Evaluation for Eligibility for IDEA Part C: Lesson 2

Slide 2

This lesson begins the focus on implementation of the evaluation process required by IDEA Part C. It includes information from both internal and external evidence sources about implementing and applying key legal concepts and recommended practices for evaluation in early intervention.

Slide 3

- The Individuals with Disabilities Education Act, Federal Regulations for 34CFR303, Early Intervention Program for Infants and Toddlers with Disabilities, Revised July 1, 1999 - http://www.nectac.org/idea/303regs.asp
- Early Intervention Core Competencies for all BabyNet System Personnel – http://www.scdhec.gov/health/mch/cshcn/programs/babynet/policy.htm Appendix 7, Table 2, particularly core competency 4 related to evaluation and assessment.

For information related to S.C. policy, link to the BabyNet website – http://www.scdhec.gov/health/mch/cshcn/programs/babynet/policy.htm

Slide 4

The objectives for this lesson review key legal concepts and processes that should be implemented by all team members conducting evaluations and recommended practices.

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The eligibility determination process must be:
Timely - teams have 45 days from the time the referral is received by the Part C system (i.e., BabyNet in SC) to the date of the initial IFSP (CFR 303.322); the eligibility determination process must be completed within that 45 day time frame.

It must also be Comprehensive – for eligibility determination, teams should evaluate the child’s strengths and needs across all developmental dimensions (DEC Recommended Practices, 2005); this is consistent with IDEA/C evaluation requirements to evaluate the main areas of development (including cognitive, physical, communication, social/emotional, and adaptive) (CFR 303.322).

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The evaluation process must also be Multidisciplinary – that is, it is to involve a minimum of 2 professionals representing 2 or more disciplines (CFR 303.17)

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Evaluations should also have Family-directed identification of needs – specifically, the evaluation should assess and report the family’s concerns and priorities (CFR 303.322). This information
contributes to the qualitative and quantitative data gathered to determine eligibility and, if the child is eligible, to assist in IFSP development.

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Finally, the evaluation should also include a process called Informed Clinical Opinion (ICO) (CFR303.300). This approach calls for the use of quantitative and qualitative information that team members should consider when making determinations regarding eligibility (DEC Recommended Practices, 2005).

Using Informed Clinical Opinion during the evaluation process involves a review of the child’s current level of performance; this means documenting what the child can do in each domain, even if the referral is for a specific concern, such as speech or motor skills. There is a variety of evaluative information that can be obtained and considered by eligibility evaluators who formulate an “informed clinical opinion” for eligibility justification.

It is important to remember that evaluation does not necessarily equal “testing” of each domain nor does it mean diagnosing the existence/nature/extent of an impairment in each domain nor a medical condition. Evaluative information, to obtain a picture of what a child CAN DO across each of the domains, can be gathered in a number of ways. Several methods have been used for collecting evaluative information or supplementing “standardized testing” with more meaningful data about a child’s strengths and concerns within the context of everyday activities (Crais, E.R., 1995). Examples of methods for involving ICO appear on the next 4 slides.

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- Get family/caregiver participation in standardized tests if given; this may include having the family administer an item or having them in the assessment for interpretation or input; these results would be reported separately.
- Consider arena testing formats, in which family members, child, and two or more professionals participate, by observing and asking questions; for example, “can you show us how you get your child to…., or could you feed you child and show us what you have tried that seems to work…”
- Get family/others to observe their child in various contexts (e.g., play, mealtime, bath time); or use more formal observation checklists or interviews to identify presence or absence of certain behavior or skills.

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- Ask family members to validate what is found on tests and report these separately.
- Use judgment-based evaluations (via interviews and self-report) regarding the child and environment.
- Get samples of the child’s natural and elicited behaviors and responses during play activities, across settings; these documented observations can include portfolio formats if available, which are typically collected over time.
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- Ask caregivers to bring familiar items or favorite snack, include familiar people in the assessment, ask caregivers to do typical activities with the child, such as play-social routines, feeding.
- Use ecological evaluations during specific activities: for example, observe a specific problematic situation such as snack time, determine child & caregiver “performance” (e.g., the child “asks” for snack using gestures, follows direction to select a choice, transfers a cookie from one hand to another, mother offers a “sippy cup” and this works best, etc.); ecological evaluations are very intervention oriented and can be used later for IFSP development.

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- Include curriculum-based assessments to compare the child’s performance to his own (not to peers); CBAs do not diagnose disorders/delays; they do provide more information than standardized tests about a child’s performance across domains & provide data that assists with writing IFSP goals.
- Use data from other current testing, such as discipline-specific testing that has been completed.
- Involve others in as many aspects of evaluations to the degree you feel comfortable/confident.
- Involve records review; such as progress notes from previous services, etc.


The ICO evaluation examples yield information that can describe characteristics and skills which may be associated with typical or atypical child development across domains and which should be considered by eligibility evaluation team members to formulate an “informed clinical opinion” about the child’s abilities and needs for eligibility determination.

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In order for the evaluation process to take place appropriately and within required time frames, the Service Coordinator is tasked with coordinating the eligibility evaluation process (303.23); s/he is the team facilitator for all early intervention requirements. Evaluation team members review all existing information about the child, compile a statement of the child’s current level of performance across domains, and then compare the numerical and descriptive levels of performance to the state’s eligibility criteria. This data becomes the justification that is documented for a child meeting or not meeting the state’s eligibility criteria for IDEA/C services and that is used in explaining evaluation results to families.
This diagram describes the sequence of evaluations and assessments that take place for a child eligible for IDEA/C services, starting with evaluation to determine initial eligibility, from the bottom up.

This section reviews some of the recommended practices for implementation of evaluations, from: Recommended practices from the Division of Early Childhood (or DEC). It is important to point out that the DEC Recommended Practices document uses the term “assessment” generically to refer to the “...collection of information, ideally from multiple sources, for making informed decisions for individuals, families, and programs.” For IDEA/C purposes, DEC uses the term “assessment” to refer to recommended practices for both evaluation and assessment.

The purposes of DEC’s recommended practices is to “provide guidance on effective practices...” and are built on standards and guides such as provided by The National Association for the Education of Young Children (NAEYC) and the Head Start Program Performance Standards (ACYE, 1999) as well as other associations, as noted in the first section of this module. The recommended practices are based on the integration of the “best available research “ and “knowledge gained through experience” and should guide the practice of all professionals serving young children (Sandall, Hemmeter, Smith, & McLean, 2005).

The main themes for assessment and evaluation practice recommendations are that family members are partners in assessment (as for all service delivery) and that materials and practices are to be developmentally appropriate. The DEC assessment recommendations are categorized as they relate to the statements in this slide.

For purposes of this module, only a few of the practices are presented here as they relate to evaluation for eligibility for IDEA/C services. For more in-depth and additional practices and examples, please refer to the referenced DEC publication.

Recommended practices for “assessment,” as they relate to evaluation for eligibility, and brief examples are included in the next 4 slides (Sandall, Hemmeter, Smith, & McLean, 2005).
Resources
American Speech-Language-Hearing Association (2004), Preferred Practice Patterns for the Profession of Speech-Language Pathology, #11 Communication Assessment – Infants and Toddlers


Early Head Start National Resource Center Paper No. 4, Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs.


