WV Birth to Three assures that each infant or toddler suspected in needing early intervention services is provided a timely, comprehensive, multi-disciplinary evaluation and/or assessment. The WV Birth to Three Evaluation/Assessment Summary Report is intended to provide a consistent method for how evaluation and assessment results are recorded across disciplines.

The WV Birth to Three Evaluation/Assessment Summary Report provides practitioners a structure for documenting:

- the family’s priorities and concerns for their child’s development,
- pertinent background information on the child and family,
- the impact of a child’s developmental delay and/or medical condition on the child’s functional abilities; and,
- recommendations for strategies to support the child’s participation within daily routines that are important to the child and family.

Individuals completing evaluation and assessment must be qualified and trained in the methods and procedures used. WV Birth to Three requires all practitioners within the system to be knowledgeable of the unique needs of infants and toddlers across all developmental domains as a delay in one area may influence development in another area.

For initial and annual evaluation/assessments, the Multi-Disciplinary Team (MDT) is responsible for assuring that they make a statement of the child’s functional ability across all five developmental domains. In West Virginia, the MDT must consist of a licensed health care provider (nurse, psychologist, speech and language pathologist, physical therapist, occupational therapist, or audiologist) and a Developmental Specialist.

The Developmental Specialist is expected to conduct evaluation and assessment across all five developmental domains. All other disciplines will evaluate the child in the area(s) for which the practitioner is qualified and trained but should document parent report and observations across all domains.

It is essential that all MDT members communicate prior to and during the evaluation/assessment process to plan the assessment, including the areas that each will evaluate and the instruments/methods most appropriate to meet the unique needs of each child.

Note: For the initial evaluation/assessment, the Family Assessment completed by Interim Service Coordinators provides the multi-disciplinary team with valuable information about the child and family to assist you in preparing for your evaluation/assessment activities.

Team Evaluations/Assessments

As development is interrelated at this age, team evaluations/assessments may be conducted with the family’s permission. To conduct a team evaluation/assessment:

1) the family must be informed and agree that a team assessment would be best for their child;
2) the evaluation/assessment must be planned, in advance, by the team;
3) the evaluation/assessment must be completed together as a team; and
4) the evaluation/assessment report must be written together as a team.

Note: If the evaluation/assessment activities are not completed together as a group then each member of the team should complete their own evaluation/assessment report.
WV Birth to Three
Evaluation/Assessment Summary Report

Filling in the Blanks

**Logo or Contact Information:**

*Logo:* Scroll above the shaded box and enter your logo where prompted.

*Shaded Box:* Enter the type of report. For example, Physical Therapy Report, Speech Therapy Report, Developmental Specialist Report, etc.

If you do not have a logo, enter your contact information here.

**Name of Child:** Confirm and click to enter correct spelling of the child’s first name, middle initial and last name. *Note: The child’s name will auto populate to the header or footer on each page.*

**Date of Birth:** Confirm and click to enter month/day/year (xx/xx/xxxx) of the child’s birth. Please double check dates.

**Chronological/Adjusted Age**

**Determining chronological age:** Most assessment instruments provide guidance for determination of chronological age, in that case you would use the guidance provided. When using an instrument that does not provide that guidance, the standard rule would be to round up or down the child’s chronological age prior to administering the instrument.

**Determining Adjusted Age:** A premature infant is a baby born before 37 weeks gestation. Standard practice on most assessments is to adjust for prematurity up to 24 months of age. It is important to review the administration manual of the assessment tool you will be using because some tools do not allow for adjustment or have a different time table.

For more information on how to determine chronological or adjusted age review the Percentage Conversion Chart at: [http://www.wvdhhr.org/birth23/files/WVBTT_PercConvChartInst3409.pdf](http://www.wvdhhr.org/birth23/files/WVBTT_PercConvChartInst3409.pdf)

Click to enter the child’s chronological or adjusted age.

**Evaluation/Assessment Date:** Click to enter the date of the evaluation/assessment in month/day/year (xx/xx/xxxx).

**Parent Name:** Enter the parent or legal guardian’s full name.

**Parent Mailing Address:** Enter the mailing address for the parent.

**Parent Home and Cell Phone Numbers:** Enter the parent/legal guardian’s home phone and/or cell phone number. Only enter numbers, do not use dashes, hyphens or parentheses.

*Note: When there is only one person serving in the role of a parent, leave the second parent section blank.*

In situations where parents live in two separate residences, please include both parents’ name and address. Both parents should receive a copy of the child’s evaluation/assessment unless there is a court order that indicates second parent should not receive report.

*Note: If child is in foster care and the foster family does not want their name in the report, add ‘foster parent’ under Parent Name and do not include address or phone number.*

**Location of Evaluation/Assessment Activities:** Click to enter the location(s) of the evaluation/assessment activities.
**Individuals Present (Relationship to the Child):** Click to enter the individuals present and their relationship to the child such as second parent, siblings, others living in the home who provided input into the evaluation/assessment.

**Evaluator(s):** Click to enter the name or if team assessment, the names of the individuals who completed the evaluation/assessment.

**Purpose:** In this section, the evaluator is documenting the purpose of the evaluation/assessment activity.

**Evaluation** refers to the part of the process when the multi-disciplinary team gathers information to decide if the child meets one or more of the categories of eligibility as defined by WV Birth to Three.

Check the appropriate boxes.

- To gather information to determine eligibility for WV Birth to Three and plan for Individualized Family Service Plan (IFSP)
- Initial
- Annual

**Assessment** refers to the process of gathering information beyond what is needed to determine eligibility to better understand the child’s functional abilities and impact within the daily activities and routines to plan for an appropriate Individualized Family Service Plan (IFSP) and intervention strategies and to monitor progress. Assessment is also conducted when there is a new area of concern identified by the IFSP team.

- To provide additional information to the IFSP team regarding the following areas of concern:

Enter new area of concern:

**Parent Reported Priorities and Concerns Regarding Child’s Development:** All parents have questions about their child’s development. For parents coming to WV Birth to Three, those questions become the priorities and concerns for which they are seeking support. The parent’s priorities and concerns should drive the evaluation/assessment activities.

Click to enter a summary of the parent’s priorities and concerns for their child’s development. This may include:

1) specific concerns such as the child is not yet sitting up,
2) more global concerns such as I am not sure my child is talking the way he should for his age,
3) concerns upon the diagnosis of the child such as the diagnosis of Down Syndrome or Autism
4) and/or a description of how the parents feel WV Birth to Three may help them.

**Family Information**

A child’s development must be understood within the context of his/her family. It is within the family that the child lives, learns and grows. Each family is unique, brings their own strengths, needs and challenges. Through this section we learn who is serving in the role of the parent (a teenage mom, a foster family, biological family, or temporary family situation) and whether there are siblings, or other family members who live in the home. We may identify that there are other family members outside of the home who provide a source of support to the family.

We learn about the family’s values, beliefs, culture and what languages are spoken in the home. We want to understand their child rearing practices and what is important to them. We gather information on the resources that are available to the family and where there are needs for linkages to services within the community.
Within this section, we should find the documentation of family risk factors identified that would support the eligibility decision.

**Developmental History**
Child development is an integrated process by which children grow and change in orderly ways in terms of size, neurology and behavioral complexity (Allen and Marotz, 1994). Developmental skills occur in sequence as one skill builds upon another and influences other areas of development. There is a continuous give and take between the child’s environment, diagnosis/current health status and the impact on the child’s functional abilities.

In this section, you will be summarizing the child’s developmental history as shared by the parent. Through this section we learn if the child has moved through developmental milestones as would be expected, or was the child developing on target and then suddenly there was a change. We begin to understand when the family began to have concerns and who they might have reached out to in wanting to get their questions answered.

**Medical History/Current Health Status**
Infant and toddler development is often influenced by medical conditions. Impacts to the child’s development may be transient, for example, an unresolved ear infection or more permanent such as the diagnosis of Autism. Understanding a child’s medical history, diagnosis and/or current health status can provide valuable information to unlocking why the child is experiencing developmental delays.

In this section, you will be summarizing the child’s medical history as shared by the parent. Additional information may be found in reports provided with the family’s written permission from primary care physicians, and/or specialists.

**Observation and Assessment Results**
Assessment of infants and toddlers should be a dynamic process to assure the assessment results reflect the child’s true functional abilities within the day to day experiences of the child and family. Documentation of the evaluation/assessment results reflect information obtained using formal assessment tool(s), parent report and observation of the child at play and within parent-child interactions.

Within this section, we better understand the child’s functional abilities, how the child learns, what sorts of activities are likely to engage the child’s attention, how persistent are they at tasks, what materials are available within the home, how do the parent(s) interact and teach their child, and where are there needs for support.

**Vision/Hearing Information**
Evaluators should gather information on vision and hearing for each child.

**Note:** Medical diagnosis or conditions provided by the family should be supported by written documentation obtained with the family’s written permission from the child’s physician, specialist or a licensed psychologist.

Within this section, we should find the documentation of established conditions and/or biological risk factors that would support the eligibility decision.

**Note:** Remember to document observations and parent report across all domains to get a more complete picture of the child and family.
Child’s Development is Impacting His/Her Participation in the Family’s Everyday Routines and Activities in the Following Ways

Infants and toddlers learn best through active engagement in daily activities and routines and through responsive interactions with the people who support their growth and development. Children with developmental delay may have difficulty accessing those naturally occurring learning opportunities.

In this section we learn about the day to day life of the child and family, what is going well and where there are challenges. We document how the child’s developmental delay or medical condition is impacting the child’s participation within the daily routines and activities. This helps us to identify potential child and family outcomes and intervention strategies for supporting the family in enhancing their child’s development.

Note: Use the Daily Family Routines Form to assist you in gathering information on the child’s strengths and challenges within the daily routines.

Summary of Developmental Domains Evaluated and Developmental Scores

All evaluation and assessment procedures and materials are to be selected and administered so as not be racially or culturally discriminatory. Tests and other evaluation materials and procedures are to be conducted in the native language of the parents or in other modes of communication, unless it is clearly not feasible to do so. Evaluation/assessment tools are to be administered as intended and scored following the guidelines of the publisher.

Domain

Click under “Domain” to enter the domain(s) in which you have completed evaluation and/or assessment. For example: Motor, Cognition, Communication, Adaptive and/or Social Emotional.

Test Used

Click under “Test Used” to enter the name of the formal assessment tool used.

Note: WV Birth to Three maintains a list of approved evaluation and assessment tools. To review the “Assessment Instruments Approved to be Appropriate for Screening or Evaluating the Needs of Infants and Toddlers” at: http://www.wvdhhr.org/birth23/lawandr_eqs/wvbt_t_assessment_tools_050109-final.pdf

Score(s)

Click under “Score” to enter the score as obtained through the administration of the formal tool. You can add multiple scores in this section.

Documented Delay Section

Click on the drop-down arrow and select the appropriate response.

- No concerns at this time
- Family/Practitioner have some concerns at this time. (This child may not be eligible in this domain but there are some remaining concerns).
- Atypical Development

Definition: Children in this category may have patterns of development different from their peers, such as:

- Atypical sensory-motor development: muscle tone, reflex or postural reaction responses, oral-motor skills and sensory integration
- Atypical language or cognition: state regulation, attention span, perseverance, information processing
Atypical emotional or social patterns: social responsiveness, affective development, attachment patterns, and self-targeted behaviors

- Equivalent of a delay of at least 25%

  **Definition:** A substantial delay indicates that the child is demonstrating the equivalent of a 25% delay in functional abilities/developmental skills from what would be expected for a child of his/her age. This delay is not expected to resolve without the benefit of early intervention services.

- Equivalent of a delay of at least 40%

  **Definition:** A very substantial delay indicates that the child is demonstrating the equivalent of a 40% delay in functional abilities/developmental skills from what would be expected for a child of his/her age. This delay is not expected to resolve without the benefit of early intervention services.

**Note:** The WV Birth to Three Percentage Conversion Chart may be used to convert age equivalent result into a percentage of delay.

**Established Conditions Section**

**Definition:** A diagnosed physical or mental condition documented in writing by the child’s primary care or specialty physician, which has a high probability of resulting in a developmental delay.

**Established Conditions Category** - Click the drop-down arrow to select the Established Condition Category. A child may have more than one Established Condition. Please start with the Primary and add additional Established Conditions after that.

**List Medical Condition** - Click to enter the specific established condition for each category selected.

**At-Risk Factors Section**

**Definition:** Five or more risk categories, that when present in combination, are likely to result in substantial developmental delay if early intervention services are not provided, as defined in policy.

**At-Risk Category** - Click the drop-down arrow to select the At-Risk Category. A child may have more than one risk factor. Please document all risk factors that the child and family are experiencing.

**List Medical Condition** - Click to enter the specific medical condition for each medical risk factor selected. Do not list other risk factors in the in the “List Medical Condition section.”

**Note:** For more information on established conditions and risk factors review the Definition of Developmental Delay Policy at http://www.wvdhhr.org/birth23/eligibility/reeligibilitypolicyformat2013.pdf

**Recommendations to Enhance Child’s Participation**

The team will meet and review all information to make a final determination regarding eligibility. The family may begin implementing and or all strategies immediately. The following recommendations may be used for IFSP planning and development.

**Family Routine/Activity:** Identify a routine or activity where the child is either needing support or that is going well and would provide a wonderful learning opportunity to support strategies to promote the child’s development.

Click to enter family routine or activity.

**Recommendations:** These are recommendations related to the specific family routine or activity that has been
identified. Recommendations should reflect intervention strategies that the family can easily incorporate in specific family routines and activities to support their child’s participation and learning.

Click to enter recommendations related to the routine or activity.

Other Recommendations:
These are other recommendations that the evaluator feels may be necessary to plan for and/or implement appropriate early intervention services should child be eligible. For example:
- a recommendation for an audiological evaluation,
- a Functional Behavior Assessment to determine cause for the challenging behavior,
- referral for a feeding assessment when there are significant concerns.

SIGNATURE SECTION

“This report has been completed based upon the information gathered from a valid, recognized WVBTT assessment or evaluation tool and additional information has been gathered from the family.

My printed name, credentials, and signature below will affirm and attest to that fact: “

Printed Name: Click to enter name of the individual who completed the evaluation/assessment.

Contact Phone: Click to enter the contact phone number for the individual who completed the evaluation/assessment

Signature: Add original signature.

NOTE: A handwritten signature should be made in blue ink.
When a digital signature is added in the signature line, it will automatically lock the document down to prevent editing of the filled form. Make sure that content is carefully reviewed prior to signing electronically.

If you don’t already have a digital signature, you can create one. Creating a digital signature will vary from computer, tablet and phone. In Adobe Reader DC, when you click on “Signature”, you will be provided with steps to create one for your document.

Credential: Add appropriate credential related to licensure or degree

Date Completed: Add date assessment was completed. Date should match Intervention Activity note for billing.

Report Distribution

1. All reports must be typed, signed and submitted to the Regional Administrative Unit (RAU) prior to practitioner billing for the reports;
2. All reports must be uploaded to the child’s library in WVBTT Online at least two days prior to the scheduled eligibility/IFSP meeting; and
3. All parents must receive a copy of the child’s report at least two days prior to the scheduled eligibility/IFSP meeting.

REFERENCES