



WV Birth to Three Evaluation/Assessment Summary Report

WV Birth to Three assures that each infant or toddler suspected of 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. (Nursing, Nutrition and Feeding Assessments have their own templates.)

The evaluation/assessment summary report provides a tool for documenting each family's priorities and concerns for their child's development. Practitioners will document pertinent background information and how a delay or medical condition has impacted the child's functional abilities across settings. Practitioners will also provide recommendations for strategies to support the child's participation within daily routines that are important to the child and family.

In addition, the evaluation/assessment summary report is a professionally written document that is individualized and free from jargon, plagiarism, and spelling/grammar errors. **Copying and pasting entire sections from previous evaluations/assessments completed by yourself or other practitioners is not permitted.** The use of complete sentences in all sections of this document is appreciated. For example, do not write, *"No concerns"* in any of the sections—instead, write a complete sentence similar to: *"At this time, (mom's name) reported that she does not have any concerns with (child's name) hearing"*.

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.

Filling in the Blanks

WV Birth to Three Header

Child Last Name: Enter child's legal last name.

Child First Name: Enter child's legal first name.

MI: Enter child's middle initial. If child does not have a middle initial leave blank.

Date of Birth (DOB): Select the date from the calendar drop down or enter child's date of birth using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

ID #: Enter the child's ID number from BTT Online.

Date: Select the date from the calendar drop down or enter the date using month/day/year - MM/DD/YYYY or MM-DD-YYYY.

NOTE: When you type the information into the header of the form, the information will populate across pages and into select sections of the document.

Logo and Contact Information

Individuals may copy and paste their agency logo at the top of the page.

Logo: If you have a logo, you may add it into the area above the shaded box by hovering over that area.

Submitted by:

Contact Information: Type your contact information (For example: name, credentials, phone number, email address or mailing address) into the shaded box.

Name of Child: Confirm and enter correct spelling of the child's first, middle name or initial and last name. Please double check the name with the parent.

Date of Birth: Confirm and enter month/day/year (xx/xx/xxxx) of the child's birth. Please double check the date with the parent.

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 timetable.

For more information on how to determine chronological or adjusted age review the [Percentage Conversion Chart](#).

Enter the child's chronological or adjusted age. If there is not an adjusted age, insert NA.

Evaluation/Assessment Date(s): Enter the date of the evaluation/assessment in month/day/year MM/DD/YYYY or MM-DD-YYYY. If your evaluation/assessment occurs over more than one day, please include all dates.

Parent: Enter the parent or legal guardian's full name. If both parents live in the same home, you may list both parents in the first box.

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

Parent Contact Number and Email Address: Enter the parent/legal guardian's contact number and email address if available.

Location of Evaluation/Assessment Activities: Enter the location(s) of the evaluation/assessment activities.

Individuals Present and Participating (Relationship to the Child): Enter the individuals present and participating in the evaluation. Indicate their name and relationship to the child,

such as parent(s), siblings, teacher, childcare provider, etc. who provided input into the evaluation/assessment.

Evaluator(s): Enter your name and credentials. If a team assessment, enter the names and credentials of the individuals who completed the evaluation/assessment.

Assessment Tool(s) Used: Enter the full name of the assessment tool(s) you used to complete your evaluation/assessment. Tools administered must be from the [WV Birth to Three Assessment Tool List](#).

Purpose

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. This information assists teams in better understanding the child's functional abilities across settings and the impact within the daily activities and routines. Assessment information provides the baseline to plan for an appropriate Individualized Family Service Plan (IFSP), 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 WVBTT,

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. These priorities and concerns 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 (i.e., Down Syndrome, or Autism);
- 4) concerns about the child's development across settings: and/or,
- 5) a description of how the parents feel WVBTT may help them.

NOTE: When documenting parent report, it is preferred that you use the parent's names instead of mom, dad, grandmother, etc.

Family Information

Family Information helps us to understand the child within the context of the family. Through meaningful conversations with the family, you will document who is serving in the role of parent (s), what languages are spoken in the home, the informal supports that the family relies upon in time of need and the formal support systems that the family is engaged with such as childcare. You will want to capture how the informal and formal supports are working for the family and where there may be needs for additional support within a setting or linkages to community resources.

Through these conversations you may also begin to identify important family traditions, values, and beliefs around child rearing practices. You will want to document any family risk factors that might support eligibility including maternal factors (teenage mother, educational level, mental health issues, developmental disability, substance use disorder), CPS involvement, lack of support systems or increased stressors within the family. The identification of risk factors will assist in the design of appropriate family outcomes and the selection of appropriate team IFSP team members should the child be found eligible.

Documentation should include identified family risk factors that 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 complexity¹. 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.

Summarize the child's developmental history as shared by the parent(s) and other caregivers. Within 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 what they have tried in the past to support their child's development.

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 or current health status can provide valuable information to unlocking why the child is experiencing developmental delays

Evaluators should gather information on vision and hearing for each child assessed. When children are referred with a speech and language concern, a recommendation for a hearing evaluation is warranted. WV Birth to Three covers the cost of hearing evaluations for all children when the team in collaboration with the family feels the evaluation is necessary to rule out a hearing loss.

Documentation should include the specific diagnosed medical conditions (established conditions and/or biological risk factors) that support the eligibility decision. Medical

diagnosis or conditions should be confirmed in review of referral information or supported by written documentation obtained with the family's written permission from the child's primary care physician, medical specialist, or a licensed psychologist.

Include medications the child is currently taking as well as immunization status and the names of physicians currently supporting their health care.

Vision/Hearing Information

Vision and Hearing are important parts of a child's life. When a baby is born, their eyesight is immature, and they later develop the ability to focus and use their vision to explore the world. Hearing appears early in prenatal development and is critical to understanding the world.

Document the results of any vision or hearing screens/evaluations that have been completed. It should also include a summary of observations of how the child is using their vision and hearing as well as any concerns the parent or professional may have.

Observation and Assessment Results Across Settings

Provide a detailed description of the results of assessment tool(s), parent/caregiver interview, and observations of the child's functional abilities within the daily activities and routines of the child/family. This will include information across all settings where the child spends time. Capture information on how the child learns, what sorts of activities are likely to engage the child's attention, how persistent they are at tasks, and where there are delays and needs for support. Note what objects, materials and toys are available in the home and other settings and how the parent(s) and/or other caregivers interact with and teach the child. This information will assist in the identification of evidence-based intervention strategies and the selection of appropriate IFSP team members should the child be eligible.

Documentation should support the decision as to whether the child is displaying developmental delay or atypical

developmental patterns for the determination of eligibility.

Child's Development is Impacting Their 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.

Document the family's/caregiver's perspectives, and how the child's delay, medical condition and/or risk factors are impacting the child's ability to learn and participate successfully in daily activities. Through your conversations with the family/caregivers and observations of the child, you will document what is going well and where there are challenges in specific settings and circumstances. This could include routines like mealtime, bedtime, outings, or in a classroom setting. This information will assist in prioritizing which routines should be the focus of intervention, what the family/caregiver's would like the child to be able to do within the routine, and why this is important to the family. 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 if Developmental Domains Evaluated and Developmental Scores

Individuals completing evaluation and assessment must be qualified and trained in the methods and procedures used.

Team Assessments: As development is interrelated at this age, team assessment may be conducted with the family's permission. To conduct a team assessment:

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

NOTE: If team members don't complete the Evaluation/Assessment activities together as a group, then individuals need to complete individual evaluation/assessment reports versus one group evaluation/assessment report.

Domains

Vision: Please document if a vision assessment was completed by a vision specialist.

Hearing: Please document if a hearing evaluation was completed by a hearing specialist.

Enter domain(s) in which you have completed an evaluation/assessment and/or observation. For example: *Motor, Cognition, Communication, Adaptive and/or Social Emotional*. If you have not assessed a developmental domain, please leave the domain blank.

Test Used

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 administered in the native language of the parents or in other modes of communication unless it is clearly not feasible to do so.

Enter the name of the formal assessment tool used and the formal test results or score.

You may also add "observation" in situations where a formal evaluation was not completed but informal assessment was discussed in the Observation and Assessment Results section of the report.

NOTE: If the full name of the assessment tool used was identified at the beginning of the report, you may abbreviate the name of the tool here.

Score(s)

Enter score(s) obtained through the administration of the chosen tool(s). As some assessment tools do not provide developmental equivalents in the scoring, it is essential to make sure the information contained in the body of the Observation and Assessment Section supports your clinical opinion for eligibility determination.

Developmental Delay

Using the drop-down arrow, select the appropriate response.

There must be documentation in the body of the assessment report to support your selections.

No concerns at this time – Definition: In this domain, neither the parent or practitioner has concerns and the child is not showing any delays or atypical development.

Family/Practitioner have some concerns at this time – Definition: The child may not be demonstrating significant delays or atypical development 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, perseveration, information processing

Atypical emotional or social patterns: social responsiveness, affective development, attachment patterns, and self-targeted behaviors

Equivalent to 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 to 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.

Established Conditions

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

Based on medical records, enter child's diagnoses as they apply to the category.

Using the drop-down arrow, 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. If a child has no established condition(s), please choose "No Diagnosed Established Medical Condition" from the dropdown list.

List Medical Condition

Enter the specific established condition for each category selected.

At-Risk Factors

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

Using the drop-down arrow, select the *At-Risk Category*. Select all the child and/or family risk factors as documented in the Family Information and Medical History and Current Health Status sections even if there are not five risk factors identified. If a child has no risk factors, please choose "No Identified Risk Factors".

List Medical Condition

Enter the specific medical condition for each medical risk factor selected as confirmed through review of medical records.

List Family Risk Factors

Based upon parent conversation, enter the specific family risk factors as they apply to the category as stated in the WV Birth to Three Eligibility Policy.

NOTE: For more information on established conditions and risk factors review the [Definition of Developmental Delay Policy](#).

Recommendations to Enhance Child's Participation

Recommendations should reflect the information entered in the "Child Development is Impacting Their Participation in the Family's Everyday Routines and Activities in the Following Ways" section of the assessment summary report and support the design of an appropriate IFSP should the child be eligible.

Family Routine/Activity

Within this section, document the specific routines/ activities across settings identified by the family/other caregivers that are:

- going well that provide naturally occurring learning opportunities to enhance the child's development, OR
- specific routines/activities that are challenging for the child/family/other caregivers where they have identified that they may need additional support.

Recommendations

Recommendations should be related to the specific family/other caregiver routines or activities that have been identified. Recommendations may be used for IFSP planning and development should the child be eligible. It is up to the discretion of the evaluator to decide which recommendations to share. Some recommendations will be easy for a family/other caregiver to interpret and incorporate into their daily routines, while others will need the support of a professional to assure the safety of the child, such as feeding interventions, positioning, or positive behavior supports.

Other Recommendations

These are other recommendations you feel may be necessary to plan for and/or implement appropriate early intervention services should the child be eligible. Examples:

- Audiological evaluation
- Functional behavior assessment to determine cause(s) of challenging behaviors
- Referral for feeding assessment

Signature Page

Printed Name: Enter name or names and credentials of individuals who completed the evaluation/assessment.

Contact Number: Enter the contact information for the individual or individuals who complete the evaluation/assessment.

Signature: An electronic signature is required to complete your evaluation/assessment

DIGITAL/ELECTRONIC SIGNATURE

- **USING MS WORD** - to apply your digital/electronic signature to your evaluation/assessment completed in MS Word, you will need to first save your Word document as a **pdf document**. Once you apply your digital/electronic signature it will lock the document to prevent editing.

- **USING PDF VERSION** - Once you apply your digital/electronic signature it will lock the document to prevent editing. Please save your document **PRIOR** to adding the digital/electronic signature as well as afterward.

Date: Add date assessment report was completed.

NOTE: It is never appropriate to ask a family member if you can stay at their home to write your evaluation/assessment report. This would be a violation of WV Birth to Three policy.

NOTE: If you are using the **Team Signature page...**

Each individual team member is required to print their name, contact information, date, and to sign the team signature page digitally or electronically.

It is necessary to complete your information PRIOR to digitally/electronically signing the document. Once you have entered your information, save the signed document to your computer so that it is easily recognizable. (*i.e. – TEAM EA REPORT for AB 201500000.*) You should then forward the document on to the next team member for them to complete their information. The last team member to sign, should make certain that all team members are sent the completed signed document AND inform members that the document has been uploaded to BTT Online.

FOLLOW UP

AFTER COMPLETING YOUR REPORT, do the following:

- After signing your report, save the report in PDF. This assures your report cannot be edited by others and for ease of uploading to WVBTT Online.
- At least 2 days prior to the IFSP meeting, upload your **signed report** to WVBTT Online to the Evaluation/Assessment

folder.

- Ask the family how they prefer to receive a copy of the assessment report, secure email or via postal mail so they may have a copy prior to the Eligibility/IFSP Meeting.
- At least 2 days prior to the IFSP Meeting, send the parent a copy of the assessment report in the family's preferred format.

¹ *Developmental Profiles: Pre-birth through Eight, Second Edition, K. Eileen Allen and Lynn Marotz, 1994*