
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	.033 .194 1562	-.003 .901 1562	-.004 .882 1562	.042 .101 1562	-.018 .488 1562	-.007 .791 1562	-.007 .781 1562	-.012 .640 1562	-.011 .655 1562	-.012 .636 1562
Service: Respite	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	.074** .004 1562	.085** .001 1562	.069** .006 1562	.012 .637 1562	.062* .014 1562	-.015 .552 1562	.027 .292 1562	-.027 .294 1562	-.025 .316 1562	.000 .996 1562
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	.442** .000 1562	.070** .006 1562	.076** .003 1562	.072** .005 1562	.141** .000 1562	.000 .993 1562	.061* .015 1562	-.077** .002 1562	-.078** .002 1562	-.063* .013 1562

Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X
Service: S/L									
Pearson Correlation	.632**	.065*	.086**	.273**	.050*	-.016	.046	-.104**	-.107**
Sig. (2-tailed)	.000	.010	.001	.000	.048	.537	.070	.000	.000
N	1562	1562	1562	1562	1562	1562	1562	1562	1562
Service: Vision									
Pearson Correlation	.081**	-.008	-.009	-.031	.031	.024	.254**	-.029	-.028
Sig. (2-tailed)	.001	.760	.715	.215	.221	.343	.000	.250	.272
N	1562	1562	1562	1562	1562	1562	1562	1562	1562
Service: Any?									
Pearson Correlation	.991**	.052*	.059*	.004	.114**	-.040	.011	.072**	.068**
Sig. (2-tailed)	.000	.041	.019	.861	.000	.112	.663	.004	.007
N	1562	1562	1562	1562	1562	1562	1562	1562	1562

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Category	Pearson Correlation	-.004	.072**	.069**	.072**	.528**	.207**	.522**	.188**	.311**	.476**
	Sig. (2-tailed)	.860	.004	.006	.004	.000	.000	.000	.000	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Adaptive	Pearson Correlation	.053*	-.028	-.028	-.029	.017	.046	.018	.057*	.067**	.008
	Sig. (2-tailed)	.035	.266	.274	.257	.495	.069	.484	.026	.008	.746
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Cognitive	Pearson Correlation	.041	-.012	-.012	-.013	.083**	.004	-.017	.104**	.106**	.081**
	Sig. (2-tailed)	.102	.627	.649	.601	.001	.886	.501	.000	.000	.001
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Comm.	Pearson Correlation	-.078**	-.195**	-.190**	-.193**	.286**	.023	-.304**	.027	.151**	.354**
	Sig. (2-tailed)	.002	.000	.000	.000	.000	.367	.000	.282	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Motor	Pearson Correlation	.027	-.112**	-.121**	-.116**	.085**	.158**	-.033	.056*	.073**	.031
	Sig. (2-tailed)	.285	.000	.000	.000	.001	.000	.198	.027	.004	.223
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Soc./Emot.	Pearson Correlation	-.022	.001	.003	-.001	-.001	-.011	-.042	.015	.030	-.028
	Sig. (2-tailed)	.388	.969	.916	.966	.957	.651	.101	.540	.244	.269
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Sensory	Pearson Correlation	-.023	-.039	-.038	-.041	-.035	-.030	.068**	-.006	.000	-.027
	Sig. (2-tailed)	.365	.119	.131	.105	.173	.232	.007	.818	.992	.282
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dxd: PSAX	Pearson Correlation	-.020	.967**	.945**	.971**	-.175**	-.077**	.299**	-.057*	-.105**	-.161**
	Sig. (2-tailed)	.431	.000	.000	.000	.000	.002	.000	.025	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.018 .488 1562	.950** .000 1562	.934** .000 1562	.970** .000 1562	-.166** .000 1562	-.073** .004 1562	.284** .000 1562	-.054* .034 1562	-.100** .000 1562	-.153** .000 1562
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.021 .417 1562	.942** .000 1562	.920** .000 1562	.953** .000 1562	-.168** .000 1562	-.078** .002 1562	.303** .000 1562	-.036 .154 1562	-.092** .000 1562	-.152** .000 1562
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	1 .473 1562	-.018 .473 1562	-.017 .493 1562	-.019 .449 1562	-.029 .260 1562	.023 .357 1562	.011 .675 1562	.004 .864 1562	-.003 .905 1562	-.033 .188 1562
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.018 .473 1562	1 .000 1562	.962** .000 1562	.981** .000 1562	-.169** .000 1562	-.074** .003 1562	.293** .000 1562	-.054* .032 1562	-.101** .000 1562	-.155** .000 1562
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.017 .493 1562	.962** .000 1562	1 .000 1562	.966** .000 1562	-.166** .000 1562	-.073** .004 1562	.286** .000 1562	-.053* .035 1562	-.099** .000 1562	-.152** .000 1562
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.019 .449 1562	.981** .000 1562	.966** .000 1562	1 .000 1562	-.172** .000 1562	-.076** .003 1562	.298** .000 1562	-.056* .028 1562	-.103** .000 1562	-.158** .000 1562
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	-.029 .260 1562	-.169** .000 1562	-.166** .000 1562	-.172** .000 1562	1 .000 1562	-.134** .000 1562	-.312** .000 1562	.357** .000 1562	.590** .000 1562	.902** .000 1562
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.023 .357 1562	-.074** .003 1562	-.073** .004 1562	-.076** .003 1562	-.134** .000 1562	1 .000 1562	-.133** .000 1562	-.048 .060 1562	-.079** .002 1562	-.120** .000 1562

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.011 .675 1562	.293** .000 1562	.286** .000 1562	.298** .000 1562	-.312** .000 1562	-.133** .000 1562	1 .000 1562	-.102** .000 1562	-.179** .000 1562	-.282** .000 1562
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.004 .864 1562	-.054* .032 1562	-.053* .035 1562	-.056* .028 1562	.357** .000 1562	-.048 .060 1562	-.102** .000 1562	1 .000 1562	.530** .000 1562	.356** .000 1562
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.003 .905 1562	-.101** .000 1562	-.099** .000 1562	-.103** .000 1562	.590** .000 1562	-.079** .002 1562	-.179** .000 1562	.530** .000 1562	1 1562	.587** .000 1562
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	-.033 .188 1562	-.155** .000 1562	-.152** .000 1562	-.158** .000 1562	.902** .000 1562	-.120** .000 1562	-.282** .000 1562	.356** .000 1562	.587** .000 1562	1 1562
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.012 .645 1562	-.099** .000 1562	-.097** .000 1562	-.102** .000 1562	.616** .000 1562	-.082** .001 1562	-.184** .000 1562	.476** .000 1562	.616** .000 1562	.414** .000 1562
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.003 .914 1562	-.057* .025 1562	-.056* .028 1562	-.058* .021 1562	.368** .000 1562	-.049 .052 1562	-.099** .000 1562	.663** .000 1562	.593** .000 1562	.377** .000 1562
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.010 .685 1562	-.028 .266 1562	-.028 .274 1562	-.029 .257 1562	-.051* .046 1562	.379** .000 1562	-.050* .047 1562	-.018 .476 1562	-.030 .239 1562	-.046 .071 1562
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.012 .629 1562	-.034 .185 1562	-.033 .192 1562	-.034 .177 1562	-.060* .017 1562	.451** .000 1562	-.060* .018 1562	-.022 .396 1562	-.036 .160 1562	-.054* .032 1562

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.016 .538 1562	-.053* .038 1562	-.052* .041 1562	-.054* .034 1562	-.094** .000 1562	.707** .000 1562	-.094** .000 1562	-.034 .184 1562	-.056* .028 1562	-.085** .001 1562
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	.037 .141 1562	-.062* .015 1562	-.061* .016 1562	-.063* .013 1562	-.111** .000 1562	.830** .000 1562	-.110** .000 1562	-.040 .118 1562	-.065** .010 1562	-.100** .000 1562
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.009 .726 1562	-.024 .336 1562	-.024 .344 1562	-.025 .327 1562	-.044 .084 1562	.328** .000 1562	-.044 .085 1562	-.016 .538 1562	-.026 .308 1562	-.039 .119 1562
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	-.018 .478 1562	.592** .000 1562	.579** .000 1562	.602** .000 1562	-.173** .000 1562	-.074** .003 1562	.557** .000 1562	-.065** .010 1562	-.101** .000 1562	-.154** .000 1562
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.036 .153 1562	-.014 .584 1562	-.012 .645 1562	-.017 .513 1562	.176** .000 1562	.032 .208 1562	.093** .000 1562	.077** .002 1562	.131** .000 1562	.190** .000 1562
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.000 .994 1562	.076** .003 1562	.073** .004 1562	.076** .003 1562	.493** .000 1562	.187** .000 1562	.525** .000 1562	.144** .000 1562	.273** .000 1562	.448** .000 1562
Service: Health	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562
Service: Medical	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	-.010 .685 1562	-.003 .909 1562	-.028 .274 1562	-.004 .881 1562	-.017 .511 1562	.013 .613 1562	.103** .000 1562	.057* .026 1562	-.030 .239 1562	-.028 .274 1562
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	-.003 .907 1562	-.008 .749 1562	-.008 .753 1562	-.008 .745 1562	-.015 .566 1562	-.006 .816 1562	.044 .080 1562	-.005 .838 1562	-.009 .735 1562	-.013 .604 1562
Service: OT	Pearson Correlation Sig. (2-tailed) N	.018 .480 1562	-.064* .012 1562	-.061* .016 1562	-.067** .008 1562	.089** .000 1562	.135** .000 1562	.276** .000 1562	.249** .000 1562	.164** .000 1562	.066** .009 1562
Service: PT	Pearson Correlation Sig. (2-tailed) N	.052* .039 1562	-.045 .073 1562	-.041 .102 1562	-.050* .048 1562	.114** .000 1562	.151** .000 1562	.353** .000 1562	.148** .000 1562	.113** .000 1562	.020 .418 1562
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	-.004 .869 1562	-.011 .651 1562	-.011 .656 1562	-.012 .645 1562	.062* .014 1562	-.008 .743 1562	-.020 .419 1562	.084** .001 1562	.106** .000 1562	.069** .006 1562
Service: Respite	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562	. ^a . 1562
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	.060* .017 1562	-.026 .310 1562	-.025 .318 1562	-.026 .301 1562	.084** .001 1562	-.019 .461 1562	.047 .062 1562	.147** .000 1562	.105** .000 1562	.096** .000 1562
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	-.028 .273 1562	-.075** .003 1562	-.072** .005 1562	-.079** .002 1562	.318** .000 1562	.074** .003 1562	.165** .000 1562	.293** .000 1562	.499** .000 1562	.319** .000 1562

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Service: S/L	Pearson Correlation	-.009	-.102**	-.102**	-.104**	.565**	.126**	.108**	.179**	.321**	.602**
	Sig. (2-tailed)	.720	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Service: Vision	Pearson Correlation	-.010	-.028	-.028	-.029	.000	-.020	.103**	.094**	.043	.008
	Sig. (2-tailed)	.685	.266	.274	.257	.990	.419	.000	.000	.093	.746
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Service: Any?	Pearson Correlation	-.004	.073**	.070**	.073**	.527**	.208**	.521**	.189**	.308**	.478**
	Sig. (2-tailed)	.874	.004	.005	.004	.000	.000	.000	.000	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Category	Pearson Correlation	.325**	.194**	.081**	.096**	.151**	.170**	.070**	.292**	.239**	.958**
	Sig. (2-tailed)	.000	.000	.001	.000	.000	.000	.006	.000	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Adaptive	Pearson Correlation	.039	.054*	.076**	-.009	.031	.062*	.090**	-.003	.036	.055*
	Sig. (2-tailed)	.126	.034	.003	.715	.215	.014	.000	.915	.158	.031
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Cognitive	Pearson Correlation	.041	.069**	-.009	-.011	-.017	.013	.074**	-.012	.072**	.063*
	Sig. (2-tailed)	.103	.006	.715	.664	.496	.609	.004	.633	.005	.013
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Comm.	Pearson Correlation	.012	.067**	.043	.072**	.109**	-.055*	.037	-.158**	.032	-.003
	Sig. (2-tailed)	.648	.008	.091	.005	.000	.030	.144	.000	.210	.890
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Motor	Pearson Correlation	.202**	.040	.031	.058*	.031	.201**	.048	-.061*	.059*	.096**
	Sig. (2-tailed)	.000	.114	.221	.022	.223	.000	.057	.016	.020	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Soc./Emot.	Pearson Correlation	.035	.013	.024	.014	-.009	-.017	.079**	.001	.021	-.041
	Sig. (2-tailed)	.169	.617	.343	.569	.733	.499	.002	.956	.397	.110
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Sensory	Pearson Correlation	-.005	-.008	.021	.012	-.011	-.020	.030	-.016	.057*	.018
	Sig. (2-tailed)	.845	.748	.396	.635	.662	.438	.239	.534	.024	.476
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dxd: PSAX	Pearson Correlation	-.103**	-.059*	-.029	-.035	-.054*	-.064*	-.025	.600**	-.019	.075**
	Sig. (2-tailed)	.000	.019	.250	.171	.032	.012	.320	.000	.461	.003
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.098** .000 1562	-.056* .027 1562	-.028 .272 1562	-.033 .190 1562	-.052* .040 1562	-.061* .016 1562	-.024 .342 1562	.577** .000 1562	-.021 .402 1562	.070** .006 1562
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.098** .000 1562	-.050* .049 1562	-.029 .245 1562	-.035 .166 1562	-.055* .030 1562	-.064* .011 1562	-.025 .315 1562	.600** .000 1562	.006 .826 1562	.076** .003 1562
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	.012 .645 1562	.003 .914 1562	-.010 .685 1562	-.012 .629 1562	.016 .538 1562	.037 .141 1562	-.009 .726 1562	-.018 .478 1562	.036 .153 1562	.000 .994 1562
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.099** .000 1562	-.057* .025 1562	-.028 .266 1562	-.034 .185 1562	-.053* .038 1562	-.062* .015 1562	-.024 .336 1562	.592** .000 1562	-.014 .584 1562	.076** .003 1562
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.097** .000 1562	-.056* .028 1562	-.028 .274 1562	-.033 .192 1562	-.052* .041 1562	-.061* .016 1562	-.024 .344 1562	.579** .000 1562	-.012 .645 1562	.073** .004 1562
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.102** .000 1562	-.058* .021 1562	-.029 .257 1562	-.034 .177 1562	-.054* .034 1562	-.063* .013 1562	-.025 .327 1562	.602** .000 1562	-.017 .513 1562	.076** .003 1562
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.616** .000 1562	.368** .000 1562	-.051* .046 1562	-.060* .017 1562	-.094** .000 1562	-.111** .000 1562	-.044 .084 1562	-.173** .000 1562	.176** .000 1562	.493** .000 1562
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.082** .001 1562	-.049 .052 1562	.379** .000 1562	.451** .000 1562	.707** .000 1562	.830** .000 1562	.328** .000 1562	-.074** .003 1562	.032 .208 1562	.187** .000 1562

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	-.184** .000 1562	-.099** .000 1562	-.050* .047 1562	-.060* .018 1562	-.094** .000 1562	-.110** .000 1562	-.044 .085 1562	.557** .000 1562	.093** .000 1562	.525** .000 1562
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.476** .000 1562	.663** .000 1562	-.018 .476 1562	-.022 .396 1562	-.034 .184 1562	-.040 .118 1562	-.016 .538 1562	-.065** .010 1562	.077** .002 1562	.144** .000 1562
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.616** .000 1562	.593** .000 1562	-.030 .239 1562	-.036 .160 1562	-.056* .028 1562	-.065** .010 1562	-.026 .308 1562	-.101** .000 1562	.131** .000 1562	.273** .000 1562
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.414** .000 1562	.377** .000 1562	-.046 .071 1562	-.054* .032 1562	-.085** .001 1562	-.100** .000 1562	-.039 .119 1562	-.154** .000 1562	.190** .000 1562	.448** .000 1562
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	1 .000 1562	.508** .000 1562	-.031 .218 1562	-.037 .142 1562	-.058* .022 1562	-.068** .007 1562	-.027 .287 1562	-.106** .000 1562	.054* .034 1562	.293** .000 1562
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.508** .000 1562	1 .000 1562	-.019 .462 1562	-.022 .380 1562	-.035 .170 1562	-.041 .107 1562	-.016 .524 1562	-.057* .025 1562	.084** .001 1562	.158** .000 1562
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.031 .218 1562	-.019 .462 1562	1 .000 1562	.556** .000 1562	.444** .000 1562	.299** .000 1562	.575** .000 1562	-.028 .268 1562	.036 .158 1562	.055* .031 1562
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.037 .142 1562	-.022 .380 1562	.556** .000 1562	1 .000 1562	.639** .000 1562	.378** .000 1562	.644** .000 1562	-.033 .187 1562	.047 .065 1562	.088** .001 1562

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	-.058* .022 1562	-0.035 .170 1562	.444** .000 1562	.639** .000 1562	1 .000 1562	.378** .000 1562	.411** .000 1562	-.052* .039 1562	.037 .143 1562	.133** .000 1562
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	-.068** .007 1562	-0.041 .107 1562	.299** .000 1562	.378** .000 1562	.378** .000 1562	1 .000 1562	.304** .000 1562	-.061* .015 1562	.060* .018 1562	.170** .000 1562
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.027 .287 1562	-0.016 .524 1562	.575** .000 1562	.644** .000 1562	.411** .000 1562	.304** .000 1562	1 .338 1562	-.024 .338 1562	.048 .058 1562	.073** .004 1562
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	-.106** .000 1562	-.057* .025 1562	-.028 .268 1562	-.033 .187 1562	-.052* .039 1562	-.061* .015 1562	-.024 .338 1562	1 .338 1562	.031 .217 1562	.291** .000 1562
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.054* .034 1562	.084** .001 1562	.036 .158 1562	.047 .065 1562	.037 .143 1562	.060* .018 1562	.048 .058 1562	.031 .217 1562	1 .233** 1562	.233** .000 1562
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.293** .000 1562	.158** .000 1562	.055* .031 1562	.088** .001 1562	.133** .000 1562	.170** .000 1562	.073** .004 1562	.291** .000 1562	.233** .000 1562	1 1562
Service: Health	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^a . 1562

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	-.008 .757 1562	-.019 .462 1562	.076** .003 1562	-.009 .715 1562	-.014 .568 1562	-.017 .503 1562	-.007 .791 1562	.023 .371 1562	.036 .158 1562	.069** .006 1562
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	-.009 .723 1562	-.005 .832 1562	-.002 .930 1562	-.003 .916 1562	-.004 .870 1562	-.005 .847 1562	-.002 .939 1562	-.008 .750 1562	-.007 .791 1562	.024 .340 1562
Service: OT	Pearson Correlation Sig. (2-tailed) N	.207** .000 1562	.191** .000 1562	.071** .005 1562	.030 .240 1562	.027 .279 1562	.163** .000 1562	.068** .007 1562	.001 .964 1562	.156** .000 1562	.352** .000 1562
Service: PT	Pearson Correlation Sig. (2-tailed) N	.304** .000 1562	.090** .000 1562	-.008 .762 1562	-.007 .795 1562	-.003 .916 1562	.212** .000 1562	-.017 .497 1562	.016 .519 1562	.149** .000 1562	.435** .000 1562
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	.101** .000 1562	.081** .001 1562	-.003 .901 1562	-.004 .882 1562	-.006 .816 1562	-.007 .785 1562	-.003 .914 1562	-.011 .652 1562	-.010 .707 1562	-.002 .948 1562
Service: Respite	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562	.^{a} . 1562
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	.099** .000 1562	.181** .000 1562	-.007 .780 1562	-.008 .739 1562	-.013 .603 1562	-.015 .541 1562	-.006 .809 1562	.002 .932 1562	.043 .087 1562	.045 .079 1562
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	.329** .000 1562	.286** .000 1562	.145** .000 1562	.218** .000 1562	.126** .000 1562	.066** .009 1562	.136** .000 1562	-.012 .638 1562	.222** .000 1562	.411** .000 1562

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: S/L	Pearson Correlation	.235**	.192**	.096**	.139**	.213**	.044	.110**	-.006	.303**	.622**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.082	.000	.798	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Service: Vision	Pearson Correlation	.039	.090**	-.008	-.009	-.014	-.017	-.007	-.028	.095**	.084**
	Sig. (2-tailed)	.126	.000	.760	.715	.568	.503	.791	.268	.000	.001
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Service: Any?	Pearson Correlation	.322**	.189**	.066**	.097**	.151**	.178**	.070**	.289**	.245**	.965**
	Sig. (2-tailed)	.000	.000	.009	.000	.000	.000	.006	.000	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Category	Pearson Correlation	. ^a	. ^a	.081**	.023	.363**	.458**	.033 . ^a		.074**	.442**
	Sig. (2-tailed)	.	.	.001	.359	.000	.000	.194	.	.004	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Adaptive	Pearson Correlation	. ^a	. ^a	-.008	-.002	.093**	.065**	-.003 . ^a		.085**	.070**
	Sig. (2-tailed)	.	.	.760	.930	.000	.010	.901	.	.001	.006
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Cognitive	Pearson Correlation	. ^a	. ^a	-.009	-.003	.048	.055 ^a	-.004 . ^a		.069**	.076**
	Sig. (2-tailed)	.	.	.715	.916	.060	.030	.882	.	.006	.003
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Comm.	Pearson Correlation	. ^a	. ^a	-.061 [*]	-.022	-.115**	-.256**	.042 . ^a		.012	.072**
	Sig. (2-tailed)	.	.	.016	.389	.000	.000	.101	.	.637	.005
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Motor	Pearson Correlation	. ^a	. ^a	.012	-.012	.161**	.322**	-.018 . ^a		.062 [*]	.141**
	Sig. (2-tailed)	.	.	.623	.624	.000	.000	.488	.	.014	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Soc./Emot.	Pearson Correlation	. ^a	. ^a	-.016	-.005	-.003	-.015	-.007 . ^a		-.015	.000
	Sig. (2-tailed)	.	.	.515	.851	.905	.557	.791	.	.552	.993
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dev: Sensory	Pearson Correlation	. ^a	. ^a	.021	-.005	.069**	.036	-.007 . ^a		.027	.061 [*]
	Sig. (2-tailed)	.	.	.396	.844	.006	.151	.781	.	.292	.015
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562
Ref: Dxd: PSAX	Pearson Correlation	. ^a	. ^a	.020	-.008	-.057 [*]	-.043	-.012 . ^a		-.027	-.077**
	Sig. (2-tailed)	.	.	.427	.741	.023	.088	.640	.	.294	.002
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562	1562

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.002 .927 1562	-.008 .752 1562	-.081** .001 1562	-.070** .006 1562	-.011 . .655 1562	. . 1562	-.025 .316 1562	-.078** .002 1562
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.019 .445 1562	-.008 .738 1562	-.053* .035 1562	-.041 .108 1562	-.012 . .636 1562	. . 1562	.000 .996 1562	-.063* .013 1562
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.010 .685 1562	-.003 .907 1562	.018 .480 1562	.052* .039 1562	-.004 . .869 1562	. . 1562	.060* .017 1562	-.028 .273 1562
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.003 .909 1562	-.008 .749 1562	-.064* .012 1562	-.045 .073 1562	-.011 . .651 1562	. . 1562	-.026 .310 1562	-.075** .003 1562
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.028 .274 1562	-.008 .753 1562	-.061* .016 1562	-.041 .102 1562	-.011 . .656 1562	. . 1562	-.025 .318 1562	-.072** .005 1562
Ref: SA	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.004 .881 1562	-.008 .745 1562	-.067** .008 1562	-.050* .048 1562	-.012 . .645 1562	. . 1562	-.026 .301 1562	-.079** .002 1562
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.017 .511 1562	-.015 .566 1562	.089** .000 1562	.114** .000 1562	.062* . .014 1562	. . 1562	.084** .001 1562	.318** .000 1562
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.013 .613 1562	-.006 .816 1562	.135** .000 1562	.151** .000 1562	-.008 . .743 1562	. . 1562	-.019 .461 1562	.074** .003 1562

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	.103** .000 1562	.044 .080 1562	.276** .000 1562	.353** .000 1562	-.020 ^a .419 1562	. . 1562	.047 .062 1562	.165** .000 1562
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	.057* .026 1562	-.005 .838 1562	.249** .000 1562	.148** .000 1562	.084** ^a .001 1562	. . 1562	.147** .000 1562	.293** .000 1562
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	-.030 .239 1562	-.009 .735 1562	.164** .000 1562	.113** .000 1562	.106** ^a .000 1562	. . 1562	.105** .000 1562	.499** .000 1562
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	-.028 .274 1562	-.013 .604 1562	.066** .009 1562	.020 .418 1562	.069** ^a .006 1562	. . 1562	.096** .000 1562	.319** .000 1562
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	-.008 .757 1562	-.009 .723 1562	.207** .000 1562	.304** .000 1562	.101** ^a .000 1562	. . 1562	.099** .000 1562	.329** .000 1562
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	-.019 .462 1562	-.005 .832 1562	.191** .000 1562	.090** .000 1562	.081** ^a .001 1562	. . 1562	.181** .000 1562	.286** .000 1562
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	.076** .003 1562	-.002 .930 1562	.071** .005 1562	-.008 .762 1562	-.003 ^a .901 1562	. . 1562	-.007 .780 1562	.145** .000 1562
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1562	. ^a . 1562	-.009 .715 1562	-.003 .916 1562	.030 .240 1562	-.007 .795 1562	-.004 ^a .882 1562	. . 1562	-.008 .739 1562	.218** .000 1562

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.014 .568 1562	-.004 .870 1562	.027 .279 1562	-.003 .916 1562	-.006 .816 1562	. . 1562	-.013 .603 1562	.126** .000 1562
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.017 .503 1562	-.005 .847 1562	.163** .000 1562	.212** .000 1562	-.007 .785 1562	. . 1562	-.015 .541 1562	.066** .009 1562
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.007 .791 1562	-.002 .939 1562	.068** .007 1562	-.017 .497 1562	-.003 .914 1562	. . 1562	-.006 .809 1562	.136** .000 1562
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.023 .371 1562	-.008 .750 1562	.001 .964 1562	.016 .519 1562	-.011 .652 1562	. . 1562	.002 .932 1562	-.012 .638 1562
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.036 .158 1562	-.007 .791 1562	.156** .000 1562	.149** .000 1562	-.010 .707 1562	. . 1562	.043 .087 1562	.222** .000 1562
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.069** .006 1562	.024 .340 1562	.352** .000 1562	.435** .000 1562	-.002 .948 1562	. . 1562	.045 .079 1562	.411** .000 1562
Service: Health	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562
Service: Medical	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	1 .930 1562	-.002 .930 1562	.156** .000 1562	.157** .000 1562	-.003 .901 1562	. . 1562	.085** .001 1562	.089** .000 1562
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.002 .930 1562	1 .930 1562	.063* .012 1562	.050* .047 1562	-.001 .971 1562	. . 1562	-.002 .936 1562	.053* .038 1562
Service: OT	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.156** .000 1562	.063* .012 1562	1 .000 1562	.559** .000 1562	.038 .137 1562	. . 1562	.131** .000 1562	.392** .000 1562
Service: PT	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.157** .000 1562	.050* .047 1562	.559** .000 1562	1 .000 1562	-.018 .477 1562	. . 1562	.100** .000 1562	.358** .000 1562
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	-.003 .901 1562	-.001 .971 1562	.038 .137 1562	-.018 .477 1562	1 .477 1562	. . 1562	-.003 .910 1562	.074** .003 1562
Service: Respite	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562	. . 1562
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.085** .001 1562	-.002 .936 1562	.131** .000 1562	.100** .000 1562	-.003 .910 1562	. . 1562	1 1562	.126** .000 1562
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	. . 1562	. . 1562	.089** .000 1562	.053* .038 1562	.392** .000 1562	.358** .000 1562	.074** .003 1562	. . 1562	.126** .000 1562	1 1562

Service: Health Service: Medical Service: Nursing Service: Nutrition Service: OT Service: PT Service: Psychology Service: Respite Service: Social Work Service: Spec. Inst.

Service: S/L	Pearson Correlation	. ^a	. ^a	.065*	.037	.333**	.265**	.052 ^a	.099**	.513**
	Sig. (2-tailed)	.	.	.010	.147	.000	.000	.040	.000	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562
Service: Vision	Pearson Correlation	. ^a	. ^a	-.008	-.002	.135**	.102**	-.003 ^a	-.007	.126**
	Sig. (2-tailed)	.	.	.760	.930	.000	.000	.901	.780	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562
Service: Any?	Pearson Correlation	. ^a	. ^a	.081**	.023	.368**	.463**	.033 ^a	.074**	.444**
	Sig. (2-tailed)	.	.	.001	.357	.000	.000	.193	.003	.000
	N	1562	1562	1562	1562	1562	1562	1562	1562	1562

*. Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

		Service: S/L	Service: Vision	Service: Any?
Category	Pearson Correlation	.632**	.081**	.991**
	Sig. (2-tailed)	.000	.001	.000
	N	1562	1562	1562
Ref: Dev: Adaptive	Pearson Correlation	.065*	-.008	.052*
	Sig. (2-tailed)	.010	.760	.041
	N	1562	1562	1562
Ref: Dev: Cognitive	Pearson Correlation	.086**	-.009	.059*
	Sig. (2-tailed)	.001	.715	.019
	N	1562	1562	1562
Ref: Dev: Comm.	Pearson Correlation	.273**	-.031	.004
	Sig. (2-tailed)	.000	.215	.861
	N	1562	1562	1562
Ref: Dev: Motor	Pearson Correlation	.050*	.031	.114**
	Sig. (2-tailed)	.048	.221	.000
	N	1562	1562	1562
Ref: Dev: Soc./Emot.	Pearson Correlation	-.016	.024	-.040
	Sig. (2-tailed)	.537	.343	.112
	N	1562	1562	1562
Ref: Dev: Sensory	Pearson Correlation	.046	.254**	.011
	Sig. (2-tailed)	.070	.000	.663
	N	1562	1562	1562
Ref: Dxd: PSAX	Pearson Correlation	-.104**	-.029	.072**
	Sig. (2-tailed)	.000	.250	.004
	N	1562	1562	1562

		Service: S/L	Service: Vision	Service: Any?
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.104** .000 1562	-.028 .272 1562	.068** .007 1562
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.107** .000 1562	-.029 .245 1562	.077** .002 1562
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	-.009 .720 1562	-.010 .685 1562	-.004 .874 1562
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.102** .000 1562	-.028 .266 1562	.073** .004 1562
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.102** .000 1562	-.028 .274 1562	.070** .005 1562
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.104** .000 1562	-.029 .257 1562	.073** .004 1562
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.565** .000 1562	.000 .990 1562	.527** .000 1562
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.126** .000 1562	-.020 .419 1562	.208** .000 1562

		Service: S/L	Service: Vision	Service: Any?
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.108** .000 1562	.103** .000 1562	.521** .000 1562
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.179** .000 1562	.094** .000 1562	.189** .000 1562
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.321** .000 1562	.043 .093 1562	.308** .000 1562
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.602** .000 1562	.008 .746 1562	.478** .000 1562
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.235** .000 1562	.039 .126 1562	.322** .000 1562
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.192** .000 1562	.090** .000 1562	.189** .000 1562
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.096** .000 1562	-.008 .760 1562	.066** .009 1562
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.139** .000 1562	-.009 .715 1562	.097** .000 1562

		Service: S/L	Service: Vision	Service: Any?
Elig Atyp: Comm.	Pearson Correlation	.213**	-.014	.151**
	Sig. (2-tailed)	.000	.568	.000
	N	1562	1562	1562
Elig Atyp: Motor	Pearson Correlation	.044	-.017	.178**
	Sig. (2-tailed)	.082	.503	.000
	N	1562	1562	1562
Elig Atyp: Soc./Emot.	Pearson Correlation	.110**	-.007	.070**
	Sig. (2-tailed)	.000	.791	.006
	N	1562	1562	1562
Elig High Prob.: PSAE	Pearson Correlation	-.006	-.028	.289**
	Sig. (2-tailed)	.798	.268	.000
	N	1562	1562	1562
Service: Audiology	Pearson Correlation	.303**	.095**	.245**
	Sig. (2-tailed)	.000	.000	.000
	N	1562	1562	1562
Service: Family Counseling/ Training	Pearson Correlation	.622**	.084**	.965**
	Sig. (2-tailed)	.000	.001	.000
	N	1562	1562	1562
Service: Health	Pearson Correlation ^a	.	.	.
	Sig. (2-tailed)	.	.	.
	N	1562	1562	1562
Service: Medical	Pearson Correlation ^a	.	.	.
	Sig. (2-tailed)	.	.	.
	N	1562	1562	1562

		Service: S/L	Service: Vision	Service: Any?
Service: Nursing	Pearson Correlation	.065*	-.008	.081**
	Sig. (2-tailed)	.010	.760	.001
	N	1562	1562	1562
Service: Nutrition	Pearson Correlation	.037	-.002	.023
	Sig. (2-tailed)	.147	.930	.357
	N	1562	1562	1562
Service: OT	Pearson Correlation	.333**	.135**	.368**
	Sig. (2-tailed)	.000	.000	.000
	N	1562	1562	1562
Service: PT	Pearson Correlation	.265**	.102**	.463**
	Sig. (2-tailed)	.000	.000	.000
	N	1562	1562	1562
Service: Psychology	Pearson Correlation	.052*	-.003	.033
	Sig. (2-tailed)	.040	.901	.193
	N	1562	1562	1562
Service: Respite	Pearson Correlation	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.
	N	1562	1562	1562
Service: Social Work	Pearson Correlation	.099**	-.007	.074**
	Sig. (2-tailed)	.000	.780	.003
	N	1562	1562	1562
Service: Spec. Inst.	Pearson Correlation	.513**	.126**	.444**
	Sig. (2-tailed)	.000	.000	.000
	N	1562	1562	1562

		Service: S/L	Service: Vision	Service: Any?
Service: S/L	Pearson Correlation	1	.081**	.635**
	Sig. (2-tailed)		.001	.000
	N	1562	1562	1562
Service: Vision	Pearson Correlation	.081**	1	.081**
	Sig. (2-tailed)	.001		.001
	N	1562	1562	1562
Service: Any?	Pearson Correlation	.635**	.081**	1
	Sig. (2-tailed)	.000	.001	
	N	1562	1562	1562

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant.

Table 8

Associations for All Variables, Research Year 07-08

	Category	Ref. Dev: Adaptive	Ref. Dev: Cognitive	Ref. Dev: Comm.	Ref. Dev: Motor	Ref. Dev: Soc./Emot.	Ref. Dev: Sensory	Ref. Dxd: PSAX	Ref. Env: Maternal SA	Ref. Bio: SAE/X	
Category	Pearson Correlation	1	.024	.025	-.069**	.009	-.059*	.003	.049*	.075**	.124**
	Sig. (2-tailed)		.307	.287	.003	.717	.013	.883	.037	.001	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref. Dev: Adaptive	Pearson Correlation	.024	1	.333**	.029	-.010	.161**	-.004	-.003	-.004	-.006
	Sig. (2-tailed)	.307		.000	.211	.685	.000	.869	.904	.854	.805
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref. Dev: Cognitive	Pearson Correlation	.025	.333**	1	.040	.016	.099**	.086**	-.009	-.013	-.017
	Sig. (2-tailed)	.287	.000		.088	.485	.000	.000	.717	.581	.458
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref. Dev: Comm.	Pearson Correlation	-.069**	.029	.040	1	-.074**	.088**	.044	-.049*	-.121**	-.158**
	Sig. (2-tailed)	.003	.211	.088		.002	.000	.059	.038	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref. Dev: Motor	Pearson Correlation	.009	-.010	.016	-.074**	1	-.004	-.027	-.022	-.065**	-.093**
	Sig. (2-tailed)	.717	.685	.485	.002		.862	.243	.343	.005	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref. Dev: Soc./Emot.	Pearson Correlation	-.059*	.161**	.099**	.088**	-.004	1	.000	.015	-.027	-.020
	Sig. (2-tailed)	.013	.000	.000	.000	.862		.995	.531	.253	.405
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref. Dev: Sensory	Pearson Correlation	.003	-.004	.086**	.044	-.027	.000	1	-.020	-.030	-.041
	Sig. (2-tailed)	.883	.869	.000	.059	.243	.995		.397	.198	.083
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref. Dxd: PSAX	Pearson Correlation	.049*	-.003	-.009	-.049*	-.022	.015	-.020	1	.396**	.349**
	Sig. (2-tailed)	.037	.904	.717	.038	.343	.531	.397		.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.075** .001 1812	-.004 .854 1812	-.013 .581 1812	-.121** .000 1812	-.065** .005 1812	-.027 .253 1812	-.030 .198 1812	.396** .000 1812	1 .000 1812	.637** .000 1812
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	.124** .000 1812	-.006 .805 1812	-.017 .458 1812	-.158** .000 1812	-.093** .000 1812	-.020 .405 1812	-.041 .083 1812	.349** .000 1812	.637** .000 1812	1 .000 1812
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	.024 .307 1812	-.001 .981 1812	-.002 .944 1812	.029 .211 1812	-.010 .685 1812	-.003 .884 1812	-.004 .869 1812	-.003 .904 1812	-.004 .854 1812	-.006 .805 1812
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	.055* .019 1812	-.002 .916 1812	-.007 .751 1812	-.052* .027 1812	-.028 .239 1812	-.015 .511 1812	-.017 .458 1812	.520** .000 1812	.397** .000 1812	.383** .000 1812
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.064** .006 1812	-.003 .906 1812	-.008 .722 1812	-.065** .005 1812	-.021 .376 1812	-.017 .461 1812	-.020 .407 1812	.344** .000 1812	.511** .000 1812	.439** .000 1812
Ref: SA	Pearson Correlation Sig. (2-tailed) N	.089** .000 1812	-.004 .851 1812	-.013 .572 1812	-.119** .000 1812	-.068** .004 1812	-.006 .787 1812	-.031 .186 1812	.462** .000 1812	.855** .000 1812	.750** .000 1812
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.538** .000 1812	.044 .059 1812	.038 .101 1812	.236** .000 1812	.072** .002 1812	-.003 .897 1812	-.021 .374 1812	-.053* .025 1812	-.090** .000 1812	-.119** .000 1812
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.222** .000 1812	-.005 .828 1812	.022 .341 1812	-.005 .826 1812	.041 .079 1812	.005 .825 1812	.014 .560 1812	-.004 .867 1812	-.025 .288 1812	-.019 .407 1812

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.544** .000 1812	-.013 .589 1812	-.019 .408 1812	-.310** .000 1812	-.083** .000 1812	-.061** .010 1812	.026 .273 1812	.123** .000 1812	.191** .000 1812	.281** .000 1812
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.227** .000 1812	-.005 .820 1812	.057* .016 1812	.070** .003 1812	.032 .167 1812	-.015 .511 1812	.010 .664 1812	-.006 .800 1812	-.027 .245 1812	-.034 .146 1812
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.298** .000 1812	.081** .001 1812	.067** .004 1812	.142** .000 1812	.023 .323 1812	.015 .533 1812	.003 .897 1812	-.018 .446 1812	-.053* .023 1812	-.063** .007 1812
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.476** .000 1812	.050* .032 1812	.029 .223 1812	.317** .000 1812	-.011 .643 1812	.002 .923 1812	-.005 .832 1812	-.044 .061 1812	-.077** .001 1812	-.109** .000 1812
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.346** .000 1812	-.008 .735 1812	.053* .023 1812	.004 .857 1812	.175** .000 1812	.001 .966 1812	-.033 .156 1812	-.026 .275 1812	-.052* .027 1812	-.076** .001 1812
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.189** .000 1812	-.004 .853 1812	.031 .190 1812	.036 .130 1812	.031 .184 1812	-.006 .813 1812	.008 .737 1812	-.022 .342 1812	-.017 .481 1812	-.019 .415 1812
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.080** .001 1812	-.002 .938 1812	-.006 .814 1812	.010 .658 1812	-.011 .631 1812	.038 .105 1812	-.013 .583 1812	-.009 .688 1812	-.014 .542 1812	-.019 .412 1812
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.093** .000 1812	-.002 .927 1812	-.006 .784 1812	.027 .252 1812	-.020 .405 1812	.072** .002 1812	-.015 .521 1812	-.011 .639 1812	-.017 .476 1812	-.023 .337 1812

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.153** .000 1812	-.004 .881 1812	-.011 .652 1812	.065** .006 1812	-.018 .449 1812	.030 .195 1812	-.001 .953 1812	-.018 .441 1812	-.028 .241 1812	-.005 .839 1812
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	.176** .000 1812	-.004 .864 1812	-.012 .605 1812	-.056* .017 1812	.082** .000 1812	.021 .372 1812	-.008 .741 1812	.007 .764 1812	-.013 .583 1812	-.028 .230 1812
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.068** .004 1812	-.002 .947 1812	-.005 .841 1812	.032 .171 1812	-.027 .250 1812	.106** .000 1812	-.011 .640 1812	-.008 .733 1812	-.012 .603 1812	-.016 .485 1812
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.293** .000 1812	-.007 .772 1812	-.021 .383 1812	-.194** .000 1812	-.071** .003 1812	-.028 .231 1812	-.048* .041 1812	.259** .000 1812	.399** .000 1812	.557** .000 1812
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.246** .000 1812	.094** .000 1812	.116** .000 1812	.064** .007 1812	.019 .410 1812	.045 .055 1812	.017 .470 1812	-.011 .654 1812	-.033 .163 1812	-.052* .028 1812
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.943** .000 1812	.025 .281 1812	.013 .575 1812	-.060* .010 1812	-.001 .958 1812	-.051* .031 1812	.006 .814 1812	.018 .434 1812	.067** .004 1812	.114** .000 1812
Service: Health	Pearson Correlation Sig. (2-tailed) N	.024 .307 1812	-.001 .981 1812	-.002 .944 1812	-.019 .424 1812	-.010 .685 1812	-.003 .884 1812	-.004 .869 1812	-.003 .904 1812	-.004 .854 1812	-.006 .805 1812
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^a . 1812

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	.099** .000 1812	-.002 .923 1812	-.007 .770 1812	-.031 .190 1812	.026 .264 1812	-.014 .545 1812	.020 .405 1812	.036 .121 1812	-.018 .448 1812	.050* .034 1812
Service: Nutrition	Pearson Correlation ^a Sig. (2-tailed) N	. ^a . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	. . 1812
Service: OT	Pearson Correlation Sig. (2-tailed) N	.392** .000 1812	.061** .010 1812	.043 .070 1812	-.107** .000 1812	.069** .003 1812	-.011 .644 1812	.038 .103 1812	-.033 .162 1812	-.062** .009 1812	-.039 .096 1812
Service: PT	Pearson Correlation Sig. (2-tailed) N	.465** .000 1812	-.011 .645 1812	.029 .212 1812	-.241** .000 1812	.192** .000 1812	-.037 .114 1812	-.031 .188 1812	.030 .206 1812	-.027 .243 1812	-.020 .388 1812
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	.024 .307 1812	-.001 .981 1812	-.002 .944 1812	.029 .211 1812	-.010 .685 1812	-.003 .884 1812	-.004 .869 1812	-.003 .904 1812	-.004 .854 1812	-.006 .805 1812
Service: Respite	Pearson Correlation ^a Sig. (2-tailed) N	. ^a . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	. . 1812
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	.080** .001 1812	-.002 .938 1812	-.006 .814 1812	-.004 .859 1812	.091** .000 1812	-.011 .627 1812	-.013 .583 1812	-.009 .688 1812	-.014 .542 1812	.011 .632 1812
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	.419** .000 1812	.057* .015 1812	.083** .000 1812	.133** .000 1812	.037 .119 1812	.017 .476 1812	.030 .199 1812	-.036 .123 1812	-.066** .005 1812	-.054* .022 1812

Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Service: S/L										
Pearson Correlation	.614**	.039	.011	.189**	-.011	-.027	.018	-.041	-.068**	-.084**
Sig. (2-tailed)	.000	.096	.644	.000	.652	.252	.455	.081	.004	.000
N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Vision										
Pearson Correlation	.102**	-.002	-.007	-.034	.023	-.015	.157**	-.012	-.018	-.025
Sig. (2-tailed)	.000	.920	.763	.143	.322	.533	.000	.607	.434	.293
N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Any?										
Pearson Correlation	.977**	.024	.026	-.062**	.008	-.049*	.006	.041	.066**	.118**
Sig. (2-tailed)	.000	.300	.268	.008	.734	.038	.804	.078	.005	.000
N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Category	Pearson Correlation	.024	.055*	.064**	.089**	.538**	.222**	.544**	.227**	.298**	.476**
	Sig. (2-tailed)	.307	.019	.006	.000	.000	.000	.000	.000	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Adaptive	Pearson Correlation	-.001	-.002	-.003	-.004	.044	-.005	-.013	-.005	.081**	.050*
	Sig. (2-tailed)	.981	.916	.906	.851	.059	.828	.589	.820	.001	.032
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Cognitive	Pearson Correlation	-.002	-.007	-.008	-.013	.038	.022	-.019	.057*	.067**	.029
	Sig. (2-tailed)	.944	.751	.722	.572	.101	.341	.408	.016	.004	.223
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Comm.	Pearson Correlation	.029	-.052*	-.065**	-.119**	.236**	-.005	-.310**	.070**	.142**	.317**
	Sig. (2-tailed)	.211	.027	.005	.000	.000	.826	.000	.003	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Motor	Pearson Correlation	-.010	-.028	-.021	-.068**	.072**	.041	-.083**	.032	.023	-.011
	Sig. (2-tailed)	.685	.239	.376	.004	.002	.079	.000	.167	.323	.643
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Soc./Emot.	Pearson Correlation	-.003	-.015	-.017	-.006	-.003	.005	-.061**	-.015	.015	.002
	Sig. (2-tailed)	.884	.511	.461	.787	.897	.825	.010	.511	.533	.923
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Sensory	Pearson Correlation	-.004	-.017	-.020	-.031	-.021	.014	.026	.010	.003	-.005
	Sig. (2-tailed)	.869	.458	.407	.186	.374	.560	.273	.664	.897	.832
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dxd: PSAX	Pearson Correlation	-.003	.520**	.344**	.462**	-.053*	-.004	.123**	-.006	-.018	-.044
	Sig. (2-tailed)	.904	.000	.000	.000	.025	.867	.000	.800	.446	.061
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.004 .854 1812	.397** .000 1812	.511** .000 1812	.855** .000 1812	-.090** .000 1812	-.025 .288 1812	.191** .000 1812	-.027 .245 1812	-.053* .023 1812	-.077** .001 1812
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.006 .805 1812	.383** .000 1812	.439** .000 1812	.750** .000 1812	-.119** .000 1812	-.019 .407 1812	.281** .000 1812	-.034 .146 1812	-.063** .007 1812	-.109** .000 1812
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	1 .916 1812	-.002 .916 1812	-.003 .906 1812	-.004 .851 1812	.044 .059 1812	-.005 .828 1812	-.013 .589 1812	-.005 .820 1812	.081** .001 1812	.050* .032 1812
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.002 .916 1812	1 .916 1812	.486** .000 1812	.532** .000 1812	-.056* .017 1812	-.023 .328 1812	.132** .000 1812	-.024 .307 1812	-.031 .190 1812	-.049* .036 1812
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.003 .906 1812	.486** .000 1812	1 .906 1812	.576** .000 1812	-.051* .029 1812	-.026 .273 1812	.140** .000 1812	-.005 .832 1812	-.034 .142 1812	-.043 .069 1812
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.004 .851 1812	.532** .000 1812	.576** .000 1812	1 .000 1812	-.092** .000 1812	-.026 .262 1812	.217** .000 1812	-.029 .222 1812	-.055* .019 1812	-.080** .001 1812
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.044 .059 1812	-.056* .017 1812	-.051* .029 1812	-.092** .000 1812	1 .000 1812	-.109** .000 1812	-.286** .000 1812	.429** .000 1812	.551** .000 1812	.879** .000 1812
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.005 .828 1812	-.023 .328 1812	-.026 .273 1812	-.026 .262 1812	-.109** .000 1812	1 .000 1812	-.118** .000 1812	-.049* .035 1812	-.063** .007 1812	-.094** .000 1812

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	-.013 .589 1812	.132** .000 1812	.140** .000 1812	.217** .000 1812	-.286** .000 1812	-.118** .000 1812	1 .000 1812	-.123** .000 1812	-.158** .000 1812	-.252** .000 1812
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.005 .820 1812	-.024 .307 1812	-.005 .832 1812	-.029 .222 1812	.429** .000 1812	-.049* .035 1812	-.123** .000 1812	1 .000 1812	.618** .000 1812	.455** .000 1812
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.081** .001 1812	-.031 .190 1812	-.034 .142 1812	-.055* .019 1812	.551** .000 1812	-.063** .007 1812	-.158** .000 1812	.618** .000 1812	1 1812	.572** .000 1812
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.050* .032 1812	-.049* .036 1812	-.043 .069 1812	-.080** .001 1812	.879** .000 1812	-.094** .000 1812	-.252** .000 1812	.455** .000 1812	.572** .000 1812	1 1812
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	-.008 .735 1812	-.036 .127 1812	-.025 .296 1812	-.054* .022 1812	.640** .000 1812	-.065** .006 1812	-.183** .000 1812	.510** .000 1812	.549** .000 1812	.401** .000 1812
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.004 .853 1812	-.020 .406 1812	.005 .846 1812	-.018 .447 1812	.349** .000 1812	-.040 .086 1812	-.100** .000 1812	.814** .000 1812	.520** .000 1812	.381** .000 1812
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.002 .938 1812	-.008 .725 1812	-.009 .694 1812	-.015 .531 1812	-.041 .078 1812	.359** .000 1812	-.042 .072 1812	-.018 .450 1812	-.023 .332 1812	-.036 .121 1812
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.002 .927 1812	-.010 .681 1812	-.011 .646 1812	-.017 .464 1812	-.048* .039 1812	.420** .000 1812	-.049* .035 1812	-.021 .377 1812	-.027 .257 1812	-.043 .070 1812

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	-.004 .881 1812	-.016 .500 1812	-.018 .450 1812	-.028 .229 1812	-.080** .001 1812	.690** .000 1812	-.081** .001 1812	-.034 .146 1812	-.044 .062 1812	-.070** .003 1812
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	-.004 .864 1812	-.018 .440 1812	-.020 .387 1812	-.014 .547 1812	-.083** .000 1812	.790** .000 1812	-.093** .000 1812	-.039 .096 1812	-.050* .033 1812	-.071** .002 1812
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.002 .947 1812	-.007 .765 1812	-.008 .738 1812	-.013 .594 1812	-.035 .133 1812	.306** .000 1812	-.036 .125 1812	-.015 .520 1812	-.019 .409 1812	-.031 .187 1812
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	-.007 .772 1812	.265** .000 1812	.266** .000 1812	.433** .000 1812	-.154** .000 1812	-.063** .007 1812	.537** .000 1812	-.066** .005 1812	-.085** .000 1812	-.135** .000 1812
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	-.006 .802 1812	-.026 .260 1812	-.030 .207 1812	-.034 .145 1812	.252** .000 1812	.081** .001 1812	.016 .507 1812	.203** .000 1812	.214** .000 1812	.281** .000 1812
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.025 .281 1812	.040 .091 1812	.052* .028 1812	.081** .001 1812	.526** .000 1812	.213** .000 1812	.501** .000 1812	.204** .000 1812	.265** .000 1812	.465** .000 1812
Service: Health	Pearson Correlation Sig. (2-tailed) N	-.001 .981 1812	-.002 .916 1812	-.003 .906 1812	-.004 .851 1812	-.012 .596 1812	-.005 .828 1812	.043 .064 1812	-.005 .820 1812	-.007 .771 1812	-.011 .642 1812
Service: Medical	Pearson Correlation Sig. (2-tailed) N	. ^a . 1812	. ^a . 1812	. ^a . 1812	. ^a . 1812	. ^a . 1812	. ^a . 1812	. ^a . 1812	. ^a . 1812	. ^a . 1812	. ^a . 1812

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	-.002 .923 1812	-.010 .662 1812	-.012 .624 1812	-.018 .436 1812	-.010 .670 1812	.034 .149 1812	.112** .000 1812	.004 .852 1812	-.007 .763 1812	-.030 .196 1812
Service: Nutrition	Pearson Correlation ^a Sig. (2-tailed) N	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812
Service: OT	Pearson Correlation Sig. (2-tailed) N	-.009 .699 1812	-.025 .284 1812	-.018 .453 1812	-.064** .007 1812	.184** .000 1812	.121** .000 1812	.234** .000 1812	.238** .000 1812	.235** .000 1812	.163** .000 1812
Service: PT	Pearson Correlation Sig. (2-tailed) N	-.011 .645 1812	-.007 .763 1812	.008 .746 1812	-.023 .328 1812	.127** .000 1812	.172** .000 1812	.347** .000 1812	.090** .000 1812	.060* .011 1812	-.018 .450 1812
Service: Psychology	Pearson Correlation Sig. (2-tailed) N	-.001 .981 1812	-.002 .916 1812	-.003 .906 1812	-.004 .851 1812	-.012 .596 1812	.108** .000 1812	-.013 .589 1812	-.005 .820 1812	-.007 .771 1812	-.011 .642 1812
Service: Respite	Pearson Correlation ^a Sig. (2-tailed) N	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812	^a . 1812
Service: Social Work	Pearson Correlation Sig. (2-tailed) N	-.002 .938 1812	-.008 .725 1812	-.009 .694 1812	-.015 .531 1812	.062** .009 1812	.017 .465 1812	.026 .275 1812	.081** .001 1812	.057* .016 1812	.019 .412 1812
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N	.057* .015 1812	-.043 .065 1812	-.022 .359 1812	-.069** .003 1812	.387** .000 1812	.069** .003 1812	.082** .000 1812	.387** .000 1812	.547** .000 1812	.409** .000 1812

	Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Service: S/L										
Pearson Correlation	.039	-.052*	-.050*	-.086**	.585**	.146**	.078**	.245**	.350**	.651**
Sig. (2-tailed)	.096	.028	.034	.000	.000	.000	.001	.000	.000	.000
N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Vision										
Pearson Correlation	-.002	-.011	-.012	-.019	-.026	-.022	.159**	-.023	-.029	-.018
Sig. (2-tailed)	.920	.653	.614	.423	.266	.354	.000	.333	.214	.455
N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Any?										
Pearson Correlation	.024	.035	.047*	.080**	.541**	.226**	.523**	.235**	.294**	.474**
Sig. (2-tailed)	.300	.131	.046	.001	.000	.000	.000	.000	.000	.000
N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Category	Pearson Correlation	.346**	.189**	.080**	.093**	.153**	.176**	.068**	.293**	.246**	.943**
	Sig. (2-tailed)	.000	.000	.001	.000	.000	.000	.004	.000	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Adaptive	Pearson Correlation	-.008	-.004	-.002	-.002	-.004	-.004	-.002	-.007	.094**	.025
	Sig. (2-tailed)	.735	.853	.938	.927	.881	.864	.947	.772	.000	.281
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Cognitive	Pearson Correlation	.053*	.031	-.006	-.006	-.011	-.012	-.005	-.021	.116**	.013
	Sig. (2-tailed)	.023	.190	.814	.784	.652	.605	.841	.383	.000	.575
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Comm.	Pearson Correlation	.004	.036	.010	.027	.065**	-.056*	.032	-.194**	.064**	-.060*
	Sig. (2-tailed)	.857	.130	.658	.252	.006	.017	.171	.000	.007	.010
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Motor	Pearson Correlation	.175**	.031	-.011	-.020	-.018	.082**	-.027	-.071**	.019	-.001
	Sig. (2-tailed)	.000	.184	.631	.405	.449	.000	.250	.003	.410	.958
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Soc./Emot.	Pearson Correlation	.001	-.006	.038	.072**	.030	.021	.106**	-.028	.045	-.051*
	Sig. (2-tailed)	.966	.813	.105	.002	.195	.372	.000	.231	.055	.031
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dev: Sensory	Pearson Correlation	-.033	.008	-.013	-.015	-.001	-.008	-.011	-.048*	.017	.006
	Sig. (2-tailed)	.156	.737	.583	.521	.953	.741	.640	.041	.470	.814
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Ref: Dxd: PSAX	Pearson Correlation	-.026	-.022	-.009	-.011	-.018	.007	-.008	.259**	-.011	.018
	Sig. (2-tailed)	.275	.342	.688	.639	.441	.764	.733	.000	.654	.434
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.052* .027 1812	-.017 .481 1812	-.014 .542 1812	-.017 .476 1812	-.028 .241 1812	-.013 .583 1812	-.012 .603 1812	.399** .000 1812	-.033 .163 1812	.067** .004 1812
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.076** .001 1812	-.019 .415 1812	-.019 .412 1812	-.023 .337 1812	-.005 .839 1812	-.028 .230 1812	-.016 .485 1812	.557** .000 1812	-.052* .028 1812	.114** .000 1812
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	-.008 .735 1812	-.004 .853 1812	-.002 .938 1812	-.002 .927 1812	-.004 .881 1812	-.004 .864 1812	-.002 .947 1812	-.007 .772 1812	-.006 .802 1812	.025 .281 1812
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.036 .127 1812	-.020 .406 1812	-.008 .725 1812	-.010 .681 1812	-.016 .500 1812	-.018 .440 1812	-.007 .765 1812	.265** .000 1812	-.026 .260 1812	.040 .091 1812
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.025 .296 1812	.005 .846 1812	-.009 .694 1812	-.011 .646 1812	-.018 .450 1812	-.020 .387 1812	-.008 .738 1812	.266** .000 1812	-.030 .207 1812	.052* .028 1812
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.054* .022 1812	-.018 .447 1812	-.015 .531 1812	-.017 .464 1812	-.028 .229 1812	-.014 .547 1812	-.013 .594 1812	.433** .000 1812	-.034 .145 1812	.081** .001 1812
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.640** .000 1812	.349** .000 1812	-.041 .078 1812	-.048* .039 1812	-.080** .001 1812	-.083** .000 1812	-.035 .133 1812	-.154** .000 1812	.252** .000 1812	.526** .000 1812
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.065** .006 1812	-.040 .086 1812	.359** .000 1812	.420** .000 1812	.690** .000 1812	.790** .000 1812	.306** .000 1812	-.063** .007 1812	.081** .001 1812	.213** .000 1812

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	-.183** .000 1812	-.100** .000 1812	-.042 .072 1812	-.049* .035 1812	-.081** .001 1812	-.093** .000 1812	-.036 .125 1812	.537** .000 1812	.016 .507 1812	.501** .000 1812
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.510** .000 1812	.814** .000 1812	-.018 .450 1812	-.021 .377 1812	-.034 .146 1812	-.039 .096 1812	-.015 .520 1812	-.066** .005 1812	.203** .000 1812	.204** .000 1812
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.549** .000 1812	.520** .000 1812	-.023 .332 1812	-.027 .257 1812	-.044 .062 1812	-.050* .033 1812	-.019 .409 1812	-.085** .000 1812	.214** .000 1812	.265** .000 1812
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.401** .000 1812	.381** .000 1812	-.036 .121 1812	-.043 .070 1812	-.070** .003 1812	-.071** .002 1812	-.031 .187 1812	-.135** .000 1812	.281** .000 1812	.465** .000 1812
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	1 .000 1812	.414** .000 1812	-.027 .259 1812	-.031 .187 1812	-.051* .030 1812	-.047* .043 1812	-.023 .337 1812	-.099** .000 1812	.154** .000 1812	.340** .000 1812
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.414** .000 1812	1 .000 1812	-.014 .538 1812	-.017 .472 1812	-.028 .237 1812	-.032 .176 1812	-.012 .600 1812	-.054* .022 1812	.189** .000 1812	.162** .000 1812
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.027 .259 1812	-.014 .538 1812	1 .000 1812	.542** .000 1812	.375** .000 1812	.199** .000 1812	.531** .000 1812	-.023 .334 1812	.071** .003 1812	.084** .000 1812
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.031 .187 1812	-.017 .472 1812	.542** .000 1812	1 .000 1812	.567** .000 1812	.276** .000 1812	.545** .000 1812	-.027 .259 1812	.106** .000 1812	.098** .000 1812

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	-.051* .030 1812	-.028 .237 1812	.375** .000 1812	.567** .000 1812	1 .000 1812	.312** .000 1812	.387** .000 1812	-.044 .063 1812	.122** .000 1812	.162** .000 1812
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	-.047* .043 1812	-.032 .176 1812	.199** .000 1812	.276** .000 1812	.312** .000 1812	1 .000 1812	.238** .000 1812	-.050* .034 1812	.041 .080 1812	.165** .000 1812
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.023 .337 1812	-.012 .600 1812	.531** .000 1812	.545** .000 1812	.387** .000 1812	.238** .000 1812	1 .000 1812	-.019 .411 1812	.054* .022 1812	.055* .019 1812
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	-.099** .000 1812	-.054* .022 1812	-.023 .334 1812	-.027 .259 1812	-.044 .063 1812	-.050* .034 1812	-.019 .411 1812	1 .108 1812	-.038 .108 1812	.276** .000 1812
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.154** .000 1812	.189** .000 1812	.071** .003 1812	.106** .000 1812	.122** .000 1812	.041 .080 1812	.054* .022 1812	-.038 .108 1812	1 .000 1812	.242** .000 1812
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.340** .000 1812	.162** .000 1812	.084** .000 1812	.098** .000 1812	.162** .000 1812	.165** .000 1812	.055* .019 1812	.276** .000 1812	.242** .000 1812	1 1812
Service: Health	Pearson Correlation Sig. (2-tailed) N	-.008 .735 1812	-.004 .853 1812	-.002 .938 1812	-.002 .927 1812	-.004 .881 1812	-.004 .864 1812	-.002 .947 1812	-.007 .772 1812	-.006 .802 1812	.025 .281 1812
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^{a} . 1812	.^a . 1812

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: Nursing	Pearson Correlation	.023	.014	-.008	-.009	-.015	.018	.080**	.036	.024	.013
	Sig. (2-tailed)	.319	.552	.746	.705	.534	.455	.001	.127	.303	.578
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Nutrition	Pearson Correlation ^a	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: OT	Pearson Correlation	.262**	.167**	.096**	.073**	.076**	.130**	.123**	.010	.209**	.368**
	Sig. (2-tailed)	.000	.000	.000	.002	.001	.000	.000	.670	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: PT	Pearson Correlation	.320**	.085**	.057*	.038	.039	.225**	.057*	.034	.112**	.445**
	Sig. (2-tailed)	.000	.000	.015	.107	.094	.000	.016	.149	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Psychology	Pearson Correlation	-.008	-.004	-.002	-.002	-.004	-.004	.353**	-.007	-.006	-.022
	Sig. (2-tailed)	.735	.853	.938	.927	.881	.864	.000	.772	.802	.354
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Respite	Pearson Correlation ^a	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Social Work	Pearson Correlation	.067**	.105**	-.006	-.007	-.012	.029	-.005	-.023	.011	.027
	Sig. (2-tailed)	.004	.000	.795	.761	.617	.215	.825	.334	.653	.246
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Spec. Inst.	Pearson Correlation	.336**	.328**	.110**	.171**	.131**	.052*	.115**	-.060*	.304**	.382**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.027	.000	.010	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: S/L	Pearson Correlation	.248**	.189**	.098**	.138**	.241**	.046*	.111**	-.039	.337**	.618**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.048	.000	.094	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Vision	Pearson Correlation	-.034	-.019	-.008	-.009	-.015	-.017	-.007	-.008	-.001	.097**
	Sig. (2-tailed)	.148	.430	.739	.697	.522	.464	.777	.723	.950	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Any?	Pearson Correlation	.351**	.192**	.081**	.095**	.156**	.178**	.069**	.280**	.260**	.961**
	Sig. (2-tailed)	.000	.000	.001	.000	.000	.000	.003	.000	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

Service: Service: Service: Service: Service: OT Service: PT Service: Service: Service: Service:
 Health Medical Nursing Nutrition Psychology Respite Social Work Spec. Inst.

Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.043 ^a .064 1812	.1812	.112 ^{**a} .000 1812	.1812	.234 ^{**} .000 1812	.347 ^{**} .000 1812	-.013 ^a .589 1812	.1812	.026 .275 1812	.082 ^{**} .000 1812
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.005 ^a .820 1812	.1812	.004 ^a .852 1812	.1812	.238 ^{**} .000 1812	.090 ^{**} .000 1812	-.005 ^a .820 1812	.1812	.081 ^{**} .001 1812	.387 ^{**} .000 1812
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.007 ^a .771 1812	.1812	-.007 ^a .763 1812	.1812	.235 ^{**} .000 1812	.060 [*] .011 1812	-.007 ^a .771 1812	.1812	.057 [*] .016 1812	.547 ^{**} .000 1812
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	-.011 ^a .642 1812	.1812	-.030 ^a .196 1812	.1812	.163 ^{**} .000 1812	-.018 .450 1812	-.011 ^a .642 1812	.1812	.019 .412 1812	.409 ^{**} .000 1812
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	-.008 ^a .735 1812	.1812	.023 ^a .319 1812	.1812	.262 ^{**} .000 1812	.320 ^{**} .000 1812	-.008 ^a .735 1812	.1812	.067 ^{**} .004 1812	.336 ^{**} .000 1812
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.004 ^a .853 1812	.1812	.014 ^a .552 1812	.1812	.167 ^{**} .000 1812	.085 ^{**} .000 1812	-.004 ^a .853 1812	.1812	.105 ^{**} .000 1812	.328 ^{**} .000 1812
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.002 ^a .938 1812	.1812	-.008 ^a .746 1812	.1812	.096 ^{**} .000 1812	.057 [*] .015 1812	-.002 ^a .938 1812	.1812	-.006 .795 1812	.110 ^{**} .000 1812
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.002 ^a .927 1812	.1812	-.009 ^a .705 1812	.1812	.073 ^{**} .002 1812	.038 .107 1812	-.002 ^a .927 1812	.1812	-.007 .761 1812	.171 ^{**} .000 1812

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Service: Nursing	Pearson Correlation	-.002 ^a		1 ^a		.166**	.136**	.241** ^a		.213**	.123**
	Sig. (2-tailed)	.923	.	.	.	.000	.000	.000	.	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Nutrition	Pearson Correlation ^a	^a	^a	^a	^a	^a	^a	^a	^a	^a	^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: OT	Pearson Correlation	.061** ^a		.166** ^a		1	.528**	.061** ^a		.139**	.420**
	Sig. (2-tailed)	.010	.	.000	.	.	.000	.010	.	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: PT	Pearson Correlation	.051* ^a		.136** ^a		.528**	1	-.011 ^a		.095**	.228**
	Sig. (2-tailed)	.030	.	.000	.	.000	.	.645	.	.000	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Psychology	Pearson Correlation	-.001 ^a		.241** ^a		.061**	-.011	1 ^a		-.002	.057*
	Sig. (2-tailed)	.981	.	.000	.	.010	.645	.	.	.938	.015
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Respite	Pearson Correlation ^a	^a	^a	^a	^a	^a	^a	^a	^a	^a	^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Social Work	Pearson Correlation	-.002 ^a		.213** ^a		.139**	.095**	-.002 ^a		1	.150**
	Sig. (2-tailed)	.938	.	.000	.	.000	.000	.938	.	.	.000
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812
Service: Spec. Inst.	Pearson Correlation	.057* ^a		.123** ^a		.420**	.228**	.057* ^a		.150**	1
	Sig. (2-tailed)	.015	.	.000	.	.000	.000	.015	.	.000	.
	N	1812	1812	1812	1812	1812	1812	1812	1812	1812	1812

		Service: S/L	Service: Vision	Service: Any?
Category	Pearson Correlation	.614**	.102**	.977**
	Sig. (2-tailed)	.000	.000	.000
	N	1812	1812	1812
Ref: Dev: Adaptive	Pearson Correlation	.039	-.002	.024
	Sig. (2-tailed)	.096	.920	.300
	N	1812	1812	1812
Ref: Dev: Cognitive	Pearson Correlation	.011	-.007	.026
	Sig. (2-tailed)	.644	.763	.268
	N	1812	1812	1812
Ref: Dev: Comm.	Pearson Correlation	.189**	-.034	-.062**
	Sig. (2-tailed)	.000	.143	.008
	N	1812	1812	1812
Ref: Dev: Motor	Pearson Correlation	-.011	.023	.008
	Sig. (2-tailed)	.652	.322	.734
	N	1812	1812	1812
Ref: Dev: Soc./Emot.	Pearson Correlation	-.027	-.015	-.049*
	Sig. (2-tailed)	.252	.533	.038
	N	1812	1812	1812
Ref: Dev: Sensory	Pearson Correlation	.018	.157**	.006
	Sig. (2-tailed)	.455	.000	.804
	N	1812	1812	1812
Ref: Dxd: PSAX	Pearson Correlation	-.041	-.012	.041
	Sig. (2-tailed)	.081	.607	.078
	N	1812	1812	1812

		Service: S/L	Service: Vision	Service: Any?
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.068** .004 1812	-.018 .434 1812	.066** .005 1812
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.084** .000 1812	-.025 .293 1812	.118** .000 1812
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	.039 .096 1812	-.002 .920 1812	.024 .300 1812
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.052* .028 1812	-.011 .653 1812	.035 .131 1812
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.050* .034 1812	-.012 .614 1812	.047* .046 1812
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.086** .000 1812	-.019 .423 1812	.080** .001 1812
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.585** .000 1812	-.026 .266 1812	.541** .000 1812
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.146** .000 1812	-.022 .354 1812	.226** .000 1812

		Service: S/L	Service: Vision	Service: Any?
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.078** .001 1812	.159** .000 1812	.523** .000 1812
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.245** .000 1812	-.023 .333 1812	.235** .000 1812
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.350** .000 1812	-.029 .214 1812	.294** .000 1812
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.651** .000 1812	-.018 .455 1812	.474** .000 1812
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.248** .000 1812	-.034 .148 1812	.351** .000 1812
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.189** .000 1812	-.019 .430 1812	.192** .000 1812
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.098** .000 1812	-.008 .739 1812	.081** .001 1812
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.138** .000 1812	-.009 .697 1812	.095** .000 1812

		Service: S/L	Service: Vision	Service: Any?
Elig Atyp: Comm.	Pearson Correlation	.241**	-.015	.156**
	Sig. (2-tailed)	.000	.522	.000
	N	1812	1812	1812
Elig Atyp: Motor	Pearson Correlation	.046*	-.017	.178**
	Sig. (2-tailed)	.048	.464	.000
	N	1812	1812	1812
Elig Atyp: Soc./Emot.	Pearson Correlation	.111**	-.007	.069**
	Sig. (2-tailed)	.000	.777	.003
	N	1812	1812	1812
Elig High Prob.: PSAE	Pearson Correlation	-.039	-.008	.280**
	Sig. (2-tailed)	.094	.723	.000
	N	1812	1812	1812
Service: Audiology	Pearson Correlation	.337**	-.001	.260**
	Sig. (2-tailed)	.000	.950	.000
	N	1812	1812	1812
Service: Family Counseling/ Training	Pearson Correlation	.618**	.097**	.961**
	Sig. (2-tailed)	.000	.000	.000
	N	1812	1812	1812
Service: Health	Pearson Correlation	.039	-.002	.024
	Sig. (2-tailed)	.096	.920	.300
	N	1812	1812	1812
Service: Medical	Pearson Correlation	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.
	N	1812	1812	1812

		Service: S/L	Service: Vision	Service: Any?
Service: Nursing	Pearson Correlation	.058*	.048*	.101**
	Sig. (2-tailed)	.013	.041	.000
	N	1812	1812	1812
Service: Nutrition	Pearson Correlation ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.
	N	1812	1812	1812
Service: OT	Pearson Correlation	.406**	.176**	.401**
	Sig. (2-tailed)	.000	.000	.000
	N	1812	1812	1812
Service: PT	Pearson Correlation	.232**	.129**	.478**
	Sig. (2-tailed)	.000	.000	.000
	N	1812	1812	1812
Service: Psychology	Pearson Correlation	.039	-.002	.024
	Sig. (2-tailed)	.096	.920	.300
	N	1812	1812	1812
Service: Respite	Pearson Correlation ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.
	N	1812	1812	1812
Service: Social Work	Pearson Correlation	.033	-.008	.081**
	Sig. (2-tailed)	.154	.739	.001
	N	1812	1812	1812
Service: Spec. Inst.	Pearson Correlation	.554**	.070**	.425**
	Sig. (2-tailed)	.000	.003	.000
	N	1812	1812	1812

		Service: S/L	Service: Vision	Service: Any?
Service: S/L	Pearson Correlation	1	.066**	.623**
	Sig. (2-tailed)		.005	.000
	N	1812	1812	1812
Service: Vision	Pearson Correlation	.066**	1	.104**
	Sig. (2-tailed)	.005		.000
	N	1812	1812	1812
Service: Any?	Pearson Correlation	.623**	.104**	1
	Sig. (2-tailed)	.000	.000	
	N	1812	1812	1812

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

Table 9

Associations for All Variables, Research Year 08-09

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Category	Pearson Correlation	1	.015	-.011	.021	.120**	-.031	.037	.061**	.057*	.095**
	Sig. (2-tailed)		.514	.646	.378	.000	.181	.116	.009	.015	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Adaptive	Pearson Correlation	.015	1	.249**	-.007	.015	-.008	-.007	-.004	-.006	-.008
	Sig. (2-tailed)	.514		.000	.781	.528	.730	.765	.852	.786	.724
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Cognitive	Pearson Correlation	-.011	.249**	1	.024	.091**	.086**	.012	.085**	.017	.004
	Sig. (2-tailed)	.646	.000		.297	.000	.000	.607	.000	.477	.854
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Comm.	Pearson Correlation	.021	-.007	.024	1	-.051*	.059*	.027	-.028	-.073**	-.097**
	Sig. (2-tailed)	.378	.781	.297		.030	.012	.241	.236	.002	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Motor	Pearson Correlation	.120**	.015	.091**	-.051*	1	.027	-.042	.013	-.031	-.013
	Sig. (2-tailed)	.000	.528	.000	.030		.255	.071	.576	.189	.564
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Soc./Emot.	Pearson Correlation	-.031	-.008	.086**	.059*	.027	1	.000	.032	.006	.018
	Sig. (2-tailed)	.181	.730	.000	.012	.255		.986	.170	.799	.450
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Sensory	Pearson Correlation	.037	-.007	.012	.027	-.042	.000	1	-.019	-.027	-.035
	Sig. (2-tailed)	.116	.765	.607	.241	.071	.986		.427	.247	.133
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dxd: PSAX	Pearson Correlation	.061**	-.004	.085**	-.028	.013	.032	-.019	1	.285**	.371**
	Sig. (2-tailed)	.009	.852	.000	.236	.576	.170	.427		.000	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Env: Maternal SA	Pearson Correlation	.057*	-.006	.017	-.073**	-.031	.006	-.027	.285**	1	.734**
	Sig. (2-tailed)	.015	.786	.477	.002	.189	.799	.247	.000		.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	.095** .000 1833	-.008 .724 1833	.004 .854 1833	-.097** .000 1833	-.013 .564 1833	.018 .450 1833	-.035 .133 1833	.371** .000 1833	.734** .000 1833	1 1833
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	.095** .000 1833	-.008 .724 1833	.004 .854 1833	-.097** .000 1833	-.013 .564 1833	.018 .450 1833	-.035 .133 1833	.371** .000 1833	.734** .000 1833	1 1833
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	.041 .076 1833	-.004 .879 1833	.049* .034 1833	.003 .902 1833	.005 .819 1833	.113** .000 1833	-.015 .517 1833	.579** .000 1833	.355** .000 1833	.431** .000 1833
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	.049* .035 1833	-.003 .884 1833	-.009 .697 1833	-.018 .442 1833	-.008 .736 1833	.085** .000 1833	-.015 .533 1833	.419** .000 1833	.454** .000 1833	.415** .000 1833
Ref: SA	Pearson Correlation Sig. (2-tailed) N	.074** .001 1833	-.007 .772 1833	.013 .565 1833	-.079** .001 1833	-.013 .579 1833	.019 .415 1833	-.029 .216 1833	.454** .000 1833	.893** .000 1833	.822** .000 1833
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.592** .000 1833	-.023 .322 1833	-.038 .106 1833	.228** .000 1833	.126** .000 1833	-.002 .941 1833	.015 .533 1833	-.038 .106 1833	-.073** .002 1833	-.091** .000 1833
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.226** .000 1833	-.009 .708 1833	.026 .260 1833	.038 .099 1833	.077** .001 1833	-.016 .505 1833	.010 .672 1833	-.023 .319 1833	-.017 .475 1833	-.031 .191 1833
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	.501** .000 1833	.049* .034 1833	.014 .561 1833	-.240** .000 1833	-.017 .459 1833	-.038 .105 1833	.025 .286 1833	.131** .000 1833	.161** .000 1833	.237** .000 1833
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.177** .000 1833	-.007 .769 1833	-.018 .436 1833	.020 .393 1833	.070** .003 1833	.001 .969 1833	.010 .656 1833	.013 .579 1833	-.005 .835 1833	-.001 .982 1833

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig: Delay:	Pearson Correlation	.288**	-.011	-.010	.120**	.046*	.043	.014	-.030	-.044	-.046*
Cognitive	Sig. (2-tailed)	.000	.628	.658	.000	.047	.066	.535	.198	.060	.048
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Elig: Delay:	Pearson Correlation	.485**	-.019	-.037	.343**	.014	.017	.012	-.037	-.065**	-.081**
Comm.	Sig. (2-tailed)	.000	.415	.110	.000	.559	.463	.612	.110	.006	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Elig: Delay:	Pearson Correlation	.371**	-.015	-.022	-.081**	.246**	.000	.010	-.022	-.045	-.056*
Motor	Sig. (2-tailed)	.000	.534	.336	.001	.000	.994	.675	.336	.054	.017
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Elig: Delay:	Pearson Correlation	.189**	-.007	.010	.038	.039	.013	.025	-.019	-.028	-.037
Soc./Emot.	Sig. (2-tailed)	.000	.754	.674	.100	.092	.585	.292	.405	.225	.115
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Elig Atyp:	Pearson Correlation	.085**	-.003	-.009	.028	.030	.019	.026	-.009	-.013	-.017
Adaptive	Sig. (2-tailed)	.000	.888	.708	.228	.206	.413	.259	.708	.586	.479
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Elig Atyp:	Pearson Correlation	.085**	-.003	.055*	.056*	-.005	.019	.026	-.009	-.013	-.017
Cognitive	Sig. (2-tailed)	.000	.888	.019	.017	.834	.413	.259	.708	.586	.479
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Elig Atyp:	Pearson Correlation	.152**	-.006	.020	.119**	-.032	.011	.021	-.016	-.023	-.030
Comm.	Sig. (2-tailed)	.000	.801	.385	.000	.177	.639	.378	.503	.329	.205
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Elig Atyp:	Pearson Correlation	.175**	-.007	-.018	-.059*	.124**	-.016	-.029	-.018	-.004	-.017
Motor	Sig. (2-tailed)	.000	.772	.440	.012	.000	.497	.216	.440	.851	.468
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Elig Atyp:	Pearson Correlation	.069**	-.003	-.007	.012	-.011	.030	.038	-.007	-.010	-.013
Soc./Emot.	Sig. (2-tailed)	.003	.909	.760	.614	.637	.199	.104	.760	.657	.564
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.249** .000 1833	-.010 .679 1833	-.026 .271 1833	-.127** .000 1833	-.024 .311 1833	-.010 .674 1833	-.041 .078 1833	.246** .000 1833	.357** .000 1833	.507** .000 1833
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.239** .000 1833	.053* .024 1833	.023 .334 1833	.079** .001 1833	-.015 .524 1833	.046* .048 1833	.095** .000 1833	-.001 .966 1833	-.019 .406 1833	.005 .836 1833
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.955** .000 1833	.017 .467 1833	-.017 .478 1833	.011 .637 1833	.098** .000 1833	-.035 .140 1833	.044 .059 1833	.004 .864 1833	.035 .137 1833	.070** .003 1833
Service: Health	Pearson Correlation ^a Sig. (2-tailed) N	^a 1833	^a 1833	^a 1833	^{a} 1833	^{a} 1833	^{a} 1833	^{a} 1833	^{a} 1833	^{a} 1833	^{a} 1833
Service: Medical	Pearson Correlation ^a Sig. (2-tailed) N	^{a} 1833	^{a} 1833	^{a} 1833	^{a} 1833	^{a} 1833	^{a} 1833	^{a} 1833	^a 1833	^a 1833	^a 1833
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	.085** .000 1833	.164** .000 1833	.055* .019 1833	-.041 .083 1833	.047* .045 1833	-.016 .489 1833	.026 .259 1833	.246** .000 1833	.031 .178 1833	.156** .000 1833
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	.024 .297 1833	-.001 .968 1833	-.003 .914 1833	-.020 .402 1833	-.011 .628 1833	-.005 .842 1833	-.004 .863 1833	-.003 .914 1833	-.004 .875 1833	-.005 .839 1833
Service: OT	Pearson Correlation Sig. (2-tailed) N	.386** .000 1833	.027 .255 1833	-.008 .725 1833	-.078** .001 1833	.120** .000 1833	-.021 .368 1833	.077** .001 1833	.055* .019 1833	-.003 .895 1833	.019 .411 1833
Service: PT	Pearson Correlation Sig. (2-tailed) N	.495** .000 1833	.050* .031 1833	.015 .528 1833	-.245** .000 1833	.241** .000 1833	-.058* .013 1833	-.023 .315 1833	.041 .078 1833	-.001 .957 1833	-.004 .878 1833

	Category	Ref: Dev: Adaptive	Ref: Dev: Cognitive	Ref: Dev: Comm.	Ref: Dev: Motor	Ref: Dev: Soc./Emot.	Ref: Dev: Sensory	Ref: Dxd: PSAX	Ref: Env: Maternal SA	Ref: Bio: SAE/X	
Service: Psychology	Pearson Correlation	.042	-.002	-.004	.021	-.020	-.008	.074**	-.004	-.006	-.008
	Sig. (2-tailed)	.070	.944	.852	.371	.401	.730	.002	.852	.786	.724
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Respite	Pearson Correlation ^a	.	.	.	.	.	.	.	.	.	.
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Social Work	Pearson Correlation	.055*	-.002	-.006	.041	.028	-.010	-.009	-.006	-.008	-.011
	Sig. (2-tailed)	.019	.928	.810	.078	.232	.656	.699	.810	.726	.649
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Spec. Inst.	Pearson Correlation	.357**	.030	.013	.188**	.020	.034	.037	.030	.028	.012
	Sig. (2-tailed)	.000	.196	.566	.000	.388	.145	.117	.197	.234	.598
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: S/L	Pearson Correlation	.576**	-.022	-.047*	.326**	.012	.038	.059*	-.023	-.036	-.027
	Sig. (2-tailed)	.000	.339	.043	.000	.622	.103	.012	.324	.123	.254
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Vision	Pearson Correlation	.095**	-.004	-.010	-.052*	.002	-.018	.273**	-.010	-.014	-.018
	Sig. (2-tailed)	.000	.875	.676	.027	.924	.439	.000	.676	.542	.429
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Any?	Pearson Correlation	.987**	.016	-.010	.015	.116**	-.035	.038	.042	.044	.080**
	Sig. (2-tailed)	.000	.504	.675	.531	.000	.131	.101	.076	.061	.001
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Category	Pearson Correlation ^a		.041	.049*	.074**	.592**	.226**	.501**	.177**	.288**	.485**
	Sig. (2-tailed)	.	.076	.035	.001	.000	.000	.000	.000	.000	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Adaptive	Pearson Correlation ^a		-.004	-.003	-.007	-.023	-.009	.049*	-.007	-.011	-.019
	Sig. (2-tailed)	.	.879	.884	.772	.322	.708	.034	.769	.628	.415
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Cognitive	Pearson Correlation ^a		.049*	-.009	.013	-.038	.026	.014	-.018	-.010	-.037
	Sig. (2-tailed)	.	.034	.697	.565	.106	.260	.561	.436	.658	.110
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Comm.	Pearson Correlation ^a		.003	-.018	-.079**	.228**	.038	-.240**	.020	.120**	.343**
	Sig. (2-tailed)	.	.902	.442	.001	.000	.099	.000	.393	.000	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Motor	Pearson Correlation ^a		.005	-.008	-.013	.126**	.077**	-.017	.070**	.046*	.014
	Sig. (2-tailed)	.	.819	.736	.579	.000	.001	.459	.003	.047	.559
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Soc./Emot.	Pearson Correlation ^a		.113**	.085**	.019	-.002	-.016	-.038	.001	.043	.017
	Sig. (2-tailed)	.	.000	.000	.415	.941	.505	.105	.969	.066	.463
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Sensory	Pearson Correlation ^a		-.015	-.015	-.029	.015	.010	.025	.010	.014	.012
	Sig. (2-tailed)	.	.517	.533	.216	.533	.672	.286	.656	.535	.612
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dxd: PSAX	Pearson Correlation ^a		.579**	.419**	.454**	-.038	-.023	.131**	.013	-.030	-.037
	Sig. (2-tailed)	.	.000	.000	.000	.106	.319	.000	.579	.198	.110
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Env: Maternal SA	Pearson Correlation ^a		.355**	.454**	.893**	-.073**	-.017	.161**	-.005	-.044	-.065**
	Sig. (2-tailed)	.	.000	.000	.000	.002	.475	.000	.835	.060	.006
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N		.431** .000 1833	.415** .000 1833	.822** .000 1833	-.091** .000 1833	-.031 .191 1833	.237** .000 1833	-.001 .982 1833	-.046* .048 1833	-.081** .000 1833
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N										
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N		1 .000 1833	.665** .000 1833	.485** .000 1833	-.021 .366 1833	-.019 .417 1833	.086** .000 1833	.023 .320 1833	-.025 .294 1833	-.025 .285 1833
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N		.665** .000 1833	1 .000 1833	.505** .000 1833	-.033 .155 1833	-.018 .434 1833	.109** .000 1833	-.014 .541 1833	-.024 .312 1833	-.040 .089 1833
Ref: SA	Pearson Correlation Sig. (2-tailed) N		.485** .000 1833	.505** .000 1833	1 .000 1833	-.080** .001 1833	-.020 .391 1833	.193** .000 1833	-.008 .733 1833	-.047* .045 1833	-.070** .003 1833
Elig: Delay	Pearson Correlation Sig. (2-tailed) N		-.021 .366 1833	-.033 .155 1833	-.080** .001 1833	1 .000 1833	-.112** .000 1833	-.273** .000 1833	.296** .000 1833	.489** .000 1833	.822** .000 1833
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N		-.019 .417 1833	-.018 .434 1833	-.020 .391 1833	-.112** .000 1833	1 .000 1833	-.104** .000 1833	-.021 .379 1833	-.061** .010 1833	-.088** .000 1833
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N		.086** .000 1833	.109** .000 1833	.193** .000 1833	-.273** .000 1833	-.104** .000 1833	1 .000 1833	-.082** .000 1833	-.135** .000 1833	-.227** .000 1833
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N		.023 .320 1833	-.014 .541 1833	-.008 .733 1833	.296** .000 1833	-.021 .379 1833	-.082** .000 1833	1 .000 1833	.477** .000 1833	.291** .000 1833

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	1833	-0.025 .294 1833	-0.024 .312 1833	-.047* .045 1833	.489** .000 1833	-.061** .010 1833	-.135** .000 1833	.477** .000 1833	1 .000 1833	.480** .000 1833
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	1833	-0.025 .285 1833	-0.040 .089 1833	-.070** .003 1833	.822** .000 1833	-.088** .000 1833	-.227** .000 1833	.291** .000 1833	.480** .000 1833	1 .000 1833
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	1833	-0.012 .615 1833	-0.010 .673 1833	-.050* .034 1833	.627** .000 1833	-.069** .003 1833	-.169** .000 1833	.367** .000 1833	.429** .000 1833	.255** .000 1833
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	1833	-0.016 .497 1833	-0.015 .513 1833	-.030 .195 1833	.316** .000 1833	-.039 .094 1833	-.087** .000 1833	.614** .000 1833	.562** .000 1833	.328** .000 1833
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	1833	-0.007 .761 1833	-0.007 .769 1833	-.014 .561 1833	-.031 .188 1833	.375** .000 1833	-.039 .094 1833	.027 .241 1833	-.023 .331 1833	-.021 .378 1833
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	1833	-0.007 .761 1833	-0.007 .769 1833	-.014 .561 1833	-.046* .047 1833	.375** .000 1833	-.039 .094 1833	-.014 .557 1833	-.023 .331 1833	-.038 .102 1833
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	1833	-0.013 .585 1833	-0.012 .599 1833	-.024 .297 1833	-.083** .000 1833	.672** .000 1833	-.070** .003 1833	-.025 .292 1833	-.041 .082 1833	-.068** .003 1833
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	1833	-0.015 .530 1833	-0.014 .545 1833	-.007 .749 1833	-.088** .000 1833	.774** .000 1833	-.081** .001 1833	-.028 .225 1833	-.047* .045 1833	-.070** .003 1833
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	1833	-0.006 .804 1833	-0.006 .811 1833	-.011 .635 1833	-.038 .105 1833	.306** .000 1833	-.032 .172 1833	-.011 .632 1833	-.019 .428 1833	-.031 .183 1833

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	.201** .000 1833	.239** .000 1833	.404** .000 1833	-.137** .000 1833	-.052* .027 1833	.495** .000 1833	-.040 .084 1833	-.067** .004 1833	-.112** .000 1833	
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.009 .707 1833	.011 .650 1833	-.007 .750 1833	.178** .000 1833	.072** .002 1833	.069** .003 1833	.129** .000 1833	.149** .000 1833	.219** .000 1833	
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	-.005 .826 1833	.014 .558 1833	.048* .041 1833	.572** .000 1833	.214** .000 1833	.480** .000 1833	.151** .000 1833	.279** .000 1833	.472** .000 1833	
Service: Health	Pearson Correlation Sig. (2-tailed) N	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	.a .a 1833	
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	.071** .002 1833	-.007 .769 1833	.153** .000 1833	-.046* .047 1833	.015 .517 1833	.151** .000 1833	-.014 .557 1833	-.023 .331 1833	-.038 .102 1833	
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	-.002 .930 1833	-.002 .933 1833	-.004 .867 1833	.041 .080 1833	-.005 .829 1833	-.011 .630 1833	-.004 .866 1833	.084** .000 1833	-.011 .638 1833	
Service: OT	Pearson Correlation Sig. (2-tailed) N	.064** .006 1833	.029 .218 1833	.021 .378 1833	.186** .000 1833	.115** .000 1833	.234** .000 1833	.254** .000 1833	.207** .000 1833	.145** .000 1833	
Service: PT	Pearson Correlation Sig. (2-tailed) N	.039 .096 1833	.010 .670 1833	-.002 .927 1833	.243** .000 1833	.101** .000 1833	.323** .000 1833	.159** .000 1833	.138** .000 1833	.013 .574 1833	

		Ref: Bio: SGA	Ref: Other: PSAE	Ref: Other: Maternal SA	Ref: SA	Elig: Delay	Elig: Atyp	Elig: High Prob.	Elig: Delay: Adaptive	Elig: Delay: Cognitive	Elig: Delay: Comm.
Service: Psychology	Pearson Correlation Sig. (2-tailed) N		-.004 .879 1833	-.003 .884 1833	-.007 .772 1833	.039 .091 1833	-.009 .708 1833	.015 .522 1833	.075** .001 1833	.041 .081 1833	.051* .029 1833
Service: Respite	Pearson Correlation Sig. (2-tailed) N	a	a	a	a	a	a	a	a	a	a
Service: Social Work	Pearson Correlation Sig. (2-tailed) N		-.005 .844 1833	-.004 .850 1833	-.009 .708 1833	.043 .066 1833	.039 .093 1833	.002 .949 1833	.055* .019 1833	.066** .005 1833	.057* .015 1833
Service: Spec. Inst.	Pearson Correlation Sig. (2-tailed) N		.052* .026 1833	.035 .137 1833	.030 .196 1833	.342** .000 1833	.107** .000 1833	.017 .464 1833	.267** .000 1833	.536** .000 1833	.371** .000 1833
Service: S/L	Pearson Correlation Sig. (2-tailed) N		.011 .643 1833	-.001 .981 1833	-.037 .113 1833	.612** .000 1833	.149** .000 1833	-.019 .414 1833	.158** .000 1833	.298** .000 1833	.725** .000 1833
Service: Vision	Pearson Correlation Sig. (2-tailed) N		-.008 .733 1833	-.008 .743 1833	-.015 .515 1833	.004 .856 1833	-.020 .400 1833	.126** .000 1833	.058* .013 1833	-.002 .930 1833	.004 .849 1833
Service: Any?	Pearson Correlation Sig. (2-tailed) N		.017 .464 1833	.024 .306 1833	.062** .008 1833	.590** .000 1833	.228** .000 1833	.494** .000 1833	.165** .000 1833	.290** .000 1833	.487** .000 1833

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Category	Pearson Correlation	.371**	.189**	.085**	.085**	.152**	.175**	.069**	.249**	.239**	.955**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.003	.000	.000	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Adaptive	Pearson Correlation	-.015	-.007	-.003	-.003	-.006	-.007	-.003	-.010	.053*	.017
	Sig. (2-tailed)	.534	.754	.888	.888	.801	.772	.909	.679	.024	.467
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Cognitive	Pearson Correlation	-.022	.010	-.009	.055*	.020	-.018	-.007	-.026	.023	-.017
	Sig. (2-tailed)	.336	.674	.708	.019	.385	.440	.760	.271	.334	.478
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Comm.	Pearson Correlation	-.081**	.038	.028	.056*	.119**	-.059*	.012	-.127**	.079**	.011
	Sig. (2-tailed)	.001	.100	.228	.017	.000	.012	.614	.000	.001	.637
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Motor	Pearson Correlation	.246**	.039	.030	-.005	-.032	.124**	-.011	-.024	-.015	.098**
	Sig. (2-tailed)	.000	.092	.206	.834	.177	.000	.637	.311	.524	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Soc./Emot.	Pearson Correlation	.000	.013	.019	.019	.011	-.016	.030	-.010	.046*	-.035
	Sig. (2-tailed)	.994	.585	.413	.413	.639	.497	.199	.674	.048	.140
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dev: Sensory	Pearson Correlation	.010	.025	.026	.026	.021	-.029	.038	-.041	.095**	.044
	Sig. (2-tailed)	.675	.292	.259	.259	.378	.216	.104	.078	.000	.059
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Dxd: PSAX	Pearson Correlation	-.022	-.019	-.009	-.009	-.016	-.018	-.007	.246**	-.001	.004
	Sig. (2-tailed)	.336	.405	.708	.708	.503	.440	.760	.000	.966	.864
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Ref: Env: Maternal SA	Pearson Correlation	-.045	-.028	-.013	-.013	-.023	-.004	-.010	.357**	-.019	.035
	Sig. (2-tailed)	.054	.225	.586	.586	.329	.851	.657	.000	.406	.137
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.056* .017 1833	-.037 .115 1833	-.017 .479 1833	-.017 .479 1833	-.030 .205 1833	-.017 .468 1833	-.013 .564 1833	.507** .000 1833	.005 .836 1833	.070** .003 1833
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	. ^a . ^a 1833	.^{a} .^{a} 1833	.^{a} .^{a} 1833	.^{a} .^{a} 1833	.^{a} .^{a} 1833	.^{a} .^{a} 1833	.^{a} .^{a} 1833	.^{a} .^{a} 1833	.^{a} .^{a} 1833	.^{a} .^{a} 1833
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	-.012 .615 1833	-.016 .497 1833	-.007 .761 1833	-.007 .761 1833	-.013 .585 1833	-.015 .530 1833	-.006 .804 1833	.201** .000 1833	.009 .707 1833	-.005 .826 1833
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.010 .673 1833	-.015 .513 1833	-.007 .769 1833	-.007 .769 1833	-.012 .599 1833	-.014 .545 1833	-.006 .811 1833	.239** .000 1833	.011 .650 1833	.014 .558 1833
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.050* .034 1833	-.030 .195 1833	-.014 .561 1833	-.014 .561 1833	-.024 .297 1833	-.007 .749 1833	-.011 .635 1833	.404** .000 1833	-.007 .750 1833	.048* .041 1833
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.627** .000 1833	.316** .000 1833	-.031 .188 1833	-.046* .047 1833	-.083** .000 1833	-.088** .000 1833	-.038 .105 1833	-.137** .000 1833	.178** .000 1833	.572** .000 1833
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	-.069** .003 1833	-.039 .094 1833	.375** .000 1833	.375** .000 1833	.672** .000 1833	.774** .000 1833	.306** .000 1833	-.052* .027 1833	.072** .002 1833	.214** .000 1833
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	-.169** .000 1833	-.087** .000 1833	-.039 .094 1833	-.039 .094 1833	-.070** .003 1833	-.081** .001 1833	-.032 .172 1833	.495** .000 1833	.069** .003 1833	.480** .000 1833
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.367** .000 1833	.614** .000 1833	.027 .241 1833	-.014 .557 1833	-.025 .292 1833	-.028 .225 1833	-.011 .632 1833	-.040 .084 1833	.129** .000 1833	.151** .000 1833

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.429** .000 1833	.562** .000 1833	-.023 .331 1833	-.023 .331 1833	-.041 .082 1833	-.047* .045 1833	-.019 .428 1833	-.067** .004 1833	.149** .000 1833	.279** .000 1833
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.255** .000 1833	.328** .000 1833	-.021 .378 1833	-.038 .102 1833	-.068** .003 1833	-.070** .003 1833	-.031 .183 1833	-.112** .000 1833	.219** .000 1833	.472** .000 1833
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	1 .000 1833	.357** .000 1833	-.029 .213 1833	-.029 .213 1833	-.052* .025 1833	-.050* .034 1833	-.024 .309 1833	-.086** .000 1833	.052* .025 1833	.349** .000 1833
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.357** .000 1833	1 .000 1833	-.015 .530 1833	-.015 .530 1833	-.026 .260 1833	-.030 .195 1833	-.012 .609 1833	-.043 .064 1833	.117** .000 1833	.178** .000 1833
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	-.029 .213 1833	-.015 .530 1833	1 .000 1833	.664** .000 1833	.415** .000 1833	.236** .000 1833	.713** .000 1833	-.019 .407 1833	.106** .000 1833	.088** .000 1833
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	-.029 .213 1833	-.015 .530 1833	.664** .000 1833	1 .000 1833	.558** .000 1833	.236** .000 1833	.713** .000 1833	-.019 .407 1833	.137** .000 1833	.088** .000 1833
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	-.052* .025 1833	-.026 .260 1833	.415** .000 1833	.558** .000 1833	1 .000 1833	.234** .000 1833	.397** .000 1833	-.035 .137 1833	.108** .000 1833	.135** .000 1833
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	-.050* .034 1833	-.030 .195 1833	.236** .000 1833	.236** .000 1833	.234** .000 1833	1 .000 1833	.192** .000 1833	-.040 .087 1833	.054* .020 1833	.169** .000 1833
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	-.024 .309 1833	-.012 .609 1833	.713** .000 1833	.713** .000 1833	.397** .000 1833	.192** .000 1833	1 .000 1833	-.016 .498 1833	.099** .000 1833	.072** .002 1833

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	-.086** .000 1833	-.043 .064 1833	-.019 .407 1833	-.019 .407 1833	-.035 .137 1833	-.040 .087 1833	-.016 .498 1833	1 .606 1833	.012 .606 1833	.231** .000 1833
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	.052* .025 1833	.117** .000 1833	.106** .000 1833	.137** .000 1833	.108** .000 1833	.054* .020 1833	.099** .000 1833	.012 .606 1833	1 .606 1833	.244** .000 1833
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	.349** .000 1833	.178** .000 1833	.088** .000 1833	.088** .000 1833	.135** .000 1833	.169** .000 1833	.072** .002 1833	.231** .000 1833	.244** .000 1833	1 1833
Service: Health	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^a . 1833
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	-.029 .213 1833	-.015 .530 1833	-.007 .778 1833	-.007 .778 1833	-.012 .613 1833	.028 .232 1833	-.005 .818 1833	.100** .000 1833	.044 .061 1833	.048* .041 1833
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	.065** .005 1833	-.004 .857 1833	-.002 .935 1833	-.002 .935 1833	-.003 .884 1833	-.004 .867 1833	-.002 .947 1833	-.006 .811 1833	-.005 .819 1833	.025 .277 1833
Service: OT	Pearson Correlation Sig. (2-tailed) N	.264** .000 1833	.183** .000 1833	.095** .000 1833	.053* .023 1833	.029 .219 1833	.165** .000 1833	.052* .026 1833	.031 .191 1833	.186** .000 1833	.368** .000 1833
Service: PT	Pearson Correlation Sig. (2-tailed) N	.470** .000 1833	.155** .000 1833	.031 .184 1833	-.004 .870 1833	-.010 .665 1833	.162** .000 1833	-.010 .662 1833	.017 .474 1833	.072** .002 1833	.476** .000 1833

		Elig: Delay: Motor	Elig: Delay: Soc./Emot.	Elig Atyp: Adaptive	Elig Atyp: Cognitive	Elig Atyp: Comm.	Elig Atyp: Motor	Elig Atyp: Soc./Emot.	Elig High Prob.: PSAE	Service: Audiology	Service: Family Counseling/ Training
Service: Psychology	Pearson Correlation	.028	.147**	-.003	-.003	-.006	-.007	-.003	-.010	-.009	.044
	Sig. (2-tailed)	.232	.000	.888	.888	.801	.772	.909	.679	.692	.059
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Respite	Pearson Correlation	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Social Work	Pearson Correlation	.047*	.050*	-.004	-.004	-.008	.055*	-.003	-.012	-.012	.036
	Sig. (2-tailed)	.044	.031	.856	.856	.745	.018	.882	.593	.609	.124
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Spec. Inst.	Pearson Correlation	.191**	.315**	.149**	.237**	.163**	.063**	.167**	-.003	.217**	.329**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.007	.000	.901	.000	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: S/L	Pearson Correlation	.135**	.143**	.147**	.147**	.227**	.034	.120**	-.018	.307**	.565**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.143	.000	.447	.000	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Vision	Pearson Correlation	.044	.018	-.007	-.007	-.013	-.015	-.006	-.022	-.021	.099**
	Sig. (2-tailed)	.062	.437	.752	.752	.572	.515	.797	.353	.374	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Any?	Pearson Correlation	.368**	.190**	.085**	.085**	.153**	.176**	.070**	.237**	.241**	.968**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.003	.000	.000	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Category	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.085** .000 1833	.024 .297 1833	.386** .000 1833	.495** .000 1833	.042 . ^a .070 1833	. . 1833	.055* .019 1833	.357** .000 1833
Ref: Dev: Adaptive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.164** .000 1833	-.001 .968 1833	.027 .255 1833	.050* .031 1833	-.002 . ^a .944 1833	. . 1833	-.002 .928 1833	.030 .196 1833
Ref: Dev: Cognitive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.055* .019 1833	-.003 .914 1833	-.008 .725 1833	.015 .528 1833	-.004 . ^a .852 1833	. . 1833	-.006 .810 1833	.013 .566 1833
Ref: Dev: Comm.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.041 .083 1833	-.020 .402 1833	-.078** .001 1833	-.245** .000 1833	.021 . ^a .371 1833	. . 1833	.041 .078 1833	.188** .000 1833
Ref: Dev: Motor	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.047* .045 1833	-.011 .628 1833	.120** .000 1833	.241** .000 1833	-.020 . ^a .401 1833	. . 1833	.028 .232 1833	.020 .388 1833
Ref: Dev: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.016 .489 1833	-.005 .842 1833	-.021 .368 1833	-.058* .013 1833	-.008 . ^a .730 1833	. . 1833	-.010 .656 1833	.034 .145 1833
Ref: Dev: Sensory	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.026 .259 1833	-.004 .863 1833	.077** .001 1833	-.023 .315 1833	.074** . ^a .002 1833	. . 1833	-.009 .699 1833	.037 .117 1833
Ref: Dxd: PSAX	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.246** .000 1833	-.003 .914 1833	.055* .019 1833	.041 .078 1833	-.004 . ^a .852 1833	. . 1833	-.006 .810 1833	.030 .197 1833
Ref: Env: Maternal SA	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.031 .178 1833	-.004 .875 1833	-.003 .895 1833	-.001 .957 1833	-.006 . ^a .786 1833	. . 1833	-.008 .726 1833	.028 .234 1833

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.156** .000 1833	-.005 .839 1833	.019 .411 1833	-.004 .878 1833	-.008 ^a .724 1833	. . 1833	-.011 .649 1833	.012 .598 1833
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^a . 1833	. ^a . 1833	. ^a . 1833
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.071** .002 1833	-.002 .930 1833	.064** .006 1833	.039 .096 1833	-.004 ^a .879 1833	. . 1833	-.005 .844 1833	.052* .026 1833
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.007 .769 1833	-.002 .933 1833	.029 .218 1833	.010 .670 1833	-.003 ^a .884 1833	. . 1833	-.004 .850 1833	.035 .137 1833
Ref: SA	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.153** .000 1833	-.004 .867 1833	.021 .378 1833	-.002 .927 1833	-.007 ^a .772 1833	. . 1833	-.009 .708 1833	.030 .196 1833
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.046* .047 1833	.041 .080 1833	.186** .000 1833	.243** .000 1833	.039 ^a .091 1833	. . 1833	.043 .066 1833	.342** .000 1833
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.015 .517 1833	-.005 .829 1833	.115** .000 1833	.101** .000 1833	-.009 ^a .708 1833	. . 1833	.039 .093 1833	.107** .000 1833
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.151** .000 1833	-.011 .630 1833	.234** .000 1833	.323** .000 1833	.015 ^a .522 1833	. . 1833	.002 .949 1833	.017 .464 1833
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.014 .557 1833	-.004 .866 1833	.254** .000 1833	.159** .000 1833	.075** ^a .001 1833	. . 1833	.055* .019 1833	.267** .000 1833

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.023 .331 1833	.084** .000 1833	.207** .000 1833	.138** .000 1833	.041 ^a .081 1833	. . 1833	.066** .005 1833	.536** .000 1833
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.038 .102 1833	-.011 .638 1833	.145** .000 1833	.013 .574 1833	.051* ^a .029 1833	. . 1833	.057* .015 1833	.371** .000 1833
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.029 .213 1833	.065** .005 1833	.264** .000 1833	.470** .000 1833	.028 ^a .232 1833	. . 1833	.047* .044 1833	.191** .000 1833
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.015 .530 1833	-.004 .857 1833	.183** .000 1833	.155** .000 1833	.147** ^a .000 1833	. . 1833	.050* .031 1833	.315** .000 1833
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.007 .778 1833	-.002 .935 1833	.095** .000 1833	.031 .184 1833	-.003 ^a .888 1833	. . 1833	-.004 .856 1833	.149** .000 1833
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.007 .778 1833	-.002 .935 1833	.053* .023 1833	-.004 .870 1833	-.003 ^a .888 1833	. . 1833	-.004 .856 1833	.237** .000 1833
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.012 .613 1833	-.003 .884 1833	.029 .219 1833	-.010 .665 1833	-.006 ^a .801 1833	. . 1833	-.008 .745 1833	.163** .000 1833
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.028 .232 1833	-.004 .867 1833	.165** .000 1833	.162** .000 1833	-.007 ^a .772 1833	. . 1833	.055* .018 1833	.063** .007 1833
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.005 .818 1833	-.002 .947 1833	.052* .026 1833	-.010 .662 1833	-.003 ^a .909 1833	. . 1833	-.003 .882 1833	.167** .000 1833

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Elig High Prob.: PSAE	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.100** .000 1833	-.006 .811 1833	.031 .191 1833	.017 .474 1833	-.010 ^a .679 1833	. . 1833	-.012 .593 1833	-.003 .901 1833
Service: Audiology	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.044 .061 1833	-.005 .819 1833	.186** .000 1833	.072** .002 1833	-.009 ^a .692 1833	. . 1833	-.012 .609 1833	.217** .000 1833
Service: Family Counseling/ Training	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.048* .041 1833	.025 .277 1833	.368** .000 1833	.476** .000 1833	.044 ^a .059 1833	. . 1833	.036 .124 1833	.329** .000 1833
Service: Health	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	. ^a . 1833	. ^a . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833
Service: Medical	Pearson Correlation Sig. (2-tailed) N	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^{a} . 1833	.^a . 1833	. ^a . 1833	. ^a . 1833	. ^a . 1833
Service: Nursing	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	1 .935 1833	-.002 .935 1833	.116** .000 1833	.101** .000 1833	-.003 ^a .888 1833	. . 1833	-.004 .856 1833	.039 .099 1833
Service: Nutrition	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	-.002 .935 1833	1 .935 1833	.063** .007 1833	.049* .036 1833	-.001 ^a .968 1833	. . 1833	-.001 .958 1833	.068** .003 1833
Service: OT	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.116** .000 1833	.063** .007 1833	1 .000 1833	.429** .000 1833	.068** ^a .004 1833	. . 1833	.077** .001 1833	.263** .000 1833
Service: PT	Pearson Correlation Sig. (2-tailed) N	. ^a . 1833	. ^a . 1833	.101** .000 1833	.049* .036 1833	.429** .000 1833	1 .000 1833	-.019 ^a .409 1833	. . 1833	.056* .017 1833	.108** .000 1833

		Service: Health	Service: Medical	Service: Nursing	Service: Nutrition	Service: OT	Service: PT	Service: Psychology	Service: Respite	Service: Social Work	Service: Spec. Inst.
Service: Psychology	Pearson Correlation	. ^a		-.003	-.001	.068**	-.019	1		-.002	.118**
	Sig. (2-tailed)			.888	.968	.004	.409			.928	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Respite	Pearson Correlation	. ^a	. ^a								
	Sig. (2-tailed)										
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Social Work	Pearson Correlation	. ^a		-.004	-.001	.077**	.056*	-.002		1	.119**
	Sig. (2-tailed)			.856	.958	.001	.017	.928			.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Spec. Inst.	Pearson Correlation	. ^a	. ^a	.039	.068**	.263**	.108**	.118**		.119**	1
	Sig. (2-tailed)			.099	.003	.000	.000	.000		.000	
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: S/L	Pearson Correlation	. ^a	. ^a	.019	.042	.296**	.076**	.073**		.070**	.456**
	Sig. (2-tailed)			.412	.070	.000	.001	.002		.003	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Vision	Pearson Correlation	. ^a		.143**	-.002	.171**	.128**	-.004		-.005	.028
	Sig. (2-tailed)			.000	.928	.000	.000	.875		.839	.227
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833
Service: Any?	Pearson Correlation	. ^a		.085**	.025	.389**	.502**	.043		.055*	.360**
	Sig. (2-tailed)			.000	.292	.000	.000	.068		.018	.000
	N	1833	1833	1833	1833	1833	1833	1833	1833	1833	1833

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

		Service: S/L	Service: Vision	Service: Any?
Category	Pearson Correlation	.576**	.095**	.987**
	Sig. (2-tailed)	.000	.000	.000
	N	1833	1833	1833
Ref: Dev: Adaptive	Pearson Correlation	-.022	-.004	.016
	Sig. (2-tailed)	.339	.875	.504
	N	1833	1833	1833
Ref: Dev: Cognitive	Pearson Correlation	-.047*	-.010	-.010
	Sig. (2-tailed)	.043	.676	.675
	N	1833	1833	1833
Ref: Dev: Comm.	Pearson Correlation	.326**	-.052*	.015
	Sig. (2-tailed)	.000	.027	.531
	N	1833	1833	1833
Ref: Dev: Motor	Pearson Correlation	.012	.002	.116**
	Sig. (2-tailed)	.622	.924	.000
	N	1833	1833	1833
Ref: Dev: Soc./Emot.	Pearson Correlation	.038	-.018	-.035
	Sig. (2-tailed)	.103	.439	.131
	N	1833	1833	1833
Ref: Dev: Sensory	Pearson Correlation	.059*	.273**	.038
	Sig. (2-tailed)	.012	.000	.101
	N	1833	1833	1833
Ref: Dxd: PSAX	Pearson Correlation	-.023	-.010	.042
	Sig. (2-tailed)	.324	.676	.076
	N	1833	1833	1833
Ref: Env: Maternal SA	Pearson Correlation	-.036	-.014	.044
	Sig. (2-tailed)	.123	.542	.061
	N	1833	1833	1833

		Service: S/L	Service: Vision	Service: Any?
Ref: Bio: SAE/X	Pearson Correlation Sig. (2-tailed) N	-.027 .254 1833	-.018 .429 1833	.080** .001 1833
Ref: Bio: SGA	Pearson Correlation Sig. (2-tailed) N	. ^a . ^a 1833	. ^a . ^a 1833	. ^a . ^a 1833
Ref: Other: PSAE	Pearson Correlation Sig. (2-tailed) N	.011 .643 1833	-.008 .733 1833	.017 .464 1833
Ref: Other: Maternal SA	Pearson Correlation Sig. (2-tailed) N	-.001 .981 1833	-.008 .743 1833	.024 .306 1833
Ref: SA	Pearson Correlation Sig. (2-tailed) N	-.037 .113 1833	-.015 .515 1833	.062** .008 1833
Elig: Delay	Pearson Correlation Sig. (2-tailed) N	.612** .000 1833	.004 .856 1833	.590** .000 1833
Elig: Atyp	Pearson Correlation Sig. (2-tailed) N	.149** .000 1833	-.020 .400 1833	.228** .000 1833
Elig: High Prob.	Pearson Correlation Sig. (2-tailed) N	-.019 .414 1833	.126** .000 1833	.494** .000 1833
Elig: Delay: Adaptive	Pearson Correlation Sig. (2-tailed) N	.158** .000 1833	.058* .013 1833	.165** .000 1833

		Service: S/L	Service: Vision	Service: Any?
Elig: Delay: Cognitive	Pearson Correlation Sig. (2-tailed) N	.298** .000 1833	-.002 .930 1833	.290** .000 1833
Elig: Delay: Comm.	Pearson Correlation Sig. (2-tailed) N	.725** .000 1833	.004 .849 1833	.487** .000 1833
Elig: Delay: Motor	Pearson Correlation Sig. (2-tailed) N	.135** .000 1833	.044 .062 1833	.368** .000 1833
Elig: Delay: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.143** .000 1833	.018 .437 1833	.190** .000 1833
Elig Atyp: Adaptive	Pearson Correlation Sig. (2-tailed) N	.147** .000 1833	-.007 .752 1833	.085** .000 1833
Elig Atyp: Cognitive	Pearson Correlation Sig. (2-tailed) N	.147** .000 1833	-.007 .752 1833	.085** .000 1833
Elig Atyp: Comm.	Pearson Correlation Sig. (2-tailed) N	.227** .000 1833	-.013 .572 1833	.153** .000 1833
Elig Atyp: Motor	Pearson Correlation Sig. (2-tailed) N	.034 .143 1833	-.015 .515 1833	.176** .000 1833
Elig Atyp: Soc./Emot.	Pearson Correlation Sig. (2-tailed) N	.120** .000 1833	-.006 .797 1833	.070** .003 1833

		Service: S/L	Service: Vision	Service: Any?
Elig High Prob.: PSAE	Pearson Correlation	-.018	-.022	.237**
	Sig. (2-tailed)	.447	.353	.000
	N	1833	1833	1833
Service: Audiology	Pearson Correlation	.307**	-.021	.241**
	Sig. (2-tailed)	.000	.374	.000
	N	1833	1833	1833
Service: Family Counseling/ Training	Pearson Correlation	.565**	.099**	.968**
	Sig. (2-tailed)	.000	.000	.000
	N	1833	1833	1833
Service: Health	Pearson Correlation ^a	.	.	.
	Sig. (2-tailed)	.	.	.
	N	1833	1833	1833
Service: Medical	Pearson Correlation ^a	.	.	.
	Sig. (2-tailed)	.	.	.
	N	1833	1833	1833
Service: Nursing	Pearson Correlation	.019	.143**	.085**
	Sig. (2-tailed)	.412	.000	.000
	N	1833	1833	1833
Service: Nutrition	Pearson Correlation	.042	-.002	.025
	Sig. (2-tailed)	.070	.928	.292
	N	1833	1833	1833
Service: OT	Pearson Correlation	.296**	.171**	.389**
	Sig. (2-tailed)	.000	.000	.000
	N	1833	1833	1833
Service: PT	Pearson Correlation	.076**	.128**	.502**
	Sig. (2-tailed)	.001	.000	.000
	N	1833	1833	1833

		Service: S/L	Service: Vision	Service: Any?
Service: Psychology	Pearson Correlation	.073**	-.004	.043
	Sig. (2-tailed)	.002	.875	.068
	N	1833	1833	1833
Service: Respite	Pearson Correlation ^a	.	.	.
	Sig. (2-tailed)	.	.	.
	N	1833	1833	1833
Service: Social Work	Pearson Correlation	.070**	-.005	.055*
	Sig. (2-tailed)	.003	.839	.018
	N	1833	1833	1833
Service: Spec. Inst.	Pearson Correlation	.456**	.028	.360**
	Sig. (2-tailed)	.000	.227	.000
	N	1833	1833	1833
Service: S/L	Pearson Correlation	1	.064**	.581**
	Sig. (2-tailed)		.006	.000
	N	1833	1833	1833
Service: Vision	Pearson Correlation	.064**	1	.096**
	Sig. (2-tailed)	.006		.000
	N	1833	1833	1833
Service: Any?	Pearson Correlation	.581**	.096**	1
	Sig. (2-tailed)	.000	.000	
	N	1833	1833	1833

*. Correlation is significant at the 0.05 level (2-tailed).
 **. Correlation is significant at the 0.01 level (2-tailed).
 a. Cannot be computed because at least one of the variables is constant.

Table 10*Frequencies for All Variables Filtered by Determination of Eligibility Variable of Interest*

		03-04 (N=141)		04-05 (N=161)		05-06 (N=147)	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Category	Count if 0	0	0.00%	0	0.00%	0	0.00%
	Count if 1	141	100.00%	161	100.00%	147	100.00%
Ref: Dev: Adaptive	Count if 0	141	100.00%	161	100.00%	147	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Ref: Dev: Cognitive	Count if 0	139	98.58%	161	100.00%	147	100.00%
	Count if 1	2	1.42%	0	0.00%	0	0.00%
Ref: Dev: Comm.	Count if 0	121	85.82%	146	90.68%	137	93.20%

	Count if 1	20	14.18%	15	9.32%	10	6.80%
Ref: Dev: Motor	Count if O	119	84.40%	151	93.79%	131	89.12%
	Count if 1	22	15.60%	10	6.21%	16	10.88%
Ref: Dev: Soc./Emot.	Count if O	133	94.33%	159	98.76%	145	98.64%
	Count if 1	8	5.67%	2	1.24%	2	1.36%
Ref: Dev: Sensory	Count if O	140	99.29%	159	98.76%	145	98.64%
	Count if 1	1	0.71%	2	1.24%	2	1.36%
Ref: Dxd: PSAX	Count if O	83	58.87%	44	27.33%	54	36.73%
	Count if 1	58	41.13%	117	72.67%	93	63.27%
Ref: Env: Maternal SA	Count if O	65	46.10%	50	31.06%	55	37.41%

	Count if 1	16	11.35%	111	68.94%	92	62.59%
Ref: Bio: SAE/X	Count if O	50	35.46%	48	29.81%	49	33.33%
	Count if 1	91	64.54%	113	70.19%	98	66.67%
Ref: Bio: SGA	Count if O	140	99.29%	158	98.14%	147	100.00%
	Count if 1	1	0.71%	3	1.86%	0	0.00%
Ref: Other: PSAE	Count if O	72	51.06%	53	32.92%	56	38.10%
	Count if 1	69	48.94%	108	67.08%	91	61.90%
Ref: Other: Maternal SA	Count if O	69	48.94%	56	34.78%	57	38.78%
	Count if 1	72	51.06%	105	65.22%	90	61.22%
Ref: SA	Count if O	56	39.72%	43	26.71%	50	34.01%

	Count if 1	45	31.91%	118	73.29%	97	65.99%
Elig: Delay	Count if O	141	100.00%	161	100.00%	146	99.32%
	Count if 1	0	0.00%	0	0.00%	1	0.68%
Elig: Atyp	Count if O	141	100.00%	161	100.00%	147	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig: High Prob.	Count if O	0	0.00%	161	100.00%	0	0.00%
	Count if 1	141	100.00%	0	0.00%	147	100.00%
Elig: Delay: Adaptive	Count if O	141	100.00%	161	100.00%	146	99.32%
	Count if 1	0	0.00%	0	0.00%	1	0.68%
Elig: Delay: Cognitive	Count if O	141	100.00%	161	100.00%	146	99.32%

	Count if 1	0	0.00%	0	0.00%	1	0.68%
Elig: Delay: Comm.	Count if O	141	100.00%	161	100.00%	146	99.32%
	Count if 1	0	0.00%	0	0.00%	1	0.68%
Elig: Delay: Motor	Count if O	141	100.00%	161	100.00%	146	99.32%
	Count if 1	0	0.00%	0	0.00%	1	0.68%
Elig: Delay: Soc./Emot.	Count if O	141	100.00%	161	100.00%	146	99.32%
	Count if 1	0	0.00%	0	0.00%	1	0.68%
Elig Atyp: Adaptive	Count if O	141	100.00%	161	100.00%	147	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Cognitive	Count if O	141	100.00%	161	100.00%	147	100.00%

	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Comm.	Count if O	141	100.00%	161	100.00%	147	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Motor	Count if O	141	100.00%	161	100.00%	147	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Soc./Emot.	Count if O	141	100.00%	161	100.00%	147	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig High Prob.: PSAE	Count if O	0	0.00%	0	0.00%	0	0.00%
	Count if 1	141	100.00%	161	100.00%	147	100.00%
Service: Audiology	Count if O	117	82.98%	136	84.47%	134	91.16%

	Count if 1	24	17.02%	25	15.53%	13	8.84%
Service: Family Counseling/ Training	Count if O	8	5.67%	3	1.86%	1	0.68%
	Count if 1	133	94.33%	158	98.14%	146	99.32%
Service: Health	Count if O	141	100.00%	161	100.00%	146	99.32%
	Count if 1	0	0.00%	0	0.00%	1	0.68%
Service: Medical	Count if O	141	100.00%	161	100.00%	147	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Nursing	Count if O	136	96.45%	160	99.38%	145	98.64%
	Count if 1	5	3.55%	1	0.62%	2	1.36%
Service: Nutrition	Count if O	141	100.00%	160	99.38%	147	100.00%

	Count if 1	0	0.00%	1	0.62%	0	0.00%
Service: OT	Count if O	114	80.85%	136	84.47%	119	80.95%
	Count if 1	27	19.15%	25	15.53%	28	19.05%
Service: PT	Count if O	109	77.30%	128	79.50%	116	78.91%
	Count if 1	32	22.70%	33	20.50%	31	21.09%
Service: Psychology	Count if O	139	98.58%	160	99.38%	146	99.32%
	Count if 1	2	1.42%	1	0.62%	1	0.68%
Service: Respite	Count if O	141	100.00%	161	100.00%	147	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Social Work	Count if O	140	99.29%	160	99.38%	147	100.00%

	Count if 1	1	0.71%	1	0.62%	0	0.00%
Service: Spec. Inst.	Count if O	115	81.56%	137	85.09%	125	85.03%
	Count if 1	26	18.44%	24	14.91%	22	14.97%
Service: S/L	Count if O	100	70.92%	114	70.81%	109	74.15%
	Count if 1	41	29.08%	47	29.19%	38	25.85%
Service: Vision	Count if O	141	100.00%	158	98.14%	146	99.32%
	Count if 1	0	0.00%	3	1.86%	1	0.68%
Service: Any?	Count if 0	1	0.71%	0	0.00%	0	0.00%
	Count if 1	140	99.29%	161	100.00%	147	100.00%
Services: Total Number	Count if 0	1	0.71%	0	0.00%	0	0.00%

Count if 1	71	50.35%	91	56.52%	84	57.14%
Count if 2	27	19.15%	33	20.50%	31	21.09%
Count if 3	18	12.77%	10	6.21%	8	5.44%
Count if 4	11	7.80%	11	6.83%	12	8.16%
Count if 5	11	7.80%	9	5.59%	8	5.44%
Count if 6	1	0.71%	6	3.73%	3	2.04%
Count if 7	1	0.71%	1	0.62%	1	0.68%
Mean	2.06		1.98		1.93	
Median	1		1		1	

		06-07 (N=144)		07-08 (N=141)		08-09 (N=99)	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Category	Count if 0	0	0.00%	1	0.71%	0	0.00%
	Count if 1	144	100.00%	140	99.29%	99	100.00%
Ref: Dev: Adaptive	Count if 0	143	99.31%	141	100.00%	99	100.00%
	Count if 1	1	0.69%	0	0.00%	0	0.00%
Ref: Dev: Cognitive	Count if 0	143	99.31%	141	100.00%	99	100.00%
	Count if 1	1	0.69%	0	0.00%	0	0.00%
Ref: Dev: Comm.	Count if 0	118	81.94%	132	93.62%	84	84.85%
	Count if 1	26	18.06%	9	6.38%	15	15.15%

Ref: Dev: Motor	Count if O	127	88.19%	133	94.33%	84	84.85%
	Count if 1	17	11.81%	8	5.67%	15	15.15%
Ref: Dev: Soc./Emot.	Count if O	139	96.53%	140	99.29%	96	96.97%
	Count if 1	5	3.47%	1	0.71%	3	3.03%
Ref: Dev: Sensory	Count if O	140	97.22%	141	100.00%	99	100.00%
	Count if 1	4	2.78%	0	0.00%	0	0.00%
Ref: Dxd: PSAX	Count if O	49	34.03%	124	87.94%	87	87.88%
	Count if 1	95	65.97%	17	12.06%	12	12.12%
Ref: Env: Maternal SA	Count if O	56	38.89%	102	72.34%	74	74.75%
	Count if 1	88	61.11%	39	27.66%	25	25.25%

Ref: Bio: SAE/X	Count if O	48	33.33%	70	49.65%	54	54.55%
	Count if 1	96	66.67%	71	50.35%	45	45.45%
Ref: Bio: SGA	Count if O	143	99.31%	141	100.00%	99	100.00%
	Count if 1	1	0.69%	0	0.00%	0	0.00%
Ref: Other: PSAE	Count if O	53	36.81%	126	89.36%	91	91.92%
	Count if 1	91	63.19%	15	10.64%	8	8.08%
Ref: Other: Maternal SA	Count if O	56	38.89%	124	87.94%	90	90.91%
	Count if 1	88	61.11%	17	12.06%	9	9.09%
Ref: SA	Count if O	50	34.72%	98	69.50%	69	69.70%
	Count if 1	94	65.28%	43	30.50%	30	30.30%

Elig: Delay	Count if O	142	98.61%	141	100.00%	99	100.00%
	Count if 1	2	1.39%	0	0.00%	0	0.00%
Elig: Atyp	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig: High Prob.	Count if O	0	0.00%	0	0.00%	0	0.00%
	Count if 1	144	100.00%	141	100.00%	99	100.00%
Elig: Delay: Adaptive	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig: Delay: Cognitive	Count if O	143	99.31%	141	100.00%	99	100.00%
	Count if 1	1	0.69%	0	0.00%	0	0.00%

Elig: Delay: Comm.	Count if O	142	98.61%	141	100.00%	99	100.00%
	Count if 1	2	1.39%	0	0.00%	0	0.00%
Elig: Delay: Motor	Count if O	143	99.31%	141	100.00%	99	100.00%
	Count if 1	1	0.69%	0	0.00%	0	0.00%
Elig: Delay: Soc./Emot.	Count if O	143	99.31%	141	100.00%	99	100.00%
	Count if 1	1	0.69%	0	0.00%	0	0.00%
Elig Atyp: Adaptive	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Cognitive	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Elig Atyp: Comm.	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Motor	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig Atyp: Soc./Emot.	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Elig High Prob.: PSAE	Count if O	0	0.00%	0	0.00%	0	0.00%
	Count if 1	144	100.00%	141	100.00%	99	100.00%
Service: Audiology	Count if O	131	90.97%	137	97.16%	93	93.94%
	Count if 1	13	9.03%	4	2.84%	6	6.06%

Service: Family	Count if O	3	2.08%	9	6.38%	6	6.06%
Counseling/ Training	Count if 1	141	97.92%	132	93.62%	93	93.94%
Service: Health	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Medical	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Nursing	Count if O	142	98.61%	138	97.87%	95	95.96%
	Count if 1	2	1.39%	3	2.13%	4	4.04%
Service: Nutrition	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%

Service: OT	Count if O	124	86.11%	121	85.82%	83	83.84%
	Count if 1	20	13.89%	20	14.18%	16	16.16%
Service: PT	Count if O	112	77.78%	110	78.01%	78	78.79%
	Count if 1	32	22.22%	31	21.99%	12	12.12%
Service: Psychology	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Respite	Count if O	144	100.00%	141	100.00%	99	100.00%
	Count if 1	0	0.00%	0	0.00%	0	0.00%
Service: Social Work	Count if O	143	99.31%	141	100.00%	99	100.00%
	Count if 1	1	0.69%	0	0.00%	0	0.00%

Service: Spec. Inst.	Count if O	119	82.64%	131	92.91%	89	89.90%
	Count if 1	25	17.36%	10	7.09%	10	10.10%
Service: S/L	Count if O	99	68.75%	112	79.43%	79	79.80%
	Count if 1	45	31.25%	29	20.57%	20	20.20%
Service: Vision	Count if O	144	100.00%	140	99.29%	99	100.00%
	Count if 1	0	0.00%	1	0.71%	0	0.00%
Service: Any?	Count if 0	1	0.69%	5	3.55%	3	3.03%
	Count if 1	143	99.31%	136	96.45%	96	96.97%

Services: Total Number	Count if 0	1	0.69%	5	3.55%	3	3.03%
	Count if 1	75	52.08%	86	60.99%	56	56.57%
	Count if 2	30	20.83%	28	19.86%	19	19.19%
	Count if 3	18	12.50%	9	6.38%	14	14.14%
	Count if 4	13	9.03%	5	3.55%	3	3.03%
	Count if 5	5	3.47%	7	4.96%	3	3.03%
	Count if 6	1	0.69%	1	0.71%	0	0.00%
	Count if 7	1	0.69%	0	0.00%	1	1.01%
	Mean	1.94		1.63		1.72	
	Median	1		1		1	

Figure 1

Referrals for All and Filtered by Variable of Interest

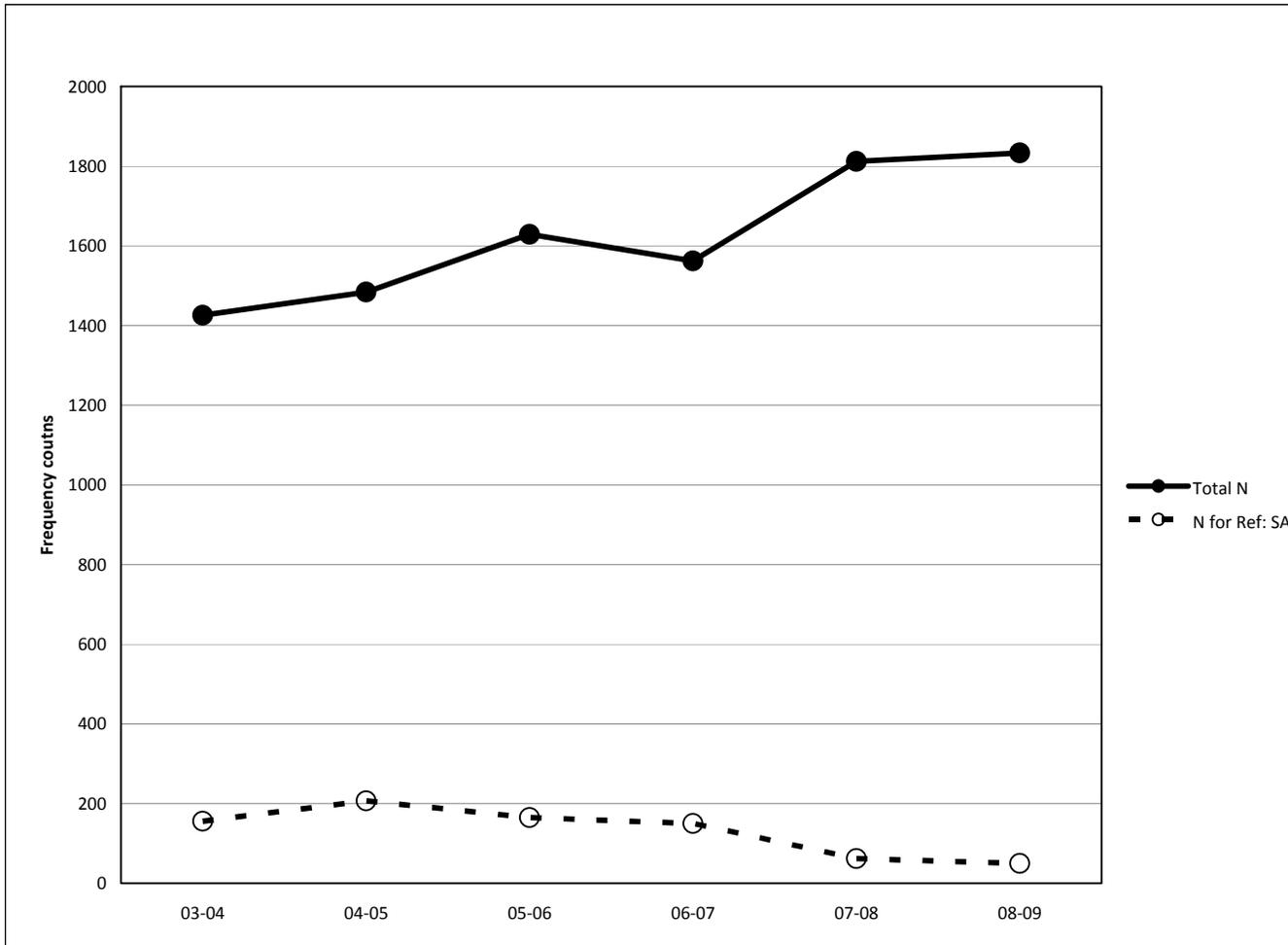


Figure 2

Determination of Eligibility for All

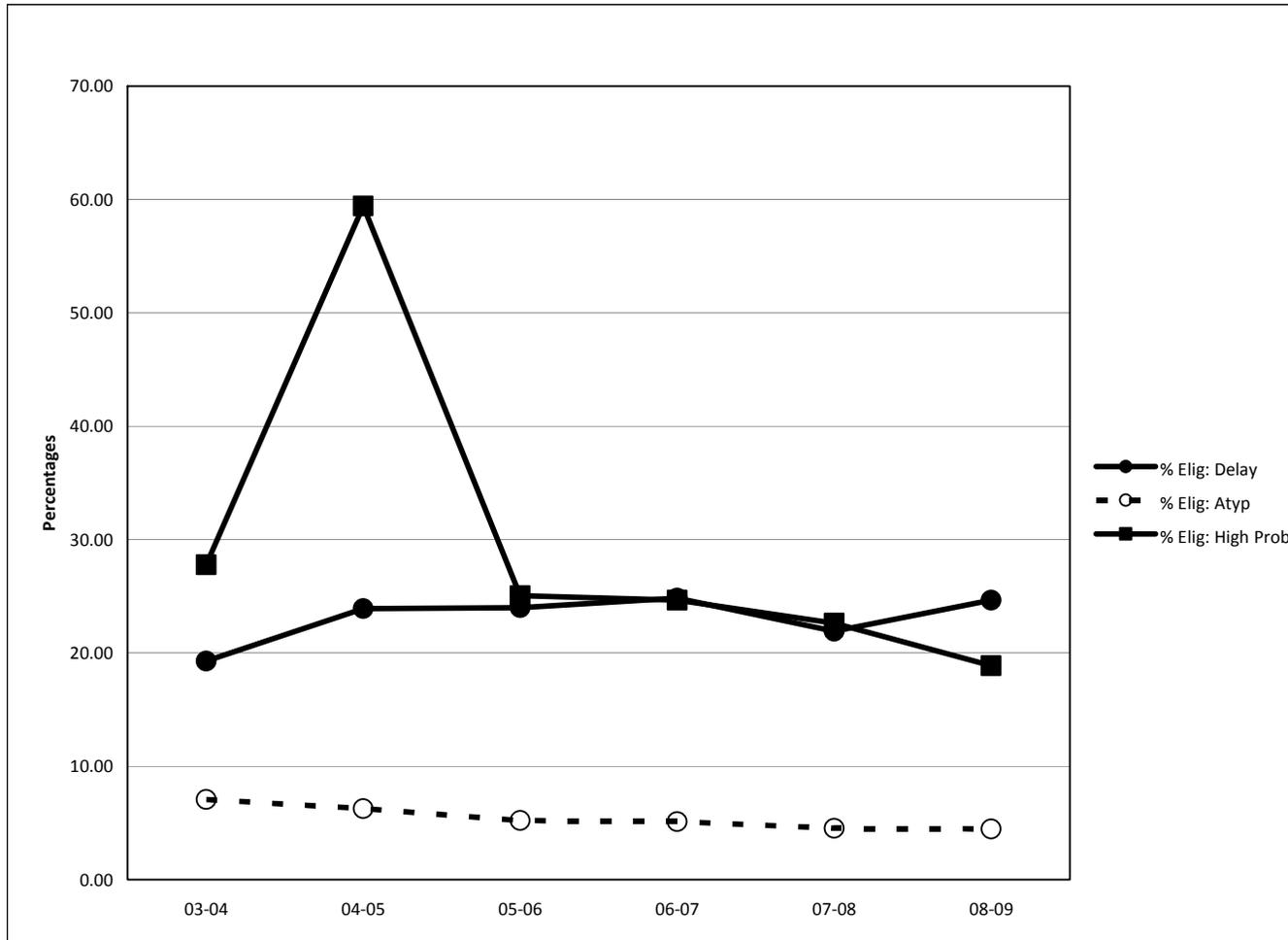


Figure 3

Determination of Eligibility Filtered by Variable of Interest

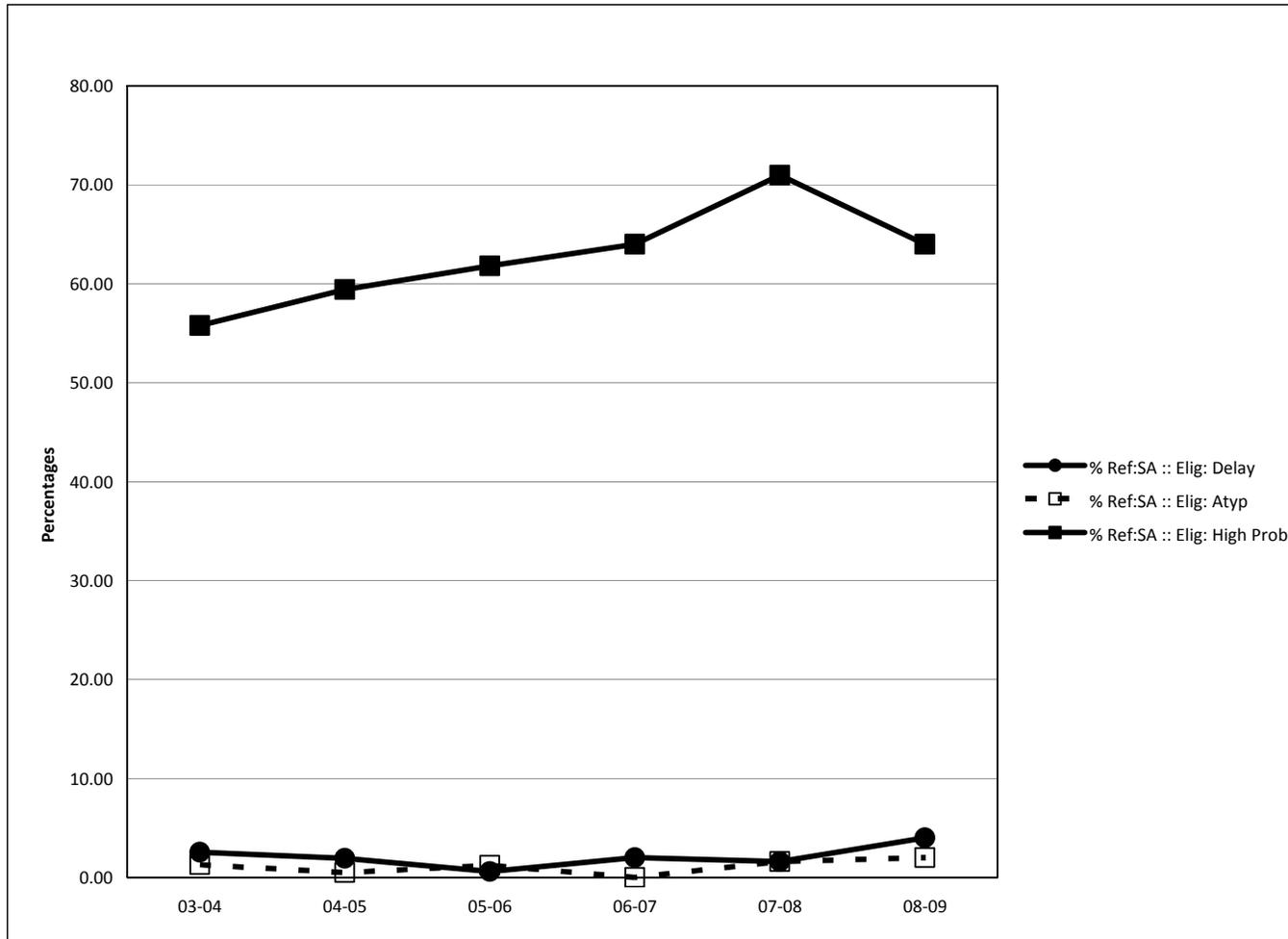


Figure 4

Early Intervention Services as Listed on IFSP for All and Filtered by Variables of Interest

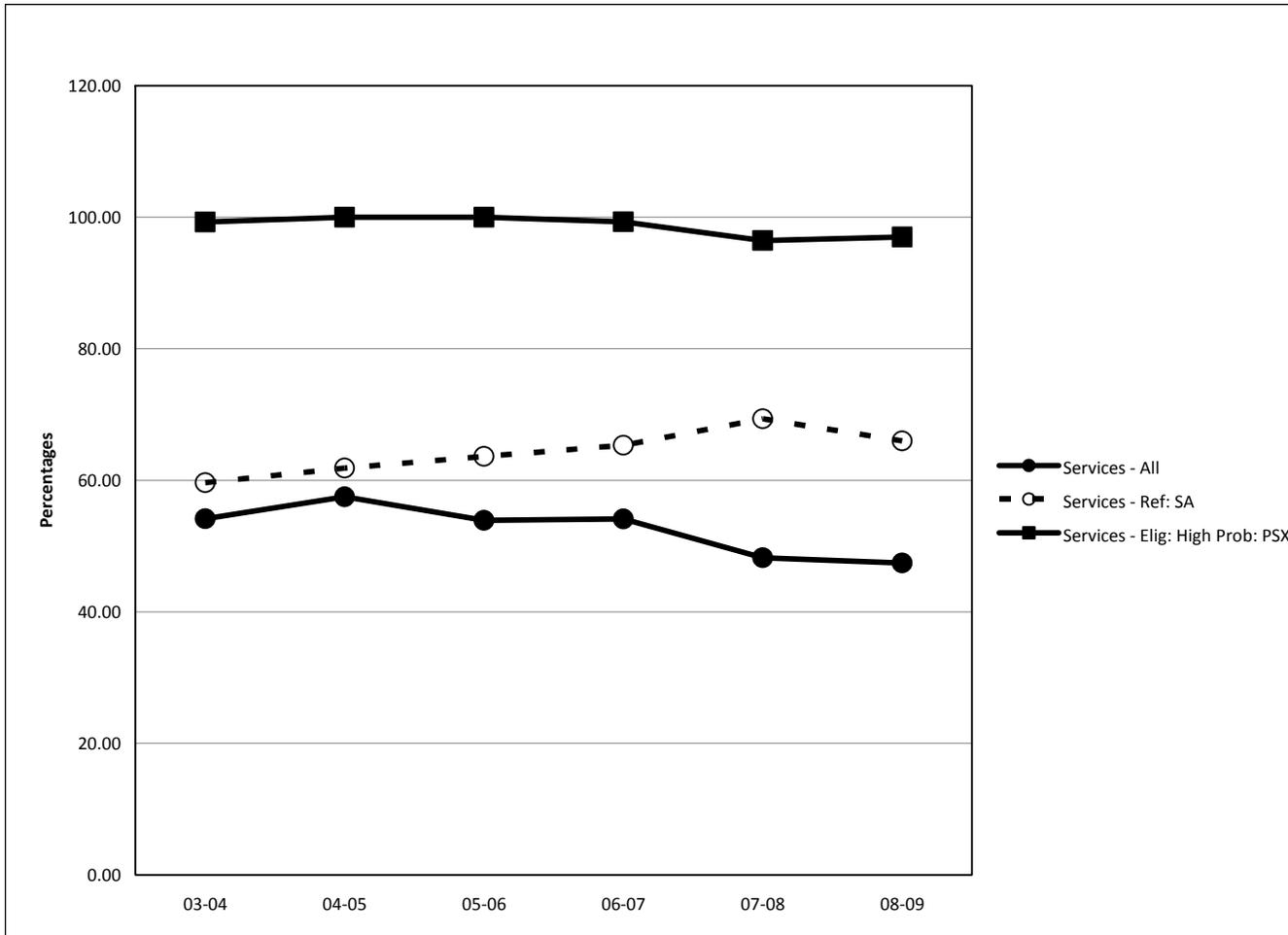


Figure 5

Age at Referral (Duplicated Count)

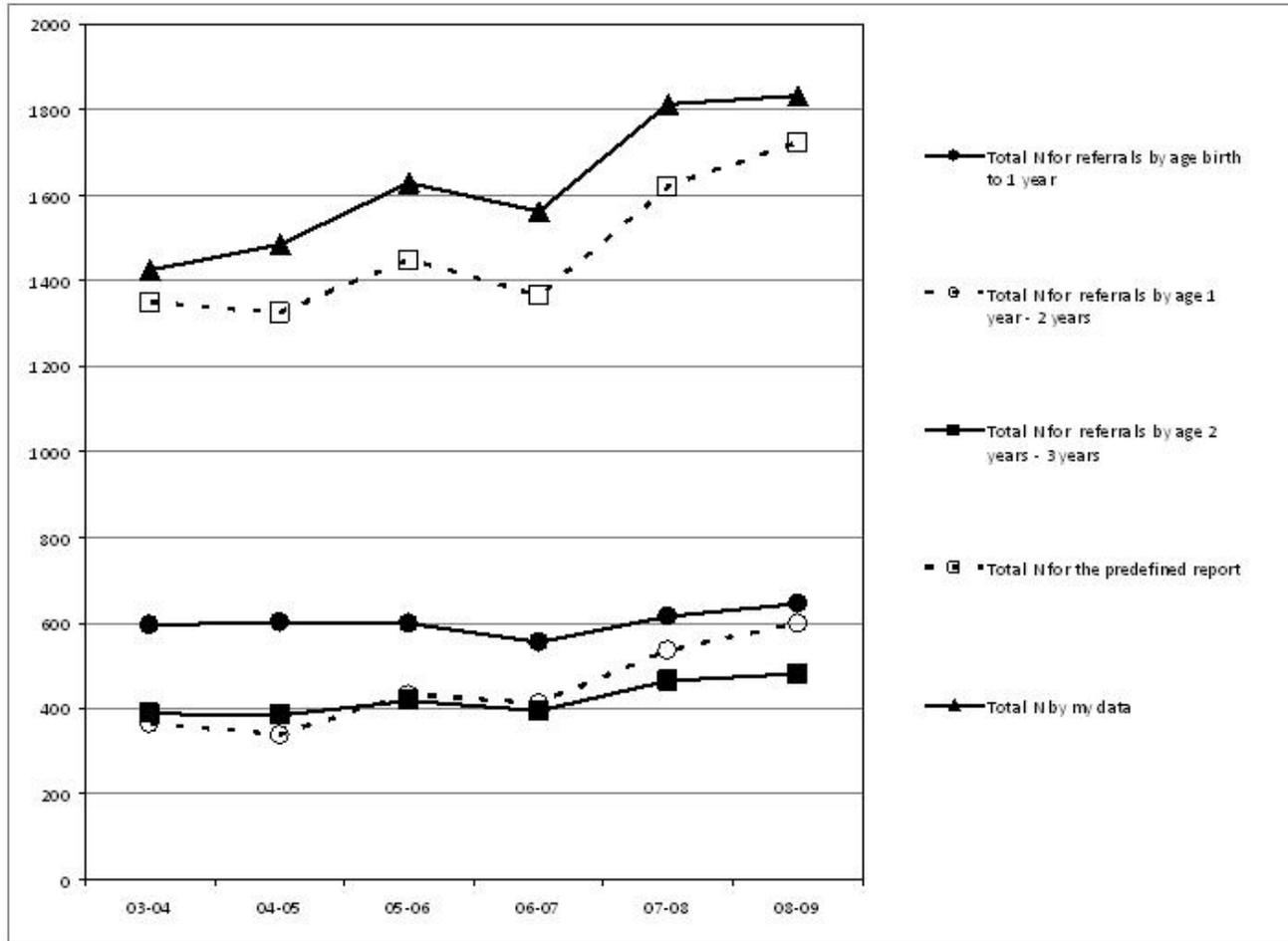
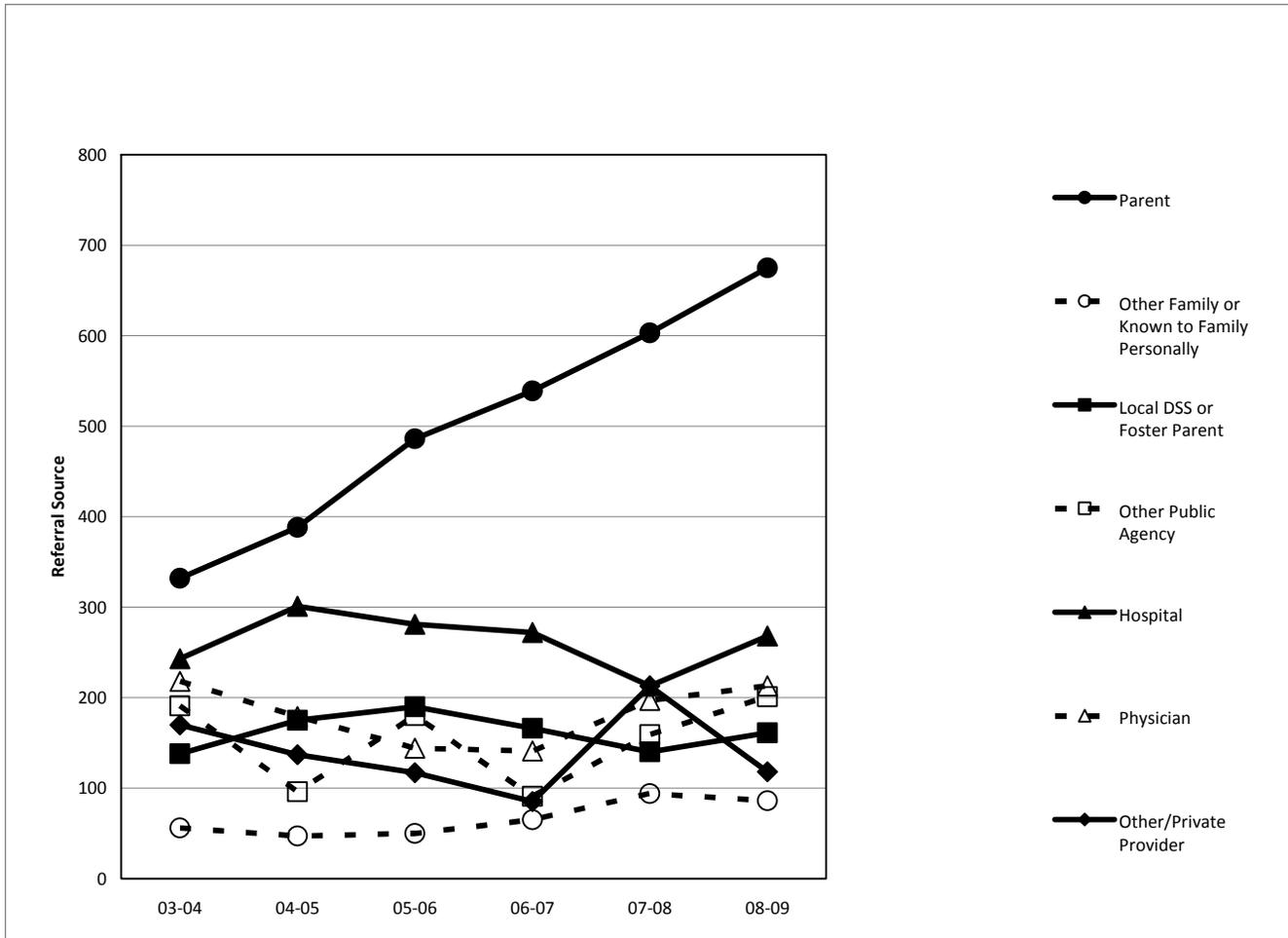


Figure 6

Referral Source (Counted by Children)



Appendix A

Definition of Terms

Affected by illegal substance abuse—Both IDEA 2004 and CAPTA 2005 use this term, but neither offers a definition. The term is used in this study with a nod to the statutory language, and applies to infants and toddlers who, according to the eligibility criterion set forth by the jurisdiction, have been identified as affected by abuse of illegal substances, or withdrawal symptoms resulting from prenatal exposure to illegal drugs.

Child Abuse Prevention and Treatment Act (CAPTA, 2005) —The Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of legislation that guides child protection. CAPTA was most recently reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

Early intervention—Services provided to eligible infants and toddlers with disabilities and their families under IDEA Part C; defined as “services that... are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development” (§303.12). Early intervention services may consist of a myriad of services, including special instruction and therapies for the child (e.g., occupational therapy, physical therapy, and speech-language pathology) and services for the family (e.g., counseling, social work).

Eligibility—Part C eligibility is determined by each state's definition of developmental delay and includes children with established physical or mental conditions with a high probability of resulting in developmental delay. States may choose to include children at risk for disabilities in the eligible group.

Exposed to and/or affected by illegal substance abuse—The phrase “exposed to illegal substance abuse” is the primary term used when referencing the literature since that is the phraseology used in the majority of the research reviewed for this study. Generally, the phrase “exposed to and/or affected by substance abuse” is used, especially since this terminology is used in the Part C Online Database for the state in which the study was implemented. In the 2009 publication *Substance-Exposed Infants: State Responses to the Problem*, the National Center on Substance Abuse and Child Welfare (NCSACW) partially defines the related term *substance-affected infants* this way: refers to infants for whom prenatal substance exposure produces negative effects, which may or may not be detected. For this study, that definition is expanded to include environmental substance exposure in infants, toddlers, and children.

Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004) —The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. (<http://idea.ed.gov/>. Retrieved on September 24, 2009.)

IDEA Part C (Part C)—Infants and Toddlers with Disabilities is the part of the Individuals with Disabilities Education Act which stipulates the terms for providing early intervention services to infants and toddlers with disabilities and their families.

Individualized Family Services Plan (IFSP)—The IFSP serves as a contract and a guide for the provision of early intervention services for each infant and toddler receiving services under Part C and their families. Strengths, needs, services, providers, and goals are included in the document.

Infants and toddlers with disabilities—Children under the age of 36 months who need early intervention services because they are experiencing developmental disabilities, because they have a condition that is highly likely to result in a developmental disability, or, in some States, because they are at risk of developing developmental delays. (May also apply to children who have received services under section 619 and have not yet entered kindergarten or elementary school, but this is very rare, and the term usually applies children under 3 years of age.)

Infants and Toddlers Programs (ITP)—Programs which provide early intervention services under Part C of IDEA.

Appendix B

LITP Referral Form

Child/Family Information

The information in this section is usually completed at the time of referral. The "" denotes required fields.*

*Date of Referral: _____

*Child's First Name: _____

Child's Middle Initial: _____

*Child's Last Name: _____

Address: _____

2nd Address Line: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____

Home School: _____

Was the child adopted? Yes No

(if yes) Country of Adoption: _____

Is the child currently in foster care? Yes No

*Date of Birth: _____

*Child's Social Security Number (if given) _____

***Race/Ethnicity (federal categories)**

- American Indian or Alaska Native**
A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community recognition.
- Asian or Pacific Islander**
A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Black or African American (not Hispanic)**
A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic)**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Other**

*Gender Male Female

*Hospital of Birth _____

Gestation in Weeks: _____ weeks

Language

*Does the child or child's family speak another language (other than English) as their primary language?

Yes No

*Family's Primary Language/Mode of Communication _____

*Family's Secondary Language/Mode of Communication _____

*Child's Primary Language/Mode of Communication _____

*Child's Secondary Language/Mode of Communication _____

Is there a need for an interpreter? Yes No

Military

Is the parent/guardian active in a military service?

Yes No

Select the branch of the military.

- Air Force
 Army
 Coast Guard
 Other
 Marines
 Navy
 National Institute of Health (NIH)
 NOAA (National Oceanic & Atmospheric Admin)

Military Rank: _____

Does the family live in military housing? Yes No

Military Base:

- Aberdeen Proving Ground
 Andrews Air Force Base
 Bethesda
 Ft. Detrick
 Ft. Meade
 Martin State Airport
 Other _____
 Patuxent River Naval Air Station

Medical Assistance

*Is the family receiving medical assistance?

Yes --Medical Assistance Number _____
 No

Does the family have other insurance? Yes No

Does the child have REM (Rare and Expensive Medical)? Yes No

Child/Family Information

Parent/Guardian/Surrogate Information

Relationship: (Select one from list)_____

First Name:_____

Last Name:_____

Address:_____

2nd Address Line: _____

City:_____

State:_____

Zip Code:_____

Primary Phone Number: ()_____

Second Phone Number: ()_____

Cell Phone ()_____

Email Address_____

Parent/Guardian/Surrogate Information

Relationship: (Select one from list)_____

First Name:_____

Last Name:_____

Address:_____

2nd Address Line: _____

City:_____

State:_____

Zip Code:_____

Primary Phone Number: ()_____

Second Phone Number: ()_____

Cell Phone ()_____

Email Address_____

Parent/Guardian/Surrogate Information

Relationship: (Select one from list)_____

First Name:_____

Last Name:_____

Address:_____

2nd Address Line: _____

City:_____

State:_____

Zip Code:_____

Primary Phone Number: ()_____

Second Phone Number: ()_____

Cell Phone ()_____

Email Address_____

Relationship List

- Aunt
- Brother
- Brother-Over 18
- Child Care Provider
- Cousin
- Father
- Father's Friend
- Foster Brother
- Foster Parent
- Foster Sister
- Friend of Family
- Godfather
- Godmother
- Grandfather
- Grandmother
- Great Grandfather
- Great Grandmother
- Legal Guardian
- Minister
- Mother
- Mother's friend
- Priest
- Sister
- Sister-Over 18
- Stepbrother
- Stepfather
- Stepmother
- Stepsister
- Surrogate Parent
- Uncle

Child/Family Information

***Referral Source** (Who called the single point of entry to make the referral?)

- Audiologist
- Is it a result of the Universal Newborn Hearing Screening?** Yes No
- Child Care Provider
- Foster Parent
- Hospital
- Local Department of Social Services
- Local Education Agency
- Local Health Department
- Other
- Other Family Member
- Other Private Professional
- Other Public Agency
- Out of State Program
- Parent
- Physician
- Private Provider

***Public Awareness** (Did the referral source find out about the Program from a *State and Local PA activity*?)

- [Local] Child Magazine
- Brochure or promotional item
- Community Fairs
- Local Public Service Announcement
- [State] Public Television
- Newsletters
- Newspaper Article or Ad
- None
- Other _____
- Public Awareness Publications/items
- Phone Book
- Universal Newborn Hearing Screening Brochure
- Web site

***Referral Recommended By** (Who recommended the Infants & Toddlers Program to the Referral Source?)

- Audiologist
- Is it a result of the Universal Newborn Hearing Screening?** Yes No
- Child Care Provider
- Foster Parent
- Hospital
- Local Department of Social Services
- Local Education Agency
- Local Health Department
- Other
- Other Family Member
- Other Private Professional
- Other Public Agency
- Out of State Program
- Parent
- Physician
- Private Provider

***Name of Person Referring:** _____

Phone Number: (Include area code) _____

Child/Family Information

***Reason for Referral**

Enter a statement from the person who is making the referral regarding the "reason" for the referral.
In a separate paragraph, list any pre-referral services that the child is receiving.

Child/Family Information

Select one or more of the three main categories that relate to the reason for referral.
Then select one or more items from the sub-categories. (2 pages of data)

Developmental Concerns

- Adaptive
- Cognitive
- Communication
- Motor
- Sensory – Hearing
- Sensory -- Vision
- Social Emotional

Diagnosed Condition

- AIDS**, symptomatic or known infected.
- Chromosomal disorders**
 - Downs Syndrome**
 - Other (specify)** _____
- Congenital infection** – symptomatic
- Effects of intrauterine **drug exposure**.
- Epilepsy**, where seizures are frequent or difficult to control, or the underlying condition is associated with frequent cognitive impairment e.g., infantile spasms
- Inborn **errors** of metabolism where either the diagnosis is late, there is not treatment available, or inadequate treatment, such as maple syrup urine disease, urea cycle defects, galactosemia, lysosomal storage diseases, and those carbohydrate disorders associated with CNS involvement
- Intraventricular hemorrhage** - Grades III or IV
- Lead poisoning**, with lead level of 20 ug/dL or greater.
- Neurodegenerative disorders** that have their onset in infancy and early childhood, such as adrenoleukodystrophy and **TaySachs disease**.
- Prematurity** with birth weight of less than 1200 grams
- Sensory impairments** – child is *blind or visually impaired*
- Sensory impairments** – child is *deaf or hard of hearing*
- Severe congenital malformations**, such as meningomyelocele and congenital hydrocephalus
- Severe encephalopathy** resulting from insult to the brain, such as trauma, drowning, poisoning, or infection.
- Other** _____

If child has sensory impairments, did the child pass the universal newborn hearing screening? Yes No Vision: _____

Child/Family Information

Risk Factors (Select one or more from any of the lists).

These factors *may or may not* be associated with a High Probability of Developmental Delay

<input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Biological Factors	<input type="checkbox"/> Other Factors
<ul style="list-style-type: none"> <input type="checkbox"/> Disturbance in p/c relations <input type="checkbox"/> Inadequate/unsafe conditions <input type="checkbox"/> Maternal age < 15 years <input type="checkbox"/> Maternal mental retardation <input type="checkbox"/> Maternal substance abuse <input type="checkbox"/> Other <input type="checkbox"/> Prior involvement with PS 	<ul style="list-style-type: none"> <input type="checkbox"/> Apgar < 6 at 5 mins <input type="checkbox"/> Birth weight < 1200 grams <input type="checkbox"/> Congenital infection <input type="checkbox"/> Drug Exposed <input type="checkbox"/> Exposure to toxic substance <input type="checkbox"/> Feeding dysfunction <input type="checkbox"/> Genetic Syndrome <input type="checkbox"/> Gestational age < 34 weeks <input type="checkbox"/> Metabolic disorder <input type="checkbox"/> Neurological problem <input type="checkbox"/> Other <input type="checkbox"/> Significant medical problem <input type="checkbox"/> Small for gestational age 	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Asymptomatic lead intoxication</i> with lead level less than 20 ug/dL. <input type="checkbox"/> Infant <i>born to an HIV positive mother</i> where the status of the infant's infection is unknown and the child has no symptoms of HIV infection. <input type="checkbox"/> <i>Chromosomal-sex chromosome</i> disorders, e.g., Turner's Syndrome <input type="checkbox"/> <i>Congenital Infection</i> – asymptomatic <input type="checkbox"/> Infants exposed to <i>intrauterine drug exposure</i> without demonstrable effects. <input type="checkbox"/> <i>Inborn errors of metabolism</i> where early diagnosis is possible and appropriate treatment has been implemented, such as PKU, pyridoxine-responsive homocystinuria, hypothyroidism, biotinidase deficiency. <input type="checkbox"/> <i>Intraventricular hemorrhage</i> – Grades I or II <input type="checkbox"/> Infants with <i>maternal prenatal drug abuse</i> but showing minimal effect, e.g., Fetal Alcohol Effect <input type="checkbox"/> <i>Mild congenital malformations</i>, such as meningocele and spina bifida occulta <input type="checkbox"/> <i>Mild insults to the brain</i> that leave no sequelae and are not associated with significant risk of developmental delay, such as aseptic meningitis. <input type="checkbox"/> <i>Neurodegenerative disorders</i> that have their onset in late childhood or adulthood, such as multiple sclerosis and Huntington's disease. <input type="checkbox"/> <i>Prematurity</i> with birth weight of 1200 to 2500 grams <input type="checkbox"/> <i>Seizure disorders</i> which are appropriately treated and do not have ongoing seizures, such as neonatal seizures, febrile seizures, simple generalized seizure disorder. <input type="checkbox"/> <i>Sensory impairments</i>, e.g. vision or hearing defects that are correctable with appropriate treatment.

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