

Early Support for Infants & Toddlers



PRACTICE GUIDE: EVALUATION, ASSESSMENT, ELIGIBILITY AND THE INITIAL IFSP

Background

Children grow and learn very rapidly from birth to age three. Infants and toddlers have no time to lose when they need early intervention to enhance development and learning. Families of infants and toddlers with disabilities have no time to lose when they need help to support their child as they grow, learn, and develop during the early years. Research has shown that Individuals with Disabilities Education Act (IDEA) Part C, early intervention services have a positive impact on child outcomes across developmental domains. (Hebbeler, et al. 2007)

This Practice Guide is designed to clarify procedural requirements and recommended practices for meeting the 45 day timeline for timely evaluation, assessment, and gathering all the information necessary to prepare for the initial IFSP meeting, consistent with Washington State's Part C policy on Screening, Evaluation, and Assessment.

The following definitions are used in this document:

EVALUATION means the procedures used by qualified personnel to determine a child's initial and continuing IDEA Part C eligibility for the ESIT Program. (§303.321(a)(2)(i))

INITIAL EVALUATION means the procedures used by qualified personnel to determine a child's initial IDEA Part C eligibility. (§303.321(a)(2)(i))

ASSESSMENT means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the IDEA, Part C early intervention services appropriate to meet those needs throughout the period of the child's eligibility under Part C. Assessment procedures include gathering information about the child and family-directed assessment of the child's family. (§303.321(a)(2)(ii))

INITIAL ASSESSMENT refers to the assessment of the child and the family-directed assessment conducted prior to the child's first IFSP meeting. (§303.321(a)(2)(iii))

Compliance with the requirement to complete timely and comprehensive evaluation, assessment, and the initial IFSP meeting involves much more than obtaining test scores. It involves the following:

- Family-directed assessment of the families' priorities, resources, and concerns
- Evaluation to determine eligibility
- Functional assessment of the child's unique strengths and early intervention service needs
- An initial IFSP meeting within 45 days from referral

Determining Eligibility for IDEA, Part C, Early Intervention Services

Eligibility Criteria

Washington State eligibility criteria for IDEA, Part C, early intervention services can be met by following one of two paths. Each path requires specific kinds of information, procedures for obtaining the information, and personnel considerations.

Path 1: Documentation of a diagnosed physical or mental condition that has a high probability of resulting in developmental delay or disability.

- The documentation required is a written statement by qualified medical personnel that names a specific diagnosis associated with a high probability of developmental delay or disability.
- Programs are encouraged to establish procedures with local medical providers in order to facilitate efficient communication and timely receipt of diagnostic statements from physicians.
- ESIT policy defines conditions associated with a high probability of developmental delay or disability as including but not limited to: chromosomal abnormalities, genetic or congenital disorders, disorders reflecting disturbance of the development of the nervous system, congenital infections, severe attachment disorders, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome, deafness/hearing loss that adversely affects a child's development, and vision impairment/blindness.
- There are many other conditions and diagnoses, for example juvenile diabetes, asthma, celiac disease and prematurity, that alone do not establish eligibility.
- Scores from standardized, norm-referenced tests are not required to document eligibility via this path.

Path 2: Norm-referenced, standardized test scores that show a 25% delay based on chronological age OR 1.5 standard deviations below the mean score, in one or more of the following developmental areas: cognitive; physical (fine or gross motor); communication (expressive or receptive language); social or emotional, and adaptive. In the case of hearing and vision, the criteria listed within ESIT's policy on hearing impairment and vision impairment under diagnosed condition applies.

- Scores from norm-referenced, standardized tests in each developmental area are required to document eligibility via this path.
- Tests must be administered by qualified personnel.

Informed Clinical Opinion

- Informed clinical opinion (ICO) is considered to be an element of all eligibility decisions, for each individual professional and for all teams.
- Well documented ICO can sometimes, although rarely, form the only basis for an eligibility decision when there are no appropriate test results because of a child's age or condition.

- ICO may not be used to negate the results of an evaluation instrument that yields scores meeting established ESIT eligibility criteria.

Comprehensive and Multidisciplinary Evaluation and Assessment

IDEA, Part C requires evaluations to be comprehensive and multi-disciplinary, to ensure that **no single discipline or procedure is used as the sole criterion for determining a child’s eligibility**. Comprehensive multidisciplinary evaluation and assessment must always include professional observations of the child, information obtained from a review of existing records and information from the child’s caregiver.

A. Multidisciplinary evaluation and assessment requires input from at least two qualified professionals with different areas of expertise using at least two procedures to make an eligibility decision. **No single person is allowed to determine eligibility for Part C**, except in rare cases where one person fills two discipline specific roles, such as a licensed occupational therapist who is also a certificated teacher.

- A medical provider who provides a written statement of diagnosis with high probability of developmental delay is considered to be one professional using one procedure for determining IDEA Part C eligibility. A second professional’s opinion is needed.
- In the absence of a written statement of diagnosis, a comprehensive norm-referenced test (e.g., Bayley, DAYC, Battelle) administered by one qualified professional is considered to be one professional using one procedure for IDEA, Part C eligibility.
- A comprehensive curriculum-based assessment (CBA) (e.g., AEPS, Carolina, HELP, Transdisciplinary Play-Based Assessment) administered by a qualified professional on the team (educator, therapist, nurse) is a good choice for a second professional and procedure to determine eligibility. CBAs can also provide useful developmental information for writing Present Levels of Development and the Summary of Functional Performance, and inform the entry Child Outcome Summary (COS) ratings.

B. Comprehensive evaluation and assessment means that all areas of development are considered when conducting initial child evaluation and assessment and making an eligibility decision. Because developmental areas are interdependent in very young children, all areas must be evaluated.

Washington State criteria allow children to be determined eligible for services based on a delay established by test scores from any one area of development.

- In IDEA, Part C, early intervention every evaluation and assessment must cover all areas of development, rather than evaluating and assessing only “areas of concern”. Even if screening results indicate possible delays in only one area, eligibility determination for IDEA, Part C, early intervention services requires all five areas of development to be evaluated and assessed.
- Programs are encouraged to identify a single, norm-referenced instrument (e.g., ABAS II, Battelle, Bayley, DAYC,) that covers all areas of development and that can be administered by one professional, for efficiency in making an eligibility decision. After adding information from

a second professional, this allows the team to move on to functional child assessment, family-directed assessment and development of the initial IFSP within the 45 day timeline.

- Curriculum-based assessments (e.g., AEPS, Carolina, HELP, Transdisciplinary Play-Based Assessment) that cover all developmental areas can be used as a second procedure for functional child assessment.

Qualified Personnel

Early intervention professionals must meet the minimum qualifications established by ESIT to perform evaluation and assessment in their specific discipline. Personnel must be trained and qualified to administer specific instruments according to test criteria.

Eligibility Determination Practices to Consider

Screening

- Screening is not always required and may not be part of every eligibility determination process. For example, screening is an unnecessary procedure if a child has an existing medical diagnosis or has clear and significant delays across developmental areas.
- Screening results cannot be used to make infants and toddlers eligible for Part C services, but can increase efficiency in the evaluation process by “screening out” those children whose development seems to be progressing typically.
- To ensure that screening procedures are efficient and effective, practitioners should use norm-referenced screening instruments that can be administered quickly by qualified personnel who have been trained to administer the screening instruments.

Eligibility Determination

- It is important to make an initial eligibility determination for Part C as soon as there is enough information to do so.
 - Choose one of the two paths to meet developmental delay eligibility criteria as soon as possible (see Table 1 below)
 - Path 1: Use medical diagnosis (written statement of a condition with a high probability of resulting in developmental delay or disability)
 - Path 2: Identify a single norm-referenced instrument (e.g., ABAS II, Battelle, Bayley, DAYC,) that covers all areas of development and can be administered by one professional
 - For both paths, add information contributed by a second professional.
- As soon as an eligibility decision is made, continue with functional child and family-directed assessment.
- The best combination of procedures and personnel for eligibility determination will depend on the characteristics of each child and family, available personnel resources, and requirements of funding sources.
 - Discuss informed clinical opinion for every evaluation at individual and team levels as a standard practice in making eligibility decisions.

Table 1

PATHS TO PART C ELIGIBILITY IN WASHINGTON STATE	
ELIGIBILITY PATHWAY	REQUIREMENTS/CONSIDERATIONS
Path 1: MEDICAL DIAGNOSIS	<ul style="list-style-type: none"> • This path to eligibility requires a written statement by medical personnel, documenting a diagnosed physical or mental condition that has a high probability of resulting in developmental delay <ul style="list-style-type: none"> ○ Examples include ASD, Down Syndrome, CP, Cornelia deLang Syndrome • Not all conditions meet the criterion of high probability of developmental delay <ul style="list-style-type: none"> ○ For example, prematurity, asthma, celiac disease and juvenile diabetes alone do not qualify a child for IDEA, Part C early intervention services • Standardized, norm-referenced test scores are <i>not</i> necessary to make an eligibility decision if there is a medical diagnosis that documents a high probability of developmental delay. • When eligibility is established based on medical diagnosis, information in every area of development is necessary to complete Present Levels of Development for each child. • As soon as eligibility has been established via medical diagnosis and information from a second professional is obtained, functional assessment, CBAs or other procedures can be used to complete Present Levels of Development in all areas and to develop child outcomes and intervention goals. • Therapists’ domain-specific evaluations (i.e. PDMS, PLS) can be administered after the initial IFSP has been completed, as part of ongoing assessment to ensure the 45 day timeline is met.

<p>Path 2: NORM-REFERENCED, STANDARDIZED TEST RESULTS</p>	<ul style="list-style-type: none"> • Norm-referenced, standardized test scores that include all areas of development can also establish eligibility. • Washington State eligibility for Part C requires that norm-referenced scores in one or more developmental areas fall 1.5 standard deviations below the mean or represent a 25% delay in the child’s development. • When eligibility is established based on norm-referenced test scores, assessment results in every area of development are necessary to complete Present Levels of Development for each child. • As soon as eligibility has been established using a comprehensive norm-referenced instrument and information from a second professional, curriculum-based instruments can be used by a second professional, to complete Present Levels of Development in all areas. • In addition, selected domains of curriculum-based tests can also be used to gather specific information in particular areas for purposes of developing functional and meaningful child outcomes and intervention goals. • Therapists’ domain-specific evaluations can be administered after the initial IFSP as part of ongoing assessment to ensure the 45 day timeline is met.
<p>Use “informed clinical opinion” as a primary procedure to make an eligibility decision <i>only</i> in cases where there are no appropriate norm-referenced, standardized instruments available due to age or developmental status.</p>	

Initial Child Assessment

Procedural Requirement

A multidisciplinary assessment of each infant or toddler with a disability must be conducted by qualified personnel, in order to identify the child’s unique strengths and needs and the early interventions services appropriate to meet those needs. Child assessment must also be comprehensive to include all areas of development.

Rationale

Areas of development in infants and toddlers are interdependent and interrelated. Specific developmental problems can be associated with delays or disabilities in multiple areas of development. For example, a low score in the area of communication may be due to hearing loss, cognitive delays that

make learning language difficult or social-emotional problems that interfere with parent-child interaction. Comprehensive, in-depth information about the child's overall development and participation is essential for developing functional IFSP outcomes, planning appropriate intervention methods and strategies, and monitoring progress.

Functional Child Assessment Practices to Consider

- Each team member must share with the entire team, useful information collected from the family, starting at referral.
- Begin functional child assessment after comprehensive evaluation has been completed or a diagnosed condition has been established.
- Observe the child in the context of their daily routines to determine successful participation and current challenges.
- Use skill sequences and data protocols from curriculum-based assessments to better understand unique strengths and needs in all areas of development. Use observational procedures and parent assessment components of CBAs to enhance understanding about the relationship between the child's development and participation in everyday life.
- Synthesize all information on the child's development and functional participation in family routines and activities into the Summary of Functional Performance.
- Use initial child assessment information as a point of comparison for monitoring progress toward IFSP child outcomes, for selecting and modifying intervention strategies, and for selecting Outcome Descriptor Statements on the COS.
- IDEA Part C requires qualified personnel to use informed clinical opinion as a regular component of every evaluation and assessment procedure.

Family-Directed Assessment

Procedural Requirement

Family-directed assessment must be conducted by qualified personnel in order to identify the family's concerns, priorities, and resources and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability and/or developmental delay.

The family-directed assessment must:

- Be voluntary on the part of each family member participating in the assessment;
- Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment, and;
- Include the family's description of concerns, priorities and resources related to enhancing the development of their child. (34 CFR §303.321(c)(2)(i-iii).

Rationale

The IFSP builds on the family's strengths and resources so that their concerns and priorities can be addressed. This must occur in order to support the child's participation in everyday routines and activities that are important to the family. Learning about each family's unique concerns, priorities, resources and routines provides an important foundation and context for practitioners to help families help their children develop and learn, to be able to communicate their child's needs to others, and to understand their rights in early intervention.

- Family **concerns** about their child and **priorities** for the family are the basis for planning functional assessment and developing meaningful and relevant child and family outcomes.
- Understanding family **resources** assists the IFSP Team to identify appropriate intervention strategies, supports for caregivers, and services to meet functional IFSP outcomes.
- Learning about **routines and activities** of the child and family is necessary to identify naturally occurring learning opportunities that support children's development. Young children learn best through routines and activities that they are interested in and participate in daily with family members, caregivers and other important people in their lives.

Family-Directed Assessment Practices to Consider

- Explain to every family that information about daily routines will help the team develop intervention methods and strategies to support the child's participation in important family activities.
- Always assure parents that sharing information about their family is voluntary and does not impact eligibility for or the delivery of IDEA, Part C, early intervention services.
- When talking with families about their priorities and concerns, start by asking, "What would you like to see happen for your child/family?"
- Use family assessment methods, (e.g., interviews, questionnaires, ecomaps, and family report components of CBAs) to find out about each family's concerns, priorities, routines, and resources related to enhancing their child's development.
- Incorporate the information gathered using family assessment methods into development of the IFSP outcomes.
- Review family-directed assessment information periodically with the family to incorporate changes in concerns, priorities, resources, routines and activities into subsequent IFSPs.

The Initial IFSP Meeting Within 45 days from Referral

Working together with the family, use all available eligibility evaluation and initial assessment information to:

- Discuss assessment findings as a team
- Complete the Summary of Functional (child) Performance (SFP)
- Select an Outcome Descriptor Statement on the entry COS
- Develop functional IFSP child and family outcomes
- Plan intervention methods, strategies and services

Resources and References

1. *ESIT IFSP Process and Resource Guide*
http://www.del.wa.gov/publications/esit/docs/IFSP_Resource_Guide.pdf
2. *ESIT Basic Part C Training Modules*
<http://ectacenter.org/wamodules/wamodules.asp>
3. *Guide to Assessment in Early Childhood: Birth to Age Eight, (2008). OSPI*
http://www.k12.wa.us/EarlyLearning/pubdocs/assessment_print.pdf
4. Washington State's Current Policy and Procedures for Part C. *Policies related to a statewide Definition of Developmental Delay, and Screening, Evaluation and Assessment*
http://www.del.wa.gov/publications/esit/docs/ESIT_policies_procedures.pdf
5. Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Singer, M. (2007). *Early intervention for infants and toddlers with disabilities and their families: participants, services, and outcomes*. Final report of the National Early Intervention Longitudinal Study (NEILS)
http://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf

Prepared by Kristine Slentz and Kellie Horn, Edited by ESIT Staff