



Technical Assistance Bulletin

TO: WV Birth to Three Practitioners and Service Coordinators
WV Birth to Three Regional Administrative Units

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ISSUE: **Clarification of Requirements for Completing WV Birth to Three Evaluation/Assessment Activities**

In accordance with the requirements of Part C of the Individuals with Disabilities Education Improvement Act (IDEA2004), WV Birth to Three assures that each infant or toddler suspected of being in need of early intervention services is provided a timely, comprehensive, multi-disciplinary (at least two different disciplines) evaluation and/or assessment to determine the child's level of development and the family's need for information and support. Parents must provide written consent for any evaluation or 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. Evaluation for eligibility occurs at initial referral to the system, and on an annual basis.

For the initial evaluation, the Regional Administrative Unit (RAU) is responsible for assisting the family to select multi-disciplinary team members who will be able to complete required evaluation activities, develop a written report, and participate in an initial eligibility/IFSP meeting within 45 days of the child's referral. For each annual evaluation for eligibility, the Ongoing Service Coordinator is responsible for coordinating the multi-disciplinary evaluation process.

Assessment refers to the process of gathering information beyond that needed to determine eligibility, in order to plan for appropriate services and supports for eligible children and families. Assessment typically occurs as part of the initial and annual evaluation process and may occur at various junctures throughout a child and family's participation in WV Birth to Three, if necessary to address newly identified needs.

WV Birth to Three must assure that each evaluation and assessment is conducted by early intervention professionals who are trained to utilize appropriate methods and procedures and are knowledgeable of how informed clinical opinion is used to assist them to complete:

- A. A review of pertinent records related to the infant or toddler's current health status and medical history;
- B. An initial and annual multi-disciplinary evaluation of the infant or toddler's current level of functioning in each of the following areas:
 - Cognitive development;
 - Physical development, including motor, vision and hearing;

- Communication development;
 - Social/Emotional development; and
 - Adaptive development.
- C. A multi-disciplinary assessment of the unique strengths and needs of the infant or toddler; and
- D. A family-directed assessment of 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 infant or toddler.

Multi-disciplinary evaluation/assessment team members, including Interim and Ongoing Service Coordinators, are responsible for assuring that:

- A. The evaluation and/or later assessment of each child, is completed within 15 days of confirmation of the availability of the practitioner. In the case of initial referral, evaluations must be completed and reports submitted to the family and other team members within the 15 day timeline, but also prior to the initial eligibility/IFSP meeting which must be within 45 days of referral;
- B. Tests and other evaluation materials and procedures are administered in the native language of the parents or other modes of communication, unless it is clearly not feasible to do so;
- C. All assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;
- D. No single procedure is used as the sole criterion for determining a child's eligibility;
- E. Any decision regarding a child's eligibility/non-eligibility is supported by appropriate documentation in accordance with WV Birth to Three requirements;
- F. The family assessment process incorporates the family's description of its resources, priorities, and concerns related to enhancing the child's development, and is:
- voluntary on the part of the family;
 - conducted by personnel trained to utilize appropriate methods and procedures; and,
 - based on information provided by the family through a personal interview.

Principles Underlying Evaluation and Assessment:

- A. Assessment should be based on an integrated model of development. It is nearly impossible to assess and adequately understand a child's development in one domain without acknowledging the role of development in other domains. Failing to account for the integration of the domains will not result in valid assessment.
- B. Assessment activities should emerge from the child's relationship and interactions with his or her most trusted caregiver. The natural environment of young children is within the family and community. For this reason, a child's growth and development can only be adequately considered within the context of these relationships. One important goal of assessment is to identify strategies that can support or strengthen the relationship between the child and his or her caregiver.
- C. Assessment should emphasize the processes of learning in addition to the attainment of developmental milestones or the demonstration of particular skills. Ascertaining how children learn is as important as identifying what they have learned. The levels and types

of engagement in various learning tasks of an individual child are important to understand so that intervention activities can be effectively designed. What sorts of activities are likely to engage the child's attention? How persistent is he at tasks? What kinds of problem-solving strategies does she use?

- D. Assessment should involve an ongoing collaborative process that includes multiple sources of information. Ongoing assessment occurs across many different activities, routines, and environments, in order to document the day-to-day interactions between the child and significant caregivers.
- E. Assessment should be conducted in ways that are sensitive to the socio-cultural context of the child and family. In addition to assuring that instruments and processes used in assessment are not culturally biased, it is important to consider the possible 'mis-match' between goals that a professional may have for a child and those of the child's family.
- F. Assessment must be useful in addressing the concerns and priorities of the family related to the child's functional abilities within typical routines and activities. Assessment can be useful to help with designing intervention activities, but intervention activities should not be defined by assessment.

Content of the Evaluation and/or Assessment Report

The content of the evaluation/assessment report must comply with WV Birth to Three documentation standards. The written report must:

- A. Be typed;
- B. Be accurate, clear, objective, and detailed;
- C. Be free of jargon and terms that are subject to misinterpretation;
- D. Be understandable by families and other professionals;
- E. Function as a means to communicate with other team members and professionals, including family members, specifying the best estimation of a child's abilities at a given point; and
- F. Serve as a record against which later performance can be compared.

An evaluation/assessment report should contain the following information:

- A. The child's full legal name, birth date, and adjusted chronological age, if appropriate;
- B. The parent's(s') or legal guardian's(s') name and address;
- C. The date that the evaluation/assessment was completed;
- D. The purpose of the evaluation/assessment, including who participated, where the assessment occurred, and the names of assessment tools and methods utilized to gather information;
- E. A summary of the family's concerns and priorities for their child's development;
- F. Findings from review of current health status and pertinent medical and developmental history;
- G. Information from the child's primary or specialty care physician as to how relevant medical diagnoses may impact the child's development;
- H. Results of observations of the child's participation across daily activities and routines;
- I. Statements of the child's functional abilities across any developmental area for which the practitioner was responsible for conducting evaluation;
- J. Recommendations relevant to the child and the family's routines;
- K. For evaluation/eligibility purpose, the report includes documentation that clearly substantiates the practitioner's clinical opinion as to whether or not the child is experiencing areas of substantial delay, established conditions, or risk factors in

accordance with WV Birth to Three eligibility criteria. *The practitioner must include and use the child's adjusted age (up to 24 months of age) when applicable.*

Reports should not include statements of eligibility regarding any particular service (for example, the report should not say "Johnny is eligible for speech therapy"). Reports also should not include recommendations regarding the intensity or frequency of any service. As required under Federal regulations of Part C of IDEA, decisions regarding the need for any particular service or intensity/frequency of a service can only be made through the IFSP team process.

Individual practitioners do not determine in their reports whether the child is eligible for WV Birth to Three. The determination of eligibility is made based on the multi-disciplinary team's review of all evaluation reports.

All evaluation and assessment activities are to be documented on the WV Birth to Three Intervention Activity Note.

Roles of Parents in the Evaluation and Assessment Process:

- Select professionals to provide the multi-disciplinary evaluation and assessment activities, based on the family's priorities and concerns regarding the child's development.
- Provide written permission for any evaluation and assessment activity to be conducted.
- Ask questions about any part of the evaluation and assessment process, in order to be prepared to participate as much as possible.
- Participate actively throughout the evaluation and assessment process, including providing information about the child's current health status and medical history.
- Share priorities and concerns related to the child's development.
- Share information about how the child's developmental strengths and challenges affect the family's daily activities and routines.
- Assist the evaluation and assessment team in understanding where and with whom the child spends his/her day, including rituals, routines and people that are important to the child and family.
- Assist the evaluation and assessment team to understand the child's unique personality, including things the child likes or doesn't like and what new things the child is learning.
- Assist the evaluation and assessment team to understand how the child shares his/her feelings (how he/she lets their caregivers know when he/she is happy, hungry, tired, excited).
- Share information about what the family would like their child to be able to do.
- Share information about strategies that have been tried in the past, including what did and did not seem to work.

Roles of Interim and/or Ongoing Service Coordinators in the Evaluation and Assessment Process:

- Provide to parent(s) and fully explain the Procedural Safeguards including confidentiality and informed written consent as part of the evaluation and assessment planning process – incorporating explanations throughout the process.
- Obtain informed written consent from the parent prior to the multi-disciplinary evaluation, or any other assessment to be conducted.
- Explain to the parent, the importance of reviewing pertinent health, medical or developmental records as part of the eligibility determination and IFSP process.
- Obtain informed written consent to obtain pertinent medical or developmental information that may assist in the determination of eligibility or the development of the IFSP. It must be documented in the early intervention record if the parent(s) choose not to consent for review of medical or other records.
- Based on parental consent, send requests to identified health care providers for pertinent medical records related to determining the child's eligibility for WV Birth to Three, and/or the impact of any diagnoses on the child's developmental status.
- Obtain informed written consent to release evaluation and assessment results, if appropriate, to the referral source, child's primary care physician, other medical specialists involved in the child's care or others as identified by the family.
- With the parent's permission, gather initial information about the family's concerns, priorities and resources in regards to the child's health and developmental status as part of the pre-assessment planning process. Explain to the parent that this information is voluntary and must be directed by the family and that the family's decision not to provide this information will not impact the child's eligibility for early intervention. Explain that the family's information is critical to helping the evaluation/assessment team complete their activities.
- Assist parents in selecting an evaluation and assessment team based on the identified concerns, priorities and resources of each individual child and family. Each multi-disciplinary evaluation team must include at least two qualified professionals from different disciplines based on the unique needs of the child and family. In West Virginia, one discipline must be one of the following licensed health care practitioners: physical therapist, physician, physician assistant, psychologist, nurse, audiologist, occupational therapist, or speech and language therapist.
- The Interim and Ongoing Service Coordinators are responsible for coordinating the initial and annual evaluation process, respectively, to assure that the selected members of the evaluation/assessment team gather information necessary to provide a written description of the child's functional abilities across all developmental domains.
- In counties that are participating in the Child Outcomes measurement process, a Child Outcomes Summary Tool (COST) rating will be completed for all children during initial and annual eligibility, and at exit from the System. In these instances, the Interim or Ongoing Service Coordinator will assist the family to select a developmental specialist who is approved as a COST Facilitator, to be a member of the multi-disciplinary evaluation/assessment team. For children determined to be eligible for WV Birth to Three, the developmental specialist will facilitate the team's completion of the COST during the eligibility/IFSP meeting.

- The Interim and/or Ongoing Service Coordinator will remind multi-disciplinary team members in advance when a COST rating is to be completed during the meeting.
- The Interim and/or Ongoing Service Coordinator will provide the family with information about the Child Outcomes measurement process as part of assisting the family to prepare for their role in the meeting.
- Remind the evaluation and assessment team members of their requirement to complete activities within 15 days of confirmation.
- Communicate with the family to assure that evaluations have been scheduled in a timely fashion.
- Facilitate communication among multi-disciplinary team members in order to assure that evaluation/assessment activities are coordinated and information is shared prior to eligibility determination or the development of the IFSP.
- Coordinate the performance of all necessary evaluations and assessments to assure the process is completed in a timely fashion prior to scheduled annual IFSP or review meeting, and within 30 days when identified as a need at other junctures during the child's participation.
- Remind practitioners of their obligation to provide the family a copy of all evaluation and assessment reports prior to the initial and/or annual eligibility determination and/or IFSP meeting and prior to an IFSP review for any future assessment.
- Assure that those professionals involved in the evaluation and assessment process participate in the eligibility determination/IFSP meeting.
- Send all team members the Notice of IFSP meeting at least five (5) days prior to the scheduled meeting. Send a copy of the letter to the RAU for inclusion in the child's educational record.
- Facilitate the initial and annual eligibility discussion assuring that eligibility is determined within policy guidelines of WV Birth to Three.
- For any child found not eligible for WV Birth to Three, provide Written Prior Notice to the family, and link the family to other potential resources or services based on their unique needs.

Roles of Direct Service Practitioners:

- Be trained and knowledgeable of typical and atypical development in the area for which they have agreed to provide evaluation/assessment, and in the use of formal assessment tools appropriate for the age and needs of the child being evaluated.
- Be knowledgeable of and follow requirements of the WV Birth to Three eligibility determination process, including requirements for identification and documentation of the criteria for 'Established Conditions', 'Substantial Delay' or (including Significant and Persistent Atypical Development), and 'At-Risk' Eligibility Categories. See TA Bulletin: 'Clarification of Requirements for Determining Initial or Annual Eligibility for WV Birth to Three'.
- Complete all evaluation and assessment activities within 15 days of confirmation as part of the evaluation and assessment team. If exceptional circumstances occur that prevent completion of evaluation/assessment activity within required timelines, complete written documentation of the circumstances and submit to the RAU for inclusion in the child's record.

- Coordinate assessment activities, times and settings with the family, assuring that activities address the priorities and concerns of the family.
- Gather information about the child's development across various activities, settings and people, including with parental consent, other agencies from which the child and family may be receiving services.
- To reduce duplication of assessment activities, the multi-disciplinary team may review evaluation and assessment information gathered by other sources within the past six months. This information may be used as part of the evaluation/assessment process to the degree that it reflects the child's current abilities and the family's concerns and priorities related to their child's development.
- Complete a written report for each evaluation and/or assessment in accordance with WV Birth to Three policies and procedures, including for the child's initial and annual eligibility, and at other junctions as required.
- Review assessment results with the family in order to assure that the information reflects the child's typical behaviors across settings and routines.
- Send the written report to the RAU for the child's early intervention record within five (5) days of the evaluation/assessment being conducted.
- Send copies of the report to the family and other early intervention team members prior to the scheduled meeting, in order to allow time for review.
- Send copies of the report to other individuals for whom the family has provided informed written consent (for example, the child's primary care physician or a child care provider).
- As a member of an eligibility determination team, assure that eligibility is determined through a team process including the family, and that a child found to be eligible is experiencing the eligibility criteria as required under WV Birth to Three.
- As part of the child outcomes measurement process, a Child Outcomes Summary Tool rating will be completed for all children during initial and annual eligibility, and at exit from the System. In these instances, the Interim or Ongoing Service Coordinator will assist the family to select a developmental specialist who is approved as a COST Facilitator, to be a member of the multi-disciplinary evaluation/assessment team. For children determined to be eligible for WV Birth to Three, the developmental specialist will facilitate the team's completion of the COST during the eligibility/IFSP meeting.