

EVALUATION AND ASSESSMENT

POLICY

A timely, comprehensive, multidisciplinary developmental evaluation will be conducted on each child, birth through age two, referred for evaluation, including assessment activities related to the child and, with family consent, the child's family. Nondiscriminatory evaluation and assessment procedures shall be used in all evaluation and assessment activities of children and families.

FEDERAL POLICY (34 CFR 303.345 is the source of Federal Policy that appears in bold at the beginning of each section of the standards revised August 15, 2008.)

Evaluation and Assessment:

1. **Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of needs of each child's family to appropriately assist in the development of the child.**
2. **The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.**
3. **Definitions of evaluation and assessment as used in this Part:**
 - a. **Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in § 303.16, including determining the status of the child in each of the developmental areas.**
["Infants and toddlers with disabilities" means individuals from birth through age two who need early intervention services because they (1) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; adaptive development; or (2) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.]
 - b. **Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify:**
 - i. **The child's unique strengths and needs and the services appropriate to meet those needs; and**
 - ii. **The resources, priorities and concerns of the family 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.**
4. **Evaluation and assessment of the child:**

The evaluation and assessment of each child must –

 - a. **Be based on informed clinical opinion; and**
 - b. **Include the following:**
 - i. **A review of pertinent records related to the child's current health status and medical history.**
 - ii. **An evaluation of the child's level of functioning in each of the following developmental areas:**
 1. **Cognitive development.**
 2. **Physical development, including vision and hearing.**
 3. **Communication development.**
 4. **Social or emotional development.**
 5. **Adaptive development.**

- iii. **An assessment of the unique needs of the child in terms of each of the developmental areas of this section, including the identification of services appropriate to meet those needs.**
- 5. **Family Assessment:**
 - a. **Family assessments under this part must be family-directed and designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.**
 - b. **Any assessment that is conducted must be voluntary on the part of the family.**
 - c. **If an assessment of the family is carried out, the assessment must –**
 - i. **Be conducted by personnel trained to utilize appropriate methods and procedures;**
 - ii. **Be based on information provided by the family through a personal interview; and**
 - iii. **Incorporate the family's description of its resources, priorities and concerns related to enhancing the child's development.**
- 6. **Timelines:**
 - a. **Except as provided below, the evaluation and initial assessment of each child (including the family assessment) must be completed within the required 45-day time period.**
 - b. **The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), public agencies will –**
 - i. **Document those circumstances; and**
 - ii. **Develop and implement an interim IFSP to the extent appropriate.**
- 7. **Nondiscriminatory Procedures:**

Each lead agency shall adopt nondiscriminatory evaluation and assessment procedures. The procedures must provide that public agencies responsible for the evaluation and assessment of children and families under this part shall ensure, at a minimum, that –

 - a. **Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;**
 - b. **Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;**
 - c. **No single procedure is used as the sole criterion for determining a child's eligibility under this part; and**
 - d. **Evaluations and assessments are conducted by qualified personnel.**

BABIES CAN'T WAIT PROGRAM (BCW) STANDARDS

A referral to the local lead agency (BCW) begins the Individual Family Service Plan (IFSP) process which assures: 1) completion of a developmental evaluation and assessment by a Multidisciplinary Team/Primary Service Provider (MDT/PSP Team); 2) eligibility determination through a review of developmental evaluation and assessment results and other information; 3) an IFSP meeting is held; and, 4) an initial IFSP is developed within 45 calendar days of receipt of referral by the local lead agency (BCW). The evaluation and assessment of the developmental skills and functional levels of infants and toddlers cannot rely solely on standardized scores and/or measures (quantitative information). Professionals must also integrate qualitative information with traditional evaluation and assessment procedures (e.g., systematic observations, interviews, neonatal medical histories, etc.) through the use of informed clinical opinion. The following procedures relate to this process.

*Membership of the MDT is typically the same as PSP Team.

A. Definitions

1. "Assistive Technology" refers to any item, piece of equipment or product system whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.
2. "Developmental Assessment" refers to the initial or ongoing tools/procedures used by appropriately qualified personnel throughout the period of a child's eligibility under Part C to identify:
 - a) child's unique strengths, needs, and services appropriate to address the developmental needs and delays in each of the following domains: cognitive, communication, adaptive, physical, and social-emotional development; and
 - b) resources, priorities, and concerns of the family 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.
3. "Developmental Evaluation" refers to those tools/procedures used by appropriately qualified personnel to determine the current developmental status of the child in each of the following domains: cognitive, communication, adaptive, physical, and social-emotional development.
4. "Eligibility Determination" refers to the process used by the MDT/PSP Team to establish eligibility based on the child's evaluation results under Georgia's definition of eligibility.
5. "Family" is defined as each family defines itself for the purposes of participation in child developmental evaluation/assessment activities and the identification of family resources, priorities, concerns, and family training needs relative to enhancing the development of the child.
6. "Informed clinical opinion" is the MDT/PSP Team's integration of both quantitative and qualitative information about a child's development and need for early intervention services and supports.
 - a) This information must be gathered through systematic observations, interviews, curriculum-based assessments and, where appropriate, the use of standardized assessment measures.
 - b) Professionals must be knowledgeable about the expected sequence of development across all domains,
 - c) Professionals must be familiar with appropriate measurement tools and supports used with infants and toddlers, and understand the broad range of individual variations that may be expected of children who are developing typically.
 - d) Informed clinical opinion may be used by qualified personnel to establish a child's eligibility even when other instruments fail to establish eligibility.
7. "Multidisciplinary Team (MDT/PSP Team)" mean at least two professionals from two different disciplines, in addition to the family.
8. "Significant Developmental Delay" A delay is considered significant when standardized measures yield a score of 2 standard deviations below the mean in one or more of the five developmental domains; or at least 1.5 standard deviations below the mean in two or more of the five developmental domains; or the child's developmental issues interfere with the child's ability to function when compared with peers; or through the informed clinical opinion of the MDT/PSP.
9. "Tools/Procedures" are the instruments/methods utilized by the MDT for developmental evaluations and assessments.

B. Eligibility

Children are eligible for Babies Can't Wait (BCW) in Georgia if they are:

1. Between the ages of 0 and 36 months;
2. Reside in the State of Georgia; AND
3. Meet eligibility criteria of Category 1 or Category 2 as follows:

C. CATEGORY 1 - Infants and Toddlers with Established Risk for Developmental Delay

Children who have an established risk of developmental delay due to a diagnosed physical or mental condition of known etiology and significant developmental consequences are considered to have a Category 1 condition, regardless of whether a delay is manifested at the time of identification. Please refer to the Category 1 Conditions List for a complete list of eligible diagnoses.

Referrals of children with a diagnosed Category 1 condition from a physician must include a written medical diagnosis with the ICD-9 code confirming the Category 1 condition and all other medical diagnosis and accompanying code(s) available in the medical record. This written statement will be retained in the early intervention record.

D. CATEGORY 2 - Infants and Toddlers with a Significant Developmental Delay

Children eligible under Category 2 are those children who are determined eligible by the MDT, using a variety of appropriate tools/procedures, including informed clinical opinion, to have a significant developmental delay in one or more areas of development. A delay is considered significant when standardized measures yield a score of 2 standard deviations below the mean in one or more of the five developmental domains or at least 1.5 standard deviations below the mean in two or more of the five developmental domains and/or the child's developmental issues interfere with their functional ability when compared with peers. The significant delay must be confirmed via two or more tools/procedures. One of these tools must yield a standard score. If the results of the above tools/procedures do not meet the criteria for a significant delay, the MDT may use an informed clinical opinion to reach a determination.

E. Required Components of Initial Evaluation or Assessment

1. The choice of MDT/PSP members and developmental evaluation tools/procedures for any child should be based on the presenting developmental needs of the individual child and the priorities of the family.
2. All initial evaluations or assessments must include the collection and review of the following information:
 - a) Reason for referral/statement of concern and referral source;
 - b) Parent(s) information which may include interview, questionnaire or developmental checklist, and other information collected during intake;
 - c) Review of pertinent records, by a nurse or other trained medical professional, related to child's current health status and medical history, which includes a written statement from the primary health care provider; and other diagnostic codes available in the medical record;
 - d) Vision and hearing screening;
 - e) Children must be evaluated or assessed in five developmental domains: cognitive, communication, adaptive, physical, and social-emotional development. For children with Category I conditions, this will include:
 - A curriculum-based assessment

- A physician's written confirmation of the diagnosis, including diagnostic codes.

For children with Category 2 Conditions, this will include:

- Appropriate standardized and norm referenced diagnostic tools (at least one), and;
- Standardized behavior checklists or curriculum-based measures; or
- Systematic observation of functional abilities in the child's daily routine or natural setting.

f) Adjusted or corrected age of the child must be used when evaluating infants and toddlers under age 2 who were born at or before 35 weeks gestation.

3. The eligibility decision is confirmed through consensus of the MDT/PSP.
4. If consensus of eligibility is not initially reached, additional developmental evaluation/assessment information is gathered and the decision is reached with the assistance of the Early Intervention Coordinator or designee.
5. If the parent does not agree with the determination of eligibility based on the developmental evaluation procedures as described above, the parent can initiate a due process hearing in accordance with the Procedural Safeguards Section.
6. The above collected information must be documented in child's BCW early intervention record prior to IFSP development and before initiation of any services. For children with Category 2 conditions, this documentation must delineate how the MDT/PSP team reached an informed clinical opinion substantiating a significant developmental delay.
7. Completed test protocols or question booklets that contain information about a specific child being evaluated or assessed by/for BCW must be retained for 5 years after child exits the program and be made available for parent review as part of the child's early intervention record under Federal Educational Rights and Privacy Act (FERPA).

F. Review of Prior Developmental Evaluation/Assessment Data

With written, informed parental consent, MDT/PSP must consider any *standardized or curriculum based developmental evaluation/assessment data that meet GA requirements* data that is less than six (6) months old. If the evaluation/assessment does not include five domains, the MDT/PSP must complete a five-domain tool or procedure to ensure that all five domains are addressed. In this case, only one professional is required. The MDT/PSP must prevent children and families from undergoing unnecessary assessments and avoid duplicating already existing evaluation/assessment information.

G. Nondiscriminatory Procedures

1. Nondiscriminatory procedures must be used in all developmental evaluations and assessments. These nondiscriminatory procedures require that:
 - a. All tools/procedures are conducted and interpreted in the native language of the parent(s) or other appropriate mode of communication;
 - b. Any developmental evaluation/assessment(s) tools/procedures that are used are selected and administered in a culturally sensitive and effective manner so as not to discriminate against but respect and recognize the culture of the family and child. In addition, tools/procedures must be adaptable to accommodate the physical and sensory needs of the child.
 - c. Developmental evaluations and assessments are conducted by qualified personnel.
 - d. Interpretation service must be offered and made available to families to ensure

that families are full and active participants in the IFSP process.

H. Family Assessment

1. Family assessment refers to a process designed to assist families in identifying their resources, priorities, and concerns related to enhancing the development of the child. This process is family-directed and based on the family's determination of which aspects of the child's developmental delays are of high priority, relevance and importance.
2. Family assessment is strictly voluntary on the part of the family and a family's decision not to participate in this process will not affect the child's eligibility for BCW services.
3. Requirements Related to Assessment of the Family. If an assessment of the family is carried out, the assessment must:
 - a. be conducted by qualified personnel;
 - b. be based on information provided by the family through a personal interview;
 - c. incorporate the family's description of its resources, priorities, and concerns and the identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

I. Timeline for Initial Developmental Evaluations and Assessments

If a child with a Category 1 condition requires immediate services, an Interim IFSP (see IFSP Standards) may be developed prior to completing the initial assessment. Developmental assessments must be completed within the required timelines.

J. Maintaining MDT/PSP Members for Developmental Assessments

1. The provider of developmental evaluation/assessment activities is the decision of the district. Districts must have written policies that indicate how and by whom this function will be implemented.
2. Each district is responsible for establishing and maintaining a list of service providers who meet the highest entry-level requirements for their respective disciplines as specified by the Georgia Licensing Board, the BCW Program State Plan Application and Part C Personnel Standards for early intervention professionals and: 1) are employed by the local lead agency; or 2) have a current contract with the local lead agency.

K. State Approved Tools/Procedures

To make the eligibility determination for children with Category 2 conditions, evaluators must use at least one standardized, norm-referenced instrument appropriate for the child's age.

In order to track the child's ongoing developmental progress in the context of everyday routines and activities and obtain federally required information about child outcomes. A curriculum-based tool listed below must be utilized:

1. The Carolina Curriculum for Infants and Toddlers with Special Needs
2. Hawaii Early Learning Program (HELP)
3. Assessment, Evaluation and Programming System (AEPS)
4. The Trans-Disciplinary Play-based Assessment
5. Battelle Developmental Inventory
6. Developmental Assessment of Young Children