**Title:** **Evaluation & Assessment Procedure**

***Definitions:*** *“*Evaluation means the procedures used by qualified personnel to determine a child’s initial and continuing eligibility” for Part C services. “Assessment means the ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child’s eligibility”. It includes “the assessment of the child and the assessment of the child’s family”. (*IDEA Part C 303.321 Regulations)*

***Initial Eligibility Evaluation:*** Children are initially eligible if they are under the age of three, live in Connecticut, and have:

1. A significant developmental delay (-2 SD in one developmental domain, or -1.5 SD in two or more domains)

OR

1. A diagnosed physical or mental condition with a high probability of resulting in a developmental delay

Each child referred for evaluation or services must receive an eligibility evaluation unless eligibility is determined through use of medical records that substantiate 1 or 2 above.

Procedures for evaluation must include:

* Administering an evaluation instrument
* Taking child’s history including interviewing the parent
* Identifying the child’s level of functioning in all five areas of development (cognitive; physical including vision and hearing; communication; social or emotional; adaptive)
* Gathering information from a variety of sources ( family, other caregivers, medical or social providers, educators, etc.) to understand the full scope of the child’s unique strengths and needs
* Reviewing medical, educational, or other records

No single procedure may be used as the sole criteria for determining a child’s eligibility.

* Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of a child. Infrequently, standardized norm-referenced (SNR) instruments cannot be administered due to an infant’s age or significant illness, or would require significant adaptation for a child to perform the items, thereby invalidating the results. When this occurs, informed clinical opinion of an appropriately composed evaluation team may be used to substantiate the equivalent delay of 2 SD below the mean in one area of development or 1.5 SD below the mean in two areas of development. When clinical opinion is used to substantiate eligibility, the child must be re-evaluated within 6 months using a SNR tool and exhibit delay meeting initial eligibility criteria. Information by clinical opinion of qualified personnel may be used on an independent basis to determine eligibility but cannot be used to negate the results of a standardized evaluation tool.

***Initial Assessment:*** Once eligibility has been determined, further assessment is required that includes:

1. Child assessment - the unique strengths and needs of the child including participation in daily activities, and identification of services appropriate to meet those needs. It includes review of the evaluation results, observation of the child, and identification of child’s needs in each area of development.
2. Family-directed assessment – including the resources, priorities, and concerns of the family and identification of the supports and services needed to enhance the family’s capacity to meet the developmental needs of the child. The family assessment must be voluntary, based on use of an assessment tool and family interview, and include the family’s description of the above information.

Initial assessment must be completed prior to the first IFSP meeting. This assessment must be based, in part, on an objective assessment tool. Initial Assessment of the child is informed through use of a SNR tool or an authentic curriculum-based tool in combination with information provided by the family. If administration of standardized, norm-referenced tool is not necessary for eligibility determination (i.e. when using medical records or diagnosed condition) an authentic curriculum-based tool can be used. If a SNR tool is used for eligibility determination and for informing the initial assessment, a curriculum-based tool should be completed within the first three months and used in and ongoing manner with the family. *Refer to Evaluation Guidance Document for more information.*

***Requirements for Initial Evaluations and Assessments:***

Federal Requirements stipulate that initial evaluations and assessments must be:

* Performed with prior notification of parents. Prior written notice must be provided to parents a reasonable time before the lead agency or a provider proposes, or refuses, to initiate or change: the identification, evaluation, placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant’s or toddler’s family. Prior Written Notice (Form 1-6) is required to meet this requirement.
* Performed with parental consent. Written Consent to Conduct an Evaluation/Assessment (Form 1-4) must be signed by the parent, surrogate parent, or legal guardian prior to beginning the evaluation/assessment
* Timely – within 45 days of referral to Child Development Infoline (CDI)
* Comprehensive - including all five areas of development ( cognitive; physical including health, vision, hearing; communication; social or emotional; adaptive)
* Multidisciplinary – including two professionals from different disciplinesor one professional who is qualified in more than one discipline/profession. An exception exists in the federal regulations (§303.321(a)(3)(i)) that only one professional is necessary for the Eligibility Evaluation when using existing medical records that meet the requirements for determining developmental delay or, when a diagnosed condition is used to determine eligibility. Every Initial Assessment requires a multi-disciplinary team, regardless of this exception.
* Conducted by qualified personnel that meet Connecticut Birth to Three Personnel Standards
* Culturally and racially non-discriminatory
* In the native language(s) of the child and the family, unless clearly not feasible to do so

Additionally:

* The Birth to Three program must contact the family within one working day of receiving a referral
* Parents must receive Prior Written Notice (Form 1-6) and a written explanation of the eligibility decision including a clear statement of why the child was determined eligible or not (this can be in the form of written report, a one page summary or visit note) within four days.
* After determining that a child is eligible, the family must be given information and choice regarding other available programs serving their town.
* Information, including whether the child is eligible, may NOT be shared with anyone, including the referral source, without the parent’s written consent

Initial Eligibility Decisions

* A child with a confirmed, documented physical or mental condition that has a high probability of resulting in developmental delay may be automatically eligible for the Birth to Three System. A list of approved diagnoses that confer automatic eligibility is in the data system and on the Birth to Three Website. Refer to Evaluation/Assessment Guidance document for additional information on supporting evidence required when confirming eligibility due to diagnosed condition.
* For children who are NOT eligible based on a multi-domain SNR instrument, the evaluation team must assure that a domain specific tool was completed for the primary areas of concern, by someone with professional expertise in that area
* Section 303.321(a)(3)(i) of IDEA Part C regulations state that “a child’s medical and other records may be used to establish eligibility (without conducting an evaluation of the child)”. Therefore, if a program obtains written results of an existing evaluation(s), this may be used to determine eligibility when these three conditions are all met: completed within the past three months; provides information from a standardized, norm referenced instrument that confirms scores meeting Connecticut eligibility criteria; the determination is made by an appropriately composed team that meets Birth to Three personnel standards
* Screening for Autism must be offered when the child is 16 months or older.
* Information on the child’s health, vision and hearing should be gathered as part of the evaluation. Parent report can provide information on medical screenings that have been completed. If the child has not had a vision exam, the evaluator should use Birth to Three Vision Screening (Form 3-17). Newborn hearing screening is valid for one year. Additional screening can be completed as necessary (Nutrition screen – Form 3-16, etc.)
* For specific guidance on eligibility decisions for children with autism, expressive communication delays only, motor delays or prematurity, social emotional concerns, or those who move to Connecticut, refer to *Evaluation & Assessment Guidance Document*
* Refer to attached *Chart for Initial Eligibility Determination*

All reports should include:

* All evaluators’ input typed or legibly written in one report. This should be sent to the parent within two weeks and should not be considered finalized until the parents have been able to read it and suggest changes.
* Program name, address; parent’s names, address; child name, DOB, and age at the time of the evaluation; date and location of the evaluation
* A description of the process and instruments used to complete the evaluation/assessment and standard scores, if used to determine eligibility, withexplanations in plain language so parents understand the meaning of scores (Refer to attached chart for description of type of tool necessary)
* Descriptions written in a way that is useful to the parents, avoiding use of jargon
* A description of the family’s input and how they participated in the evaluation/assessment process. This includes evidence throughout the body of the report referencing unique information about the child, shared by the family.
* Documentation if the parent declines to have their child screened for Autism, if the child is at least 16 months of age
* Signature with date *(original or electronic as per Department of Social Services requirements for electronic signature)* by all providers who participated in the evaluation or assessment, including a licensed practitioner. The evaluation must be signed within 45 days of the date that the evaluation was performed. If no licensed practitioner participated in the evaluation, documentation must be in the record from a licensed practitioner recommending the evaluation.
* With parental written consent (Form 3-3), the finalized report should be shared with the child’s primary health care provider. It can be shared with others of the parent’s choosing after receiving the parent’s written consent.

Additionally, Eligibility reports must include:

* A clear statement of reason(s) why the child was determined eligible or not eligible
* Current levels of functioning across all five areas of development (cognitive; physical including vision, hearing, motor and health; communication; social or emotional; and adaptive skills) unless the child is determined eligible through use of medical records or due to a diagnosed condition, in which case comprehensive information in all areas of development will be addressed during the initial assessment.
* If a child is found not eligible but shows some degree of developmental delay, this information should be conveyed to the parents and included in the evaluation report, along with information about other appropriate community resources and programs

In addition to requirements for all reports, Initial Assessment reports must include:

* Identification of the child’s unique strengths and needs
* Descriptions, throughout the body of the report, of family’s daily activities and the child’s functioning and participation during those activities and routines
* Identification of the child’s strengths and needs in each of the developmental areas including next steps in development
* Information gathered during the family assessment, as appropriate

If submitting for reimbursement for both evaluation and assessment services, the eligibility evaluation and assessment reports must be separate reports, each following the requirements above and signed by the appropriate professionals. However, for best practice in providing comprehensive information to the family, if the eligibility evaluation and assessment information is contained in separate reports, this should be presented as one complete packet to the family.

**Families that Programs are not Able to Locate before the Evaluation**

Once a program marks the determination as Cannot Locate in the data system, the lead agency will assure that referral sources other than the parent will be notified.

**Children Found Not Eligible For Birth to Three**

* If the child is found not eligible for Birth to Three but mental health concerns are identified, the program, with parental permission, must refer the child to a licensed mental health care provider for evaluation and treatment, as noted per Connecticut Public Act 13-178.
* If a child is found not eligible but shows some degree of developmental delay, this information should be conveyed to the parents and included in the evaluation report, along with information about other appropriate community resources and programs.
* The parent should be encouraged to enroll in developmental monitoring through the Ages and Stages Questionnaires (online through Child Development Infoline at cdi.211ct.org or 800-505-7000)
* When appropriate parents should be informed that they may request a new eligibility evaluation one month after the last evaluation by contacting Child Development Infoline. Re-evaluation may be sooner if there is a significant change in the child’s development or new medical information received that could affect eligibility. See *Payment Procedure* for information on when prior authorization may be necessary.
* Refer to *Records Procedure* for requirement for sharing record destruction information with the family when a child is found not eligible

In all cases programs should provide families with Form 3-3 to secure consent to release the results of the evaluation to the referral source and/or PHCP.

**Dispute Resolution Regarding Eligibility**

Parents have the right to dispute the results of the eligibility determination on their evaluation. Refer to *Evaluation and Assessment Guidance*.

***Evaluation for Continuing Eligibility***

*“*Evaluation means the procedures used by qualified personnel to determine a child’s initial and continuing eligibility” for Part C services. (*IDEA Part C 303.321 Regulations)*

In Connecticut, continuing eligibility requirements differ from initial eligibility requirements.

After initially being found eligible for Birth to Three supports, a child continues to be eligible if the IFSP team has a concern about development or until functioning at age level in all areas of development. Determination of continuing eligibility may be made through use of a Standardized Norm Referenced (SNR) or Curriculum Based tool. A SNR tool should be used when necessary to support a child’s transition from Birth to Three or if requested by the parent. All procedural requirements for evaluations noted previously apply. Refer to *Payment Procedure* for information on prior authorizations that may be necessary for these evaluations.

Reports for continuing eligibility should include all information required on initial eligibility reports.

***Ongoing Assessment***

Ongoing assessment includes all child and family assessments, both formal and informal, following the initial assessment.

During the child’s enrollment in Birth to Three, it is expected that providers will engage in ongoing, informal assessment each time they see the child, as well as regularly update an authentic curriculum-based tool. For all children who will be enrolled in the Birth to Three System for at least 6 months an approved curriculum-based assessment must be completed within the initial three months of services, used in an ongoing manner, and reviewed within one month of a child’s exit. The curriculum-based assessment will assist in informing completion of the entry and exit *Child Outcome Summary Form*. Please see the *Child Outcome Summary* (COS) Procedure.

Curriculum-based or other assessment tools that are used in an ongoing manner and updated regularly as part of the home visit only require Consent to Conduct an Evaluation/Assessment ( Form 1-4) the first time the tool is used. A paraprofessional, if functioning as the family’s primary interventionist, is able to assist the family in updating the curriculum as a regular part of the home visit.

Tools that are used as part of a more formal assessment that results in the generation of a report require Consent to Conduct an Evaluation/Assessment (Form 1-4). Formal assessments may include discipline-specific areas, for instance, to assess sensory systems or articulation, or may involve a more extensive assessment to determine if a child meets the criteria for autism spectrum disorder. This formal assessment may include a curriculum-based assessment, a standardized norm-referenced tool, or a discipline-specific tool and must be administered by staff authorized to conduct evaluations and assessments, as noted in *Personnel Standards.* The report that is a result of this assessment will be documented separately from the visit note and include information as appropriate based on the scope of the assessment.

Refer to *Payment Procedure* for information on prior authorization that may be necessary for these assessments.

***Assessment and Possible Evaluation for Continuing Eligibility Prior to the Annual Meeting to Evaluate the IFSP (Annual IFSP Review)***

Per IDEA regulations, an IFSP meeting must be held to “evaluate” the IFSP (commonly referred to as the Annual IFSP Meeting) no more than 12 months after the Initial IFSP or the previous Annual IFSP. In rare instances if this meeting is not held within the required timeframe, the reason for this delay must be documented in the record. Prior to this meeting, an assessment must be completed of the child and the child’s family. This does not need to be a multidisciplinary assessment. The child’s primary interventionist, if qualified under the Birth to Three Personnel Standards to complete evaluations and assessments, can provide all of the assessment information, in collaboration with the family and other team members.

Additionally in preparation for the Annual IFSP meeting, determination of continuing eligibility for the child may be made. If an evaluation to determine continuing eligibility is being performed, it must the include participation of a multi-disciplinary team.

All continuing eligibility evaluations and/or assessments in preparation for the Annual IFSP meeting will follow the requirements for initial evaluations and assessment with the exceptions noted in this section for eligibility criteria, timelines and multidisciplinary team requirements for assessments.

Refer to attached *Evaluation and Assessment Cycle Chart.*

**Evaluation and Assessment Cycle**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Initial Eligibility Evaluation | Initial Assessment | Continuing Eligibility Evaluation | Ongoing Assessment | Assessment for Annual IFSP, Transition, or Exit |
| Purpose | Documents eligibility status and reasons for eligibility decision.  Includes 5 areas of development: cognitive; physical including vision, hearing, motor and health; communication; social or emotional; adaptive | Documents child’s unique strengths and needs within family routines in 5 areas of development and early intervention services appropriate to meet needs  Informs COS\*\* | Documents continuing eligibility status and reasons for eligibility decision. Includes 5 areas of development | Informs team and family of progress, strengths, and next areas of development.  Informs COS | Informs assessment report prior to Annual IFSP, report for school transition/exit and/or COS  Includes 5 areas of development |
| Who | Multi-disciplinaryMay be a single discipline if: confirming a diagnosed condition, or using medical records to substantiate significant delay | Multi-disciplinary | Multi-disciplinary | 1. Updating curriculum can be done as part of home visit by paraprofessional  2. Assessment by a specific discipline | Primary Interventionist  (if qualified to complete assessments) with input from other team members |
| Tools | Standardized, norm-referenced (SNR) tool  if determining developmental delay meeting initial eligibility criteria | SNR if used during eligibility evaluation OR curriculum- based tool if child has been determined eligible through use of medical records or diagnosed condition | SNR or authentic curriculum-based tool | 1. Authentic curriculum-based tool (ongoing).  2. Additional tools based on needs (i.e. sensory profile, articulation) | Authentic curriculum-based tool  SNR tool may be used (supports transition) |
| Family Assessment |  | Documents family’s resources, priorities, concerns and supports necessary to enhance family’s capacity to meet developmental needs of child. Use of published tool in addition to interview. |  | Family assessment should be ongoing, especially when changes are noted | Family assessment should be ongoing, especially when changes are noted |
| Forms Needed | Prior Written Notice (Form 1-6)  Consent to Conduct Evaluation/  Assessment  (Form1-4)  Consent to Release  (Form 3-3) | Prior Written Notice  (1-6)  Consent to Conduct Evaluation/  Assessment  (Form 1-4) | Form 1-6  Form 1-4 | Ongoing curriculum: 1-4 or 1-6 needed only initially.  Additional tools:  1-4 and 1-6 needed | Prior Written Notice (1-6)  Consent to Conduct an Evaluation/ Assessment (1-4) |

\*\*Child Outcome Summary Process (COS). See *Child Outcome Summary Procedure*

**Motor Concerns**

Motor Specific Standardized Tool

(AIMS, PDMS2…)

ELIGIBLE NOT ELIGIBLE

-2.0 in GM or FM

-1.5 in both GM & FM

**Speech/Language**

**Standardized Tool**

ELIGIBLE NOT

ELIGIBLE

-2.0 Total Language

OR

-2.0 Expressive

with

Biological Factor

**Child referred – Initial Eligibility Determination**

**Eligibility Evaluation**

**Diagnosed Condition**

**ELIGIBLE**

Multi-domain Assessment

**Clinical Opinion**

**Eligible**

Standardized Evaluation

within 6 months

**Standardized**

**Norm-Referenced**

**Multi-Domain Tool**

**Significant Developmental Delay**

Eligible

-2.0 in 1 area

-1.5 in 2 areas

**Does *NOT* meet Eligibility**

Using Multi-Domain Tool

**Speech Language**

**Concerns**

**Social-Emotional**

**Concerns**

S-E Tool

(DECA I/T…)

ELIGIBLE NOT ELIGIBLE\*

\* Refer to Mental Health

Clinician

**Verbal Apraxia**

**Evaluation**

ELIGIBLE NOT

ELIGIBLE

Dx:

Verbal Apraxia

**Child Onset Fluency**

**Evaluation**

ELIGIBLE NOT

ELIGIBLE

Dx:

Atypical

Disfluency

**Speech Sound Disorder**

**Evaluation**

Requires completion of Audiological Standardized

Articulation Test & Language Sample

OR

PCC & Language Sample

ELIGIBLE NOT ELIGIBLE

Dx: SSD

Administered by a Motor Therapist

Administered by a Mental Health Clinician