

## WV Birth to Three Percentage Conversion Chart - Instructions

**Purpose:** The *WV Birth to Three Percentage Conversion Chart* is designed to assist practitioners in conversion of a functional/developmental age into equivalent percentages of delay for purposes of determining eligibility under the Developmental Delay category.

### Guidance for Determining Percentage of Delay:

- 1) **Administration and scoring of assessment instrument:** Assessment instruments should be selected that are developmentally appropriate, child and family focused, and linked to intervention strategies. Assessment instruments must be administered as intended to achieve consistent and valid results for eligibility determination and program planning.
- 2) **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. For zero to fourteen days, round down. For fifteen to thirty one days, round up. For example, if a child is 15 months and 13 days, you round the chronological age down to 15 months. If the child is 15 months, 23 days you round the chronological age up to 16 months.
- 3) **Adjusting for prematurity:** 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. When assessing premature infants, calculate the child's chronological age for the administration and scoring of the instrument you are using. Note the child's gestational age and adjust for prematurity as part of the interpretation of the assessment results. This will allow you to analyze whether the child is experiencing substantial developmental delay or if the child's functional skills are where we would expect them to be based on the level of pre-maturity. 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.
- 4) **Calculating percentage of delay:**
  - a) When using instruments that provide an age equivalent, use the WVBTT Percentage Conversion Chart to determine if the developmental age equates to a 25% or 40% delay for the child's chronological or, when appropriate, adjusted age.
  - b) When using instruments that provide a developmental age, use the WVBTT Percentage Conversion Chart to determine if the developmental age equates to a 25% or 40 % delay for the child's chronological or, when appropriate, adjusted age.
  - c) When using instruments that provide a developmental age range either; 1) use the guidance from the publisher to determine the developmental age or 2) when guidance is not available, use the following rule: When a child has passed less than half of the items within an age range, score the child at the lowest age in the range. When a child has passed more than half of the items within an age range, use the highest developmental age in the range. Use the WVBTT Percentage Conversion Chart to determine if the developmental age equates to a 25% or 40 % delay for the child's chronological or, when appropriate, adjusted age.
  - d) When a child's skills are widely scattered within a domain, for example, the child is displaying communication skills from 9 months to 21 months, you will not be able to determine a developmental age. The multidisciplinary evaluation team will need to determine whether these results represent atypical development.
- 5) **Special considerations:**

Neonates and infants under three months of age are a special population. It would be very hard to determine a percentage of delay unless the instrument utilized is designed specifically for this age group. Many of these children are referred due to a diagnosed established condition or biological risk and will fall under the Established Condition or At-Risk category for eligibility. For all other infants, the multidisciplinary team should select an assessment instrument that evaluates how the child experiences and reacts to movement, sound, touch and visual stimuli as well as gathers information on the child's awake, sleep patterns, feeding issues and social responsiveness. Most likely, if there are atypical developmental patterns that will substantially impact the child's ability to learn, grow and develop healthy relationships those patterns will be found in two developmental domains thus making the child eligible.