

Evaluation/Assessment, Eligibility, and Established Conditions



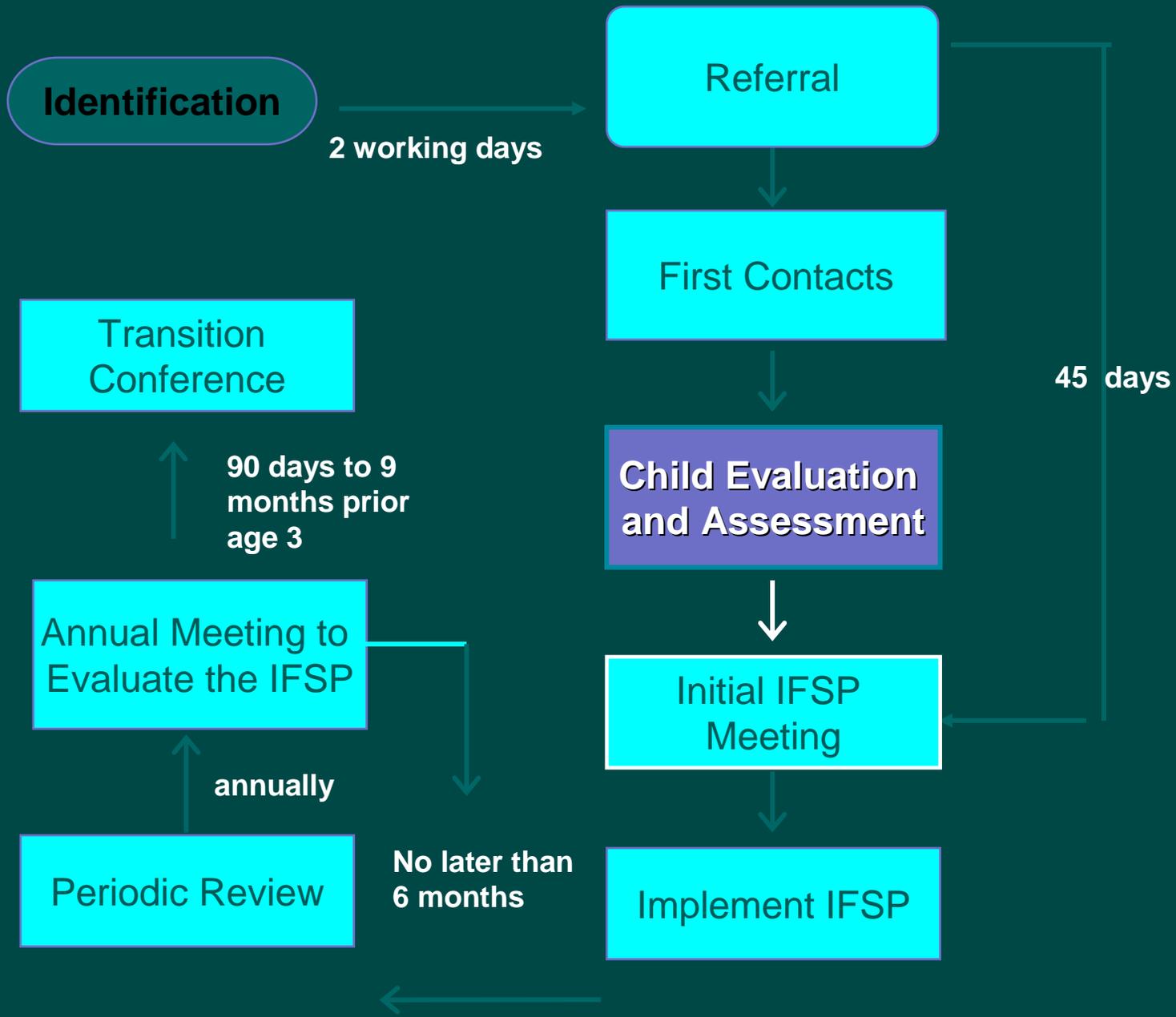
Lynn Marie Price

Pam Tempson

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Agenda

- Screening
- Overview of Tests and Measures
- Role of Service Coordinators in Evaluation/Assessment
- Documenting results on the IFSP
- Developmental Assessment Tools
- Eligibility for Part C
 - Developmental Delay
 - Established Condition
 - Informed Clinical Opinion
- BDI2
- ADOS



Screening

- Not required, but may be helpful
- Can be done by service coordinator
- Bill time as TCM
- Results documented on Form B of IFSP

Your Child's Developmental Screening (Complete only for the initial IFSP)

A developmental screening was conducted? Yes No If yes, please check which tools/methods used:

Developmental Checklists (specify) Parent Report Observation Record Review

Ages & Stages Other: _____ Language used: _____

Does the collected information from above indicate a possible developmental delay/concern in any of the following areas:

Fine motor Gross motor Communication Cognitive Social-emotional Adaptive-self-help skills

Comments: _____

Recommended Screening Tools

- ASQ...Ages & Stages Questionnaires
- BDI-2...Battelle Developmental Inventory Screener, 2nd Edition
- ELAP...Early Learning Accomplishment Profile
- Birth to Three Screener, 2nd Edition

Recommended Screening Tools for ASD

- CARS...Childhood Autism Rating Scale (3+)
- M-CHAT...Modified Checklist for Autism in Toddlers (16-30 months)

Screening Results

- If the family chooses to pursue further evaluation after a screening indicates the child is functioning at age level in all five developmental domains, then one of the following must occur:
 - An evaluation/assessment is provided **OR**
 - The Local Early Steps decides not to provide an evaluation/assessment, and gives written prior notice, including procedural safeguards to the family. The notice must specify that an evaluation is being refused and the reasons for refusal.

Sample Clip of BDI-2 Screening



Questions So Far



Methods of Evaluation/Assessment

- Norm-Referenced Tests
 - Standardized norm-referenced tools
 - Criterion-referenced tools
- Alternative Evaluations
 - Observations
 - Interviews
 - Play-based
 - Curriculum-based



Evaluator's Top 10 List

1. There's no place like home
2. First things first
3. Plan to be spontaneous
4. Let sleeping dogs lie
5. Variety is the spice of life
6. Out of sight, out of mind
7. Finders keepers, losers weepers
8. Perfect practice makes perfect
9. Experience is the best teacher
10. Fail to prepare = prepare to fail



Service Coordinator Role before Evaluation/Assessment

- Gather initial information to have appropriate team members present for the initial evaluation
- Complete screenings for some children
- Provide a single point of contact for family
- Provide support to family

Preparing Family for Evaluation/Assessment

- Tell families what to expect when the evaluation and assessment are being conducted
 - Multiple evaluators, some interview, some playing with child
- Inform families about what standardized testing means
 - The evaluators will have to give specific instructions and see certain items performed in certain ways in order to score those items

Preparing Family for Evaluation/Assessment

- Ask caregivers:
 - What are some of the child's favorite toys (trucks, balls, dolls)?
 - What is the best time of day (naps, lunchtime)?
 - Who should be there (parents, grandparents, siblings)?
 - Is a translator/interpreter needed?
 - Are there any additional accommodations that need to be made for the child (vision, wheelchair, hearing)?

Preparing Family for Evaluation/Assessment

- Discuss with families testing environment
 - Clutter-free space
 - Toys and games put away
 - Table and chair
- Consider family's primary language and cultural background to ensure valid administration and interpretation

Service Coordinator Role at the Evaluation/Assessment

- Introduce family and evaluators
- Review family's concerns
- Review medical and cultural information relevant to the testing process
- Explain the testing process
- Ensure that the parents are engaged with the providers in eliciting responses with the child
- Facilitate the process

Documenting the Evaluation on IFSP Forms D & E

- Record the child's strengths and challenges for all 5 required developmental domains
- Record the child's level of functioning in all 5 required domains using one of the following based on the type of scores provided:
 - Standard Scores/Developmental Quotients
 - Scaled Scores
 - Age Equivalents
- Check whether or not eligible and appropriate category

Documenting Goals/Outcomes on IFSP Forms

- Ask parent for primary concerns
- "What would you like to see your child doing that she's not doing now?"
- Make sure the parent finishes the statement with a "so that" phrase...
 - "I would like Maria to be able to feed herself so that she can be more independent and be ready to start preschool."
 - "We would like Jake to start using words so that we can understand what he feels and what he wants and so that he can interact with other kids."

Questions So Far



Eligibility for Florida Early Steps Part C

- No single procedure will be used as the sole criterion
- A standard score one component of the process to determine eligibility if a child does not have an established condition.
- The eligibility determination of each child must include informed clinical opinion

Eligibility for Florida Early Steps Part C

- Eligibility is determined using an appropriate standardized instrument and one or more of the following:
 - Observational assessments
 - Developmental inventories
 - Behavioral checklists
 - Adaptive behavior scales
 - Family report

Eligibility for Florida Early Steps Part C

- In order to be eligible for Early Steps, a child must have either:
 - A Developmental Delay
 - OR**
 - An Established Condition

Developmental Delay

- A delay that meets or exceeds 1.5 standard deviations below the mean in one or more domains on a standardized evaluation tool appropriate to the child's area (s) of developmental concern **OR** at least a 25% delay in terms of months of age
- Test with mean of 100 and SD of 15
 - 1.5 SD = 22.5 points
 - Cut score = $100 - 22.5 = 78$ or below

Evaluation Tools

- Neither the DAYC nor the BDI-2 may be appropriate for a child with a single area of concern. If necessary, additional evaluation instruments may be administered in specific discipline areas(s) to further determine a child's eligibility. This may especially be helpful when a child falls in the borderline area of eligibility.
- For children who have communication or motor skills as their only area of concern, one of the testing instruments should produce individual scores in the subdomains of fine and gross motor or receptive and expressive language.

Use more than just the BDI-2 score:

- On the BDI-2 the significant error of measure for a 95% confidence interval is +/- 1-2 points based on child's age
- A standard score of 77 or lower on a norm referenced test in one developmental area does NOT always rule in eligibility if additional test results or collateral information support that the child does not have a true developmental delay.

Age Scores

- The use of age scores has significant drawbacks
 - Norming of age scores results in differing scores depending on assessment used
 - Simply the median raw score for a particular age level



Standard Scores

- Use of standard scores is preferable, they are far more consistent across assessments
 - Standard scores are a more accurate representation of an examinee's ability
 - Based not only on the mean at a given age level but also on the distribution of scores

Questions So Far



Established Condition

- A diagnosed physical or mental condition that has a high probability of resulting in developmental delay
- Falls into one of the following areas:
 - Genetic and metabolic disorders
 - Neurological disorder
 - Autism Spectrum Disorder
 - Severe attachment disorder
 - Significant sensory impairment

List of Conditions Likely to Lead to Developmental Delay

- Based on survey results from LES Medical Directors
- Guidance
- Not exhaustive

Established Condition Documentation

- Written confirmation of the diagnosis in record
- Corresponding ICD-9 code entered in demographics in data system

Current ICD9 Codes: [Click for ICD9s](#)
[\(Excel\)](#)

Primary Eligibility Category:

Other Eligibility Categories(type in codes):

DEI? (Y/N) Part C? (Y/N)

Healthy Start? (Y/N) ESE? (Y/N) Other Programs:

Choices for Primary Eligibility Category in Data System

- ECD1 - Genetic/Metabolic
- ECDH - Hearing Impairment
- ECD2 - Neurological
- ECD4 - Severe Attachment Disorder
- ECDV - Visual Impairment
- ECD5 - Sensory Impairment Unspecified

Consult with evaluators, child's physician, other health care professional to determine which one fits best.

Established Condition Documentation on IFSP

Eligibility Determination

Eligible for Early Steps (Part C: Early Intervention) based on the following:

Established Condition of: **Down Syndrome**

Developmental Delay in the area(s) of: _____

Not eligible for Early Steps (Part C: Early Intervention) based on evaluations completed this day and the IFSP does not need to be completed. The evaluation team makes the following recommendations to the family:

- Check box next to "Established Condition of" on Form D of IFSP
- Fill in the blank with the appropriate diagnosis

Questions So Far



Informed Clinical Opinion

- **Definition from Policy** - The use of both quantitative and qualitative information that has been gathered about a child to assist in making a determination regarding the child's developmental status. Informed clinical opinion makes use of multiple sources of information, such as parent input, medical records, and other information that has been gathered about a child. Informed clinical opinion is always the consensus of the multidisciplinary team, and not the judgment of only one member.

Informed Clinical Opinion

- Among more traditional information such as test results, the information used to develop an informed clinical opinion includes:
 - Parent input
 - Medical records
 - Background/history
 - Emotional and temperamental patterns
 - Childcare provider comments
 - Impressions about skills
 - Systematic observations of the child's abilities and weaknesses

Informed Clinical Opinion

- Involves synthesizing all of the information gathered about the child
- Must always be a part of eligibility determination for each child
- Must be documented on Form D of IFSP
 - Not just the sources
 - Not just that it was used
 - But specifically what makes the child eligible

Documenting on IFSP

Name: _____ ID#: _____ DOB: _____ Service Coordinator: _____ IFSP Date: _____

Form D: Your Child's Eligibility Evaluation Information **Page 1 of Form D**

For your child's first IFSP, an evaluation may be completed with your child to determine eligibility, prior to or during assessment. The eligibility information is recorded on this page.

Date of Evaluation (if performed): _____ Chronological Age: _____ Corrected Age: _____ Language used: _____

Methods of Evaluation: Test Instrument(s) Administered: _____

Parent Report Professional Observation Collateral Information/Source: _____

Eligibility Evaluation Results (complete for the initial IFSP only)	Results
Using Hands and Body (Gross/Fine Motor Skills) Comments: _____	_____
Eating, Dressing, and Toileting (Self-Help/Adaptive Skills) Comments: _____	_____
Expressing and Responding to Feelings and Interacting with Others (Social/Emotional) Comments: _____	_____
Playing, Thinking, Exploring (Academic/Cognitive including pre-literacy skills) Comments: _____	_____
Understanding and Communicating (Receptive and Expressive Communication) Comments: _____	_____

Evaluation Team Signatures

The eligibility evaluation team is the same as the assessment team. Please see Form E for signatures.

The eligibility evaluation team is different from the assessment team. Please sign below.

Evaluator: _____ Discipline: _____ Signature: _____

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Eligibility Determination

Eligible for Early Steps (Part C: Early Intervention) based on the following:

- Established Condition of: _____
- Developmental Delay in the area(s) of: _____

Not eligible for Early Steps (Part C: Early Intervention) based on evaluations completed this day and the IFSP does not need to be completed. The evaluation team makes the following recommendations to the family: _____

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Informed Clinical Opinion

- Based on judgment by specifically trained professionals
- Team decision, not individual
- Quantitative information, such as sub-domain scaled score discrepancies
- Qualitative information, such as background, culture, specific needs not assessed by evaluation instrument



NOTE: Florida has chosen **NOT** to serve children who are at risk for delays but the criteria used is more broad than many states

Can a child become eligible based on clinical concerns for future delays?

NO

Must there be a current delay even if it is based on informed clinical opinion?

YES, and the delay must be documented

Documenting informed clinical opinion

If the test results DO NOT support eligibility, a team MUST provide documentation of a significant developmental delay that provides sufficient support for eligibility if the child is to receive services.

SPECIFIC information and sources supporting the informed clinical opinion must be documented.

NOT: "Delayed based on the HELP"

"Team decided a delay was present"

"Child has puffy cheeks"

Acceptable Examples of Documenting eligibility via informed clinical opinion:

1. Child has BDI-2 scores within the typical range for fine and gross motor activities but is unable to cross midline, falls frequently per parent report and team observation and demonstrates other signs of soft neurological involvement such as unusual amounts of drooling consistent with a significant delay.

Acceptable Examples: Documenting eligibility via informed clinical opinion:

2. Child performed adequately during evaluation with much attention and positive behavioral control during test performance. Parent reports frequent tantrums at church, store, and playground. Written documentation by child care provider of physical violence toward other children substantiates significant behavioral development issues.

Example of Documenting that a child is **NOT** eligible via informed clinical opinion:

Child's BDI-2 scores were normal in all areas except expressive language (score 76). The Preschool Language Scale was administered and the child scored within the typical development range in all areas of receptive and expressive language. PLS4 results were felt by the team and the parents to be an accurate reflection of the child's everyday abilities. Therefore the child was determined to be ineligible for services.

Questions So Far



Evaluation vs. Assessment

- Evaluation
 - Initial eligibility for services
 - Ongoing eligibility for services
- Assessment
 - Goal setting
 - Intervention planning
 - Progress monitoring



Assessment Questions

- Families

- What is wrong with my child?
- Will my child grow out of this?
- What resources are available to help my child?
- What can I do to help?

- Professionals

- Diagnosis
 - Etiology
 - Clinical manifestations
 - Role of context and culture
- Prognosis
- Treatment
 - Referral
 - Follow-up care

How Assessment Information is Obtained

- Parent/Caregiver Report
 - Questionnaires
 - Behavior ratings
- Observational & Structured Tasks
 - Elicit skills through simple commands, play with developmentally appropriate items
- Numeric scores or cutoff scores yielded



Developmental Assessment Tools

- Must be considered first:

- BDI-2...Battelle Developmental Inventory - 2nd Edition
- HELP...Hawaii Early Learning Profile
- AEPS...Assessment, Evaluation, and Programming Systems for Infants & Children
- ELAP...Early Learning Accomplishment Profile

Additional Assessment Tools

- Examples (not inclusive)
 - Language Development Scale (LDS)
 - Auditory Skills Checklist
 - Preschool Language Scale (PLS-4)
 - Vineland Adaptive Behavior Scales
 - Childhood Autism Rating Scale (CARS).
 - Autism Diagnostic Observation Schedule (ADOS)

BDI-2 Features

- The BDI-2 is a standardized assessment of key developmental skills in young children
- Item types
 - Structured
 - Observation
 - Interview
- May be used to assess children from 1 month to 7 years-11 months
- Initial cost: \$1,175

BDI-2 Administration & Scoring

- Use age to determine start point (basal)
- Adjust backwards for basal if needed
- May begin with any domain
- Within domains, administer items in order that they appear
- Basal: Score of 2 on 3 consecutive, lowest-numbered items administered
- Ceiling: Score of 0 on 3 consecutive highest-number items administered

BDI-2 Descriptors

130-155	Accelerated development
120-129	Advanced development
110-119	High average
90-109	Average
80-89	Low average
70-79	Mild developmental delay
45-69	Significant developmental delay

BDI-2 Summary

- Strengths

- Contemporary norms
- Engaging toys and pictures
- Useful throughout early childhood period
- Technology options
- Spanish version

- Weaknesses

- Cumbersome administration & scoring
- Learning curve for examiners
- Construction of materials
- Portability
- Lack of Spanish norms

A Few Questions for You

1. If a child has an established condition, does Early Steps have to do an evaluation to determine if she is eligible for Early Steps?

A Few Questions for You, continued

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Answer can be found in Policy Statement 3.5.1:

- *Each child referred to Early Steps must have an initial evaluation, unless the child:*
 - A. Has an established condition OR*
 - B. Has had an evaluation within the past 90 days using one of Florida's approved evaluation tools or a tool that meets Florida policy...*

A Few Questions for You, continued

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 - B. Has had an evaluation within the past 90 days using one of Florida's approved evaluation tools or a tool that meets Florida policy as set forth in 3.5.2 below.*

THE ANSWER IS NO

A Few Questions for You, continued

2. *Is Autism an established condition in Early Steps?*

A Few Questions for You, continued

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Answer can be found in Policy Statement 3.1.2:

- *Established conditions fall into one of the following areas:*
 - *Genetic and metabolic disorders*
 - *Neurological disorder*
 - *Autism Spectrum Disorder*
 - *Severe attachment disorder*
 - *Significant sensory impairment (vision/hearing)*

A Few Questions for You, continued

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A Few Questions for You, continued

3. What is the purpose of an assessment?

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Answer can be found in Policy Statement 3.6.1:

- *Each eligible child must receive an initial and ongoing assessment to help identify:*
 - *The child's strengths and unique needs and the services appropriate to meet those needs.*
 - *The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child with a disability.*

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 - *The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child with a disability.*

THE ANSWER IS TO IDENTIFY STRENGTHS, NEEDS, CONCERNS, PRIORITIES, RESOURCES, AND SERVICES.

A Few Questions for You, continued

4. Is assessment different from evaluation?

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Answer can be found in Policy Statement 3.6.1:

- *The evaluation must determine the child's developmental status in each of the following domains:*
 - *Communication*
 - *Self-help/adaptive*
 - *Cognitive*
 - *Physical (including fine and gross motor and vision and hearing)*
 - *Social/emotional*

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Answer can be found in Policy Statement 3.6.1:

- *The eligibility determination of each child must include informed clinical opinion that makes use of multiple sources of information. Specific information and sources supporting the informed clinical opinion must be documented.*

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THE ANSWER IS YES

Thank You!

Any questions?