

POST-REFERRAL COMPONENT II EVALUATION AND ASSESSMENT

Introduction

The final two components of the post-referral process are **evaluation and assessment**. When an infant or toddler suspected of having a developmental delay or established risk factor is referred to a local tiny-k program by a primary referral source, or is identified through a screening process performed by the local tiny-k program, the child must receive a timely, comprehensive, multidisciplinary evaluation and child and family assessment, if parent consent is provided. The evaluation is considered the initial evaluation to determine the child's initial eligibility for services.* Annual eligibility evaluation is not required unless the local tiny-k program is considering exiting a child before the age of three. The child and family assessments are conducted initially and continue throughout the child's and family's time in Part C services. At a minimum, these ongoing assessments shall occur as part of the 6-month review process and annual IFSP development.

An infant's or toddler's parents shall be considered active contributors of reliable information regarding the child's development, performance, and needs. Therefore, the evaluation and assessment team shall include the parents as essential participants in these processes.

Evaluations and assessments are provided at no cost to the parents and are to be performed by qualified personnel.

***Note:**

- 1) An infant's or toddler's medical and other records may be used to establish eligibility, without conducting an evaluation of the child, if such records indicate that the infant's or toddler's level of functioning constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability as described in Section XI.
- 2) If an infant's or toddler's medical and other records are used to establish eligibility without conducting an evaluation, the local tiny-k program must conduct an assessment of the child and an assessment of the family (if the family member participates in the family assessment).

I. Parental Consent and Notice [34 CFR 303.420-421; 303.25]

- A. The *Parental Prior Written Notice for Proposed Action* and the *Child and Family Rights and Kansas ITS Complaints Process* document must be given to the parents of a child within 10 calendar days prior to conducting an evaluation and assessment. Parents may waive the right to 10 calendar days' notice of these actions.

The Prior Written Notice form can be found at:

http://www.ksits.org/download/Prior_Written_Notice.doc

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

Local tiny-k programs are required to utilize the *Prior Written Notice* and the *Child and Family Rights and Complaints Process* document provided by KDHE/KSITS.

- B. Prior to conducting evaluations and assessments, local tiny-k programs are required to obtain *Consent for Evaluation/Assessment* and provide the family with the *Child and Family Rights and Kansas ITS Complaints Process* document. This consent is valid for the period of one year.

The Consent for Evaluation/Assessment form can be found at:

http://www.ksits.org/download/Consent_for_Evaluation_Assessment.doc

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

- 1) Consent must be obtained by the local tiny-k programs yearly for on-going assessment purposes.
- 2) If a local tiny-k program is considering the dismissal of a child before the age of three, a reevaluation of eligibility is required. Separate consent for evaluation shall be provided by the parent. (A local tiny-k program can never consider dismissal of an automatically eligible child. The parent can however, choose to withdraw from the program.)
- 3) Local tiny-k programs are required to utilize the *Consent for Evaluation/Assessment* form and the *Child and Family Rights and Complaints* documents provided by KDHE/KITS.

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

- C. The request for written parental consent and the procedural safeguards notice must be written in language understandable to the general public, and provided in the native language of the parents, unless it is clearly not feasible to do so.
- D. The mode of communication shall be that normally used by the parent (such as sign language, Braille, or oral communication) if the parents are deaf or blind, or have no written language.
- E. If the native language or other mode of communication of the parent is not a written language, the local tiny-k program must take steps to ensure that the request for parental consent and procedural safeguards notice is
- 1) translated orally or by other means to the parent in the parent's native language or other mode of communication, and
 - 2) understood by the parent.
- F. There must be written evidence in the child's early intervention records that the requirements of this subsection have been met.

II. Parent Right to Decline Services/Deny Consent [34 CFR 303.420]

- A. If the parent does not give consent, the local tiny-k program must make reasonable efforts to ensure that the parent
- 1) is fully aware of the nature of the evaluation and assessment or the services that would be available, and
 - 2) understands that their infant or toddler will not be able to receive the evaluation, assessment, or early intervention services unless consent is given.
- B. If the parent does not give consent, the local tiny-k program may **not** use the due process hearing procedures to challenge the parent's refusal.
- C. The parents determine whether or not they, their infant or toddler with a developmental delay, or other family members will accept or decline any early intervention service. Local tiny-k programs are required to use the *Declining/Withdraw from the Local tiny-k Program and Early Intervention Services* form.

The Declining Participation Form can be found at:

http://www.ksits.org/download/Declining_Participation.doc

- D. The parent may decline a service after first accepting it, without jeopardizing other early intervention services. Local tiny-k programs are required to use the *Declining/Withdraw from the Local tiny-k Program and Early Intervention Services* form.

The Declining Participation Form can be found at:

http://www.ksits.org/download/Declining_Participation.doc

- E. If parental consent for evaluation, assessment of the infant or toddler, or initiation of services is not given, and the situation warrants it, the local agency may initiate a complaint of neglect with the Kansas Department for Children and Families.

III. Multidisciplinary Evaluation [34 CFR 303.321; 303.24; 303.322]

Multidisciplinary evaluation, child assessment and family directed assessment is a dynamic process used to determine eligibility, identify unique strengths and needs of the child within the context of daily routines and activities in order to develop a dynamic Individualized Family Service Plan.

During the evaluation and assessment process professionals and families build their relationship. This collaboration between parents and service providers ensures parents are important members of the multidisciplinary team. Parents are the experts on their infant or toddler and provide much of the information critical to developing a complete picture of their child within the context of daily routines and activities as a member of a family and community.

A. Timeline for the Initial Evaluation and Assessments [34 CFR 303.310]

The initial evaluation and initial assessment of the infant or toddler, including any assessments of the family, as well as the initial Individualized Family Service Plan (IFSP) meeting, must be completed within 45 calendar days from the date the local tiny-k program receives the referral from the primary referral source. If the local tiny-k program chooses to screen the referred infant or toddler, to determine whether the child is suspected of having a developmental delay, then screening, initial evaluation, initial assessment and the initial IFSP must be completed within the 45-calendar day timeline.

If a toddler is referred to the local tiny-k program fewer than 45 days before that toddler's third birthday, the local tiny-k program is not required to conduct the initial evaluation, assessment, or IFSP meeting, and the tiny-k program, with parental consent, must refer the toddler to the SEA and appropriate LEA.

A local tiny-k program must ensure that in the event the parent has not provided consent despite documented, repeated attempts to obtain the consent, or due to exceptional circumstances that make it impossible to complete the initial evaluation, initial assessments, and initial IFSP within the 45-day timeline (e.g., child is hospitalized), the local tiny-k program will complete the following activities:

- 1) Document in the infant's or toddler's Part C records (including the ITS database) the exceptional family circumstances or repeated attempts to obtain parental consent.
- 2) Complete the screening (if applicable), the initial evaluation, the initial assessments (child and family), and the initial IFSP meeting as soon as possible after the documented exceptional family circumstances no longer exist or consent is obtained.

B. Evaluation

Evaluation is the process used to review formal and informal measures, information, and data of the infant or toddler. The purpose of evaluation is to determine an infant's or toddler's initial and/or continuing eligibility for early intervention services. Please see Section XI for eligibility criteria in Kansas. The initial evaluation and (if eligible) the Individualized Family Services Plan must be completed within 45 days from the time a local tiny-k program receives the referral.

Eligibility should not be determined based on one instrument alone. Strictly speaking, regulations do not require the "assessment" to happen unless eligibility is determined. Kansas Infant-Toddler Services believes in a linked system of evaluation, assessment, IFSP development, and ongoing program evaluation for children. Determining eligibility requires the utilization of multiple tools (i.e., curriculum-based assessment, observation, administration of other instruments such as the Routines Based Interview). This affords teams enough information to make thorough and informed decisions about eligibility. This is especially important as there is a requirement to utilize Informed Clinical Opinion when making decisions about eligibility.

1) Procedures Guiding the Evaluation Process

No single procedure may be used as the sole criterion for determining an infant's or toddler's eligibility for early intervention services. Procedures must include the following actions:

- (a) Administering an evaluation instrument that may include
 - i. curriculum-based assessments (required in Kansas)
 - ii. rating scales
 - iii. developmental profiles
 - iv. other instruments that meet acceptable professional standards (including, but not limited to, Routines-Based Interview, ABC Matrix, or Family Reports associated with a specific assessment tool)

Note: Standardized tests are not required in Kansas for determining eligibility.

- (b) Taking the infant's or toddler's history (including interviewing the parent)
- (c) Identifying the infant's or toddler's level of functioning in each of the developmental areas listed below.
 - i. Physical development including health and nutritional status, vision, hearing, and motor
 - ii. Cognitive development
 - iii. Communication development
 - iv. Social or emotional development
 - v. Self-help/adaptive behavior
- (d) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the infant's or toddler's unique strengths and needs
- (e) Using informed clinical opinion to determine the infant's or toddler's eligibility even when other instruments do not establish eligibility (**note:** Informed clinical opinion may **not** be used to negate the results of evaluation instruments used to establish eligibility.)
- (f) A review of available pertinent records that relate to the infant's or toddler's current health status and medical history

2) Evaluation Team Requisites and Procedures

- (a) All evaluations must be conducted by qualified personnel who meet Kansas approved or recognized certification, licensing, registration, or other comparable requirements.
- (b) Qualified personnel training shall include how to utilize informed clinical opinion.
- (c) Unless clearly not feasible to do so, all evaluations of an infant or toddler must be conducted in the native language of the child.

- (d) Evaluations must be conducted in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.
- (e) When determining eligibility, the evaluation team must consist of at least two professionals from different disciplines or one individual who is qualified in more than one discipline or profession, but can include as many members as necessary based on needs of the infant or toddler. The professional disciplines most closely related to the presenting need(s) are to be present during the evaluation.
- (f) Previous evaluations for determining eligibility conducted within the last six months by qualified personnel may be considered current.

3) Evaluation Outcomes [34 CFR 303.321; 303.322]

There are two possible outcomes when evaluating a child. They are Eligible and Not Eligible.

Whether or not an infant or toddler is eligible for services, the evaluation team is always responsible for conveying the evaluation results to the parent. The use of the *Prior Written Notice Form* is used to do this. Local tiny-k programs may provide more information through the use of a written report, as they determine locally. Evaluation results may be shared with appropriate personnel or the primary referral source upon request if the parent gives prior written consent.

The Prior Written Notice Form can be found at:

http://www.ksits.org/download/Prior_Written_Notice.doc

- (a) The child is determined *eligible* for early intervention services.
 - i. The local tiny-k program must provide the parents with prior written notice that includes the following information:
 - The parent's right to dispute the eligibility determination through dispute resolution mechanisms such as a due process hearing or mediation or filing a State complaint
 - The infant or toddler is eligible for early intervention services and the reason why the infant or toddler is eligible.
 - ii. An IFSP is then developed using information from the evaluation and the child assessment in combination with results from the family-directed assessment.
- (b) The child is *not eligible* for early intervention services.
 - i. The local tiny-k program must provide the parents with prior written notice that includes the following information:
 - The parent's right to dispute the eligibility determination through dispute resolution mechanisms such as a due process hearing or mediation or filing a State complaint

- The infant or toddler is not eligible for early intervention services and the reason why the infant or toddler is not eligible
- ii. It is the responsibility of the family service coordinator and/or person identified by the evaluation team to refer the infant or toddler to appropriate follow-up services.

IV. Child Assessment [34 CFR 303.321; 303.25]

Child assessment, as part of the initial evaluation, refers to the tools or procedures used by qualified personnel to determine initial eligibility for the Kansas Infant-Toddler Services. Additionally, child assessment is the ongoing process used to determine the evolving and changing unique strengths and needs of an infant or toddler and the services appropriate to meet these needs. Child assessment combines information across settings among all service providers and family members in order to obtain a more complete picture of the abilities and needs of the infant or toddler. It is the responsibility of the IFSP team to share assessment information contributing to the development of the Individualized Family Service Plan (IFSP).

The goals of the child assessment are to (1) gain a picture of the child's present abilities, strengths, and needs, and (2) identify potential intervention targets designed to enhance development.

A. Procedures that Guide the Child Assessment Process

If an infant or toddler is identified as eligible for Part C services, an initial curriculum -based assessment must be conducted as part of the initial evaluation in order to identify the infant's or toddler's unique strengths and needs. After development and implementation of the IFSP, child assessment must continue throughout the provision of early intervention services in order to identify changes in the infant's or toddler's needs. The initial and ongoing assessment of the infant or toddler must include the following components:

- 1) A review of the results of any existing evaluation including medical and other pertinent records
- 2) Personal observation of the infant or toddler
- 3) The identification of the infant's or toddler's needs in each of the developmental areas
- 4) The use of a curriculum-based assessment, updated at least every six months

B. Characterizations of the Initial and Ongoing Child Assessment

The initial and ongoing child assessment helps determine the child and family outcomes for the IFSP which in turn determine the nature and extent of the needed early intervention services. Assessment must be

- 1) conducted, throughout the period of an infant's or toddler's eligibility, by appropriate qualified personnel who meet Kansas approved or recognized certification, licensing, registration, or other comparable requirements,

- 2) conducted in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory,
- 3) conducted in the native language of the infant or toddler, unless clearly not feasible to do so,
- 4) problem solving in nature,
- 5) inclusive of natural observations in everyday settings and routines, including those that are most natural to the infant or toddler and family (e.g., home, child care),
- 6) inclusive of ongoing routines and typical circumstances in context with the infant or toddler and family, including the child's engagement and social relationships, and
- 7) a flexible, collaborative decision-making process in which teams, parents and professionals repeatedly revise their outcomes and reach consensus about the changing needs of children and their families.

V. Family-Directed Assessment [34 CFR 303.321; 303.25]

A major focus of Kansas Infant-Toddler Services is family-centered services. They should be strength based, emphasize parent choice, and recognize the family as a unit. Through completion of a family-directed assessment, the local tiny-k program assists the family in developing a program that will build upon and reinforce the family's strengths and resources to meet their infant's or toddler's developmental needs.

A. Family-Directed Assessment Description

Assessment of the family must be

- 1) family-directed and designed to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler,
- 2) voluntary on the part of each family member participating in the assessment,
- 3) based on information obtained through an assessment tool,
- 4) based on information obtained through an interview with those family members who elect to participate in the assessment,
- 5) conducted by qualified personnel who meet Kansas approved or recognized certification, licensing, registration, or other comparable requirements,
- 6) conducted by personnel trained to utilize appropriate methods and procedures,
- 7) conducted in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory, and

- 8) conducted in the native language of the participating family members unless clearly unfeasible to do so.

B. Conducting the Family-Directed Assessment

- 1) The family-directed assessment should be conducted in a nonintrusive manner that is respectful of the family. This includes cultural and linguistic diversity. If English is not the family's first language, an interpreter should be used to assist in gathering family information (at no cost to the family). Parents may also invite the participation of others (e.g., grandparents, siblings, other extended family members, and others who are important in the care of the infant or toddler). Personnel must be knowledgeable about appropriate methods and procedures of conducting family assessment. Creative arrangements may be necessary to ensure an appropriate place and time for the family-directed assessment to take place.
- 2) The parents and/or family members must be informed that they have discretion regarding what information they choose to share and include in the IFSP. Participation in the family-directed assessment will enhance the ability of early intervention professionals to fully address the family's concerns. The extent or lack of information shared by the family in no way impacts the infant's or toddler's eligibility.
- 3) Sensitivity to parent preferences is fundamental in determining the appropriate means of obtaining family information. The process of gathering family information is not necessarily formalized. The interviewer may or may not use a formal questionnaire. Some parents prefer the use of a form whereas others find its use objectionable.

C. Areas to Address

- 1) The family's concerns about the infant or toddler may include circumstances or areas that cause worry, distress, or difficulty related to the child's or the family's ability to care for and support their infant's or toddler's development. This includes the identification of issues that prevent the family from fully participating in daily home and community routines and activities.
- 2) Family priorities for the concerns or needs they want addressed first must be taken into consideration. This includes how families want early intervention services to be integrated into their family life.
- 3) Family strengths and resources may include other family members and friends, community resources, and health care providers.