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## **1.0 PURPOSE AND SCOPE**

- 1.1.1. This procedure provides instruction for Connecticut Birth to Three Programs and Providers evaluating and assessing families of children for Birth to Three Early Intervention Services (EIS).

## **2.0 REFERENCES**

### **2.1 Associated Documents**

- 2.1.1. Child Outcome Summary Procedure
- 2.1.2. Document Control and Records Procedure
- 2.1.3. Early Intervention Record
- 2.1.4. Form 1-4, Consent to Conduct an Evaluation/Assessment
- 2.1.5. Form 1-6, Prior Written Notice
- 2.1.6. Form 3-1, Individualized Family Service Plan (IFSP)
- 2.1.7. Form 3-3, Authorization for Programs to Release Information
- 2.1.8. Form 3-16, Birth to Three Nutrition Screening
- 2.1.9. Form 3-17, Birth to Three Vision Screening
- 2.1.10. Form 3-18, Child Outcome Summary Form
- 2.1.11. Guideline #1, Autism Spectrum Disorder Procedure
- 2.1.12. Guideline #3, Children Referred to Speech Delays Procedure
- 2.1.13. Guideline #4, Infant Mental Health Procedure
- 2.1.14. Individualized Family Service Plan Procedure
- 2.1.15. Insurance Billing Procedure
- 2.1.16. Intake Procedure
- 2.1.17. Personnel Standards Procedure
- 2.1.18. Dispute Resolution Procedure
- 2.1.19. State Plan Amendment 17-0019 Early Intervention Services

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## 2.2 Source Information

- 2.2.1. Connecticut Birth to Three Evaluation and Assessment Procedure, Effective July 1, 1996. Revised July 1, 2021.
- 2.2.2. Connecticut Birth to Three Evaluation and Assessment Guidance Document, Effective July 1, 1996. Revised Oct. 1, 2021.


## 3.0 INSTRUCTIONS

### 3.1 Overview of Evaluation Assessment and Screenings

#### 3.1.1 UNDERSTAND:

1. Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under Part C of IDEA, consistent with the definition of infant or toddler with a disability in the Connecticut Birth to Three System's Eligibility Policy.
2. Assessment means the initial and ongoing activities (e.g., observation, testing, progress monitoring, data collection, etc.) used by qualified personnel to identify the eligible child and family's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under Part C. Assessment is necessary to enable the provider to develop, implement and update the IFSP.
3. Screening means the procedures used to identify whether further assessment is needed to address the screened concern. A child is not required to receive a developmental screening before receiving an evaluation.
4. Multidisciplinary team is required for evaluation, initial assessment, and annual assessment, including either:
  - a. Two professionals from different disciplines.
  - b. One professional qualified in more than one discipline/profession.
    - (1) **WHEN** existing medical records meeting requirements for determining developmental delay or a diagnosed condition is used to determine eligibility,

**THEN PERMIT** use of one professional qualified in one discipline/profession.

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- 3.1.2. **PERFORM** evaluation/assessment in the native language(s) of the child and the family, unless clearly **NOT** feasible to do so.
1. **IF** program has identified that it is **NOT** feasible to perform evaluation/assessment in native language,  
  
**THEN** program must **CONTACT** Lead Agency for guidance and approval.
- 3.1.3. **CONDUCT** culturally and racially non-discriminatory evaluation or assessment.
1. All individuals have the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political belief, or disability. Parents have the right to information in their native language unless it is not feasible to do so. Inquiries regarding nondiscrimination policies should be directed to:  
  

Connecticut Department of Administrative Services

c/o Equal Employment Opportunity Leadership Associate for Connecticut  
Office of Early Childhood


450 Columbus Boulevard, Suite 1501

Hartford, CT 06103
  2. **IF** a child's primary language is not English,  
  
**THEN** evaluators **CONFIRM** child has a significant delay in their primary **OR** dominant language, using the following:
    - a. Interpreter or evaluator fluent in the child's primary language.
    - b. Tool normed in the child's primary language.
- 3.1.4. Only staff who are qualified based on the Birth to Three Personnel Standards **AND** the criteria of the specific tool in use may **PERFORM** any of the following:
- Evaluations
  - Assessments
  - Screenings
- 3.1.5. **UNDERSTAND** the criteria for approved instruments for evaluation, assessment and screening.
1. Evaluation, Assessment and Screening instruments must meet the following requirements:




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- a. Evidenced-based
  - b. Appropriate for the population
  - c. Within the scope of practice of the administering provider
  - d. Nationally distributed
  - e. Formally validated
  - f. Planned follow up with the family based on the results.
2. **REFER** to the 5 developmental areas to understand whether the results of the tool can be used to determine initial eligibility.
- a. For example, the Sensory Profile is a Standardized, Norm-Referenced tool, however because it does not measure function in one of the five developmental areas, it cannot be used to determine eligibility.
3. Programs **UTILIZE** the most recently published editions of any evaluation, assessment, or screening tool and **MUST IMPLEMENT** no later than one year from date of publication.
4. **REFER** to Attachment 3 - Approved Instruments

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- 3.1.6. **IF** any evaluation activity described herein finds a child eligible for Birth to Three, **THEN** the eligibility determination cannot be negated by any other activity or person.
- 3.1.7. **UNDERSTAND** Birth to Three supports and services are voluntary and the parent can stop the evaluation and/or assessment process at any time, and must be informed that stopping the process may impact their eligibility.
- 3.1.8. Assessment for the purposes of ongoing progress monitoring is a requirement for all eligible children and may **TAKE PLACE** during regularly scheduled visits.
- 3.1.9. **PROVIDE** Form 1-6, Prior Written Notice to each IDEA parent (if living at separate addresses) within a reasonable time before any and all evaluations, assessments, or screenings.
- 3.1.10. **OBTAIN** parental consent using Form 1-4, Consent to Conduct an Evaluation/Assessment prior to conducting any and all evaluation, assessment, or screening tool.
1. Only one IDEA parent's consent is needed.
  2. Only the parent that signed consent can revoke that consent.
  3. This form must be completed to document any evaluation, assessment, or screening that the family is offered and declines.
- 3.1.11. **PROVIDE** written, signed evaluation and assessment reports to the parent within two weeks of the date of evaluation and/or assessment.
1. **REFER TO** Attachment 2, Written Report Requirements for the required elements of written reports.
  2. **DO NOT** consider report finalized until reviewed by the parents.
  3. **PERMIT** parents to suggest changes.
    - a. **REFER TO** Parents Rights Under the Individuals Disabilities Education Act (IDEA) Part C booklet for parent's rights regarding their child's record.

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### 3.2 Initial Eligibility and Evaluation

3.2.1. Must **COMPLETE** evaluation as soon as possible, but **NO** later than 45 days from the date of referral to Single Point of Entry (SPOE), except due to documented family reason for delay.

1. **DETERMINE** eligibility of every child referred for evaluation, with parental consent.

3.2.2. Scheduling the Initial Evaluation:

1. **ENSURE** to contact each IDEA parent.

2. **VERIFY** that the child's and family's demographic information in the Birth to Three data system is accurate and complete.

3. **DISCUSS** the following with parents:

a. Parent **SHARE** the reason for referral and concerns.

b. **SHARE** with parents a brief description of the evaluation visit, including their role of active participation.

c. **SHARE** that the evaluation is provided at no out-of-pocket cost to the family, and that the service coordinator must share information regarding parent rights and the system of payments, including consent for insurance billing.

d. **DETERMINE** if interpretation is needed.

(1) **DO NOT** use family members or neighbors for interpretation unless family specifically requests them.


4. **DETERMINE** who, including the parents, should be part of evaluation.

5. **DETERMINE** the location, date and time of the evaluation.

a. The expectation is that the evaluation is completed in person, in the family's home, unless requested by the family to be provided remotely or in another natural environment of the child. See Supports and Services Procedure for definition of natural environments.

b. The expectation is that the evaluation is completed on a day and time that is convenient to the family, within the guidelines of the provider's contract.

6. **DETERMINE** the identified areas of concern and the professionals best able to evaluate those concerns.

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3.2.2 (continued)

7. **ENSURE** evaluation team is multidisciplinary, including either:
  - a. Two professionals from different disciplines.
  - b. One professional qualified in more than one discipline/profession.
  - c. **WHEN** using existing medical records meeting requirements for determining developmental delay or a diagnosed condition is used to determine eligibility, **THEN PERMIT** the use of one professional qualified in one discipline or profession.
8. Using Form 1-6, Prior Written Notice, **PROVIDE** prior written notice to each IDEA parent (if living at separate addresses) within a reasonable time before evaluation.

3.2.3. Evaluation:


1. Service Coordinator **EXPLAIN** the following to Parent(s):
  - a. Briefly **DESCRIBE** The Birth to Three System's mission, your agency as a contracted provider, who to follow up with regarding questions and records.
  - b. Procedural Safeguards and System of Payments
2. **REVIEW** information collected at the time of referral and/or during the scheduling call, including families concerns and priorities, child's pertinent medical and developmental information.
3. **OBTAIN** child's history through parental interviews.
4. **REVIEW** child's record's, including:
  - Medical
  - Educational
  - Other records
5. **OBTAIN** the following information from parents or other medical providers for the evaluation, the child's:
  - Health
  - Vision
  - Hearing



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3.2.3 (continued)

6. When available, **CONFIRM** through records if the child has either a:
  - Significant developmental delay.
  - Diagnosed physical or mental condition with a high probability of resulting in a development delay.
  - See Section 3.2.4, bullet 3 for which diagnosed conditions require medical records to substantiate eligibility.
  
7. **IDENTIFY** child's level of functioning in all five areas of development:
  - Cognitive
  - Physical (including motor, vision and hearing)
  - Communication
  - Social and emotional
  - Adaptive
  
8. **SCREEN** children for autism, vision, and nutrition concerns.
  - a. **REFER TO** section 3.3 Screening.
  
9. **USE** at least one standardized, norm-referenced tool that is approved by the Lead Agency as an evaluation instrument, that evaluates all 5 domains of development. The 5 domains of development are:
  - a. Cognitive
  - b. Communication
    - (1) Expressive and Receptive language must be scored separately. Only Expressive delay (with Biological Risk Factor) may be used separately for the purposes of eligibility.
  - c. Motor
    - (1) Fine and Gross motor must be scored separately for the purposes of eligibility.
  - d. Social-Emotional
  - e. Adaptive

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3.2.3 (continued)


- f. Administration of a standardized, norm-referenced tool is **NOT** necessary for eligibility determination when using medical records, diagnosed condition or clinical opinion that documents that the child meets the Connecticut Birth to Three eligibility criteria.
  - g. **REFER TO** Attachment 3, Approved Instruments.
  - h. Secondary or further standardized, norm-referenced tools must be offered when a child with a concern in the areas of motor, communication, social-emotional, and/or autism is not found eligible based on the multi-domain norm-referenced tool.
10. **DETERMINE** eligibility based on Connecticut Birth to Three System eligibility criteria (**SEE** section 3.2.4, Initial Eligibility Criteria):
- A significant developmental delay (-2 SD in one developmental domain, or -1.5 SD in two or more domains).
  - A diagnosed physical or mental condition with a high probability of resulting in a developmental delay as defined in Connecticut's eligibility criteria.
  - Informed clinical opinion that substantiates a significant delay in development.
11. **PROVIDE** eligibility decision clearly stating reason for determination of eligibility in the form of written report, a one-page summary or visit note within four days.
- a. Eligibility decision date must be the date on which the multi-disciplinary team concludes all activities that confer eligibility.
12. **PROVIDE** Form 1-6, Prior Written Notice for:
- a. Written results of eligibility determination
  - b. IFSP, if scheduled.

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3.2.4. Initial Eligibility Criteria:


1. **SEE** Attachment 1, Initial Eligibility Flowchart.
2. Testing: **DETERMINE** eligibility based on the results of scoring of a multi-domain SNR instrument:
  - a. A child is eligible if the scoring determines a significant developmental delay (-2 SD in one developmental domain, or -1.5 SD in two or more domains). The domains of development are:
    - (1) Cognitive
    - (2) Communication
      - Expressive and Receptive language must be scored separately. Only Expressive delay (with Biological Risk Factor) may be used separately for the purposes of eligibility.
    - (3) Motor
      - Fine and Gross motor must be scored separately for the purposes of eligibility.
    - (4) Social-Emotional
    - (5) Adaptive
  - b. Record review: **WHEN** a program obtains a child's records with written results of an existing evaluation, and the following criteria are met:
    - Completed within the past twelve months.
    - Provides information from a standardized, norm referenced instrument confirming scores meeting Connecticut eligibility criteria.

**THEN** using the records **DETERMINE** eligibility without conducting an evaluation of the child, per Individuals with Disabilities Education Act (IDEA) Part C regulations.

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3.2.4 (continued)

- c. For Expressive Communication only, **CONSIDER** a child eligible whose delay in expressive communication is at least 2 SD below the mean, but whose combined communication score is not 2 SD below the mean, **AND** has one of the following risk factors identified:
- Oral motor disorder
  - Moderate to severe phonological impairment (fewer than 65% of consonants correct in a 5-minute continuous speech sample) (must be identified by a Speech Language Pathologist).
  - Chronic otitis media for duration of six months or longer.
  - Family (parents or sibling) history of language impairment or developmental delay.
  - Ongoing concerns by the family or the evaluator about child's qualitative performance in the areas of social or emotional, interpersonal skills, play interest, or sensory concerns.
  - Significant birth history including:
    - congenital infection
    - craniofacial anomalies including cleft lip
    - birth weight less than 1500 grams
    - hyperbilirubinemia at a level requiring exchange transfusion
    - ototoxic medications
    - bacterial meningitis
    - Apgar scores of 0-4 at one minute and 0-6 at five minutes
    - mechanical ventilation lasting more than five days
    - head trauma associated with loss of consciousness or skull fracture
- d. For children who required additional secondary testing to determine eligibility due to concerns in the areas of motor, social-emotional, communication and/or autism, refer to Attachment 3, Approved Instruments. **CONSIDER** a child eligible if these secondary tests result in the child meeting eligibility requirements.

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3.2.4 (continued)

3. Diagnosed Condition: **DETERMINE** whether the child meets eligibility criteria due to a Diagnosed Condition, as follows:
  - a. **REFER TO** the Diagnosed Conditions list at <https://www.birth23.org/providers/provider-resources/auto-eligibility/> .
    - (1) **NOTE** the diagnosed condition list is not exhaustive and may be edited with review by lead agency.
    - (2) **NOTE** that some diagnosed conditions have an associated age or time limit.
    - (3) **CONTACT** Birth to Three at [CTBirth23@ct.gov](mailto:CTBirth23@ct.gov) for questions.
  - b. **ENSURE** proper documentation for diagnosed conditions below is on file within a reasonable time frame of eligibility determination.
    - (1) **OBTAIN** diagnostic report for autism
    - (2) **OBTAIN** audiology or physician report for hearing loss.
    - (3) **OBTAIN** medical provider report for visual impairment.
    - (4) **OBTAIN** a speech language pathologist report documenting alignment with Birth to Three eligibility criteria for any of the following:
      - Childhood apraxia of speech.
      - Stuttering-like disfluency (childhood onset fluency disorder).
      - Speech sound disorder.

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3.2.4 (continued)

c. **ADHERE** to the following for Autism Spectrum Disorder:

(1) **ENSURE** reports from outside providers include information on:

- Three core deficit areas of ASD (communication, social interaction, and a restricted range of interests/activities).
- General developmental information leading to ASD diagnosis.

(2) **ENSURE** ASD diagnosis corresponds with the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

(3) **ENSURE** ASD diagnosis was provided by one of the following:

- Physician
- Licensed clinical social worker
- Licensed clinical psychologist


4. **USE** informed clinical opinion to confer eligibility:

a. **WHEN** standardized norm-referenced (SNR) instruments:

- Are **NOT** an effective tool due to an infant's age or significant illness.
- Require significant adaptation for a child to perform the items, thereby invalidating the results.
- Do **NOT** adequately capture child's significant delays
- Results in non-eligible status, but the next normed age group would result in child being found eligible within 14 days. For example:
  - A child will be 20 months in 7 days, and they do not qualify under the 18-19 month range, but they would qualify under the 20-21 month range.

b. **WHEN** there is **NO** published SNR that can be used to demonstrate significant delay.

c. **WHEN** evaluators suspect there is an as-yet undiagnosed medical condition that may confer eligibility.

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### 3.2.4 (continued)


- d. For children with motor concerns, **CONSIDER** the child's medical history and early signs of motor dysfunction in the following areas:
- Reflexes
  - Tone
  - Posture
  - Symmetry
  - Decreased motor activity
  - Decreased movement variability

### 3.2.5. Children Found Eligible for Birth to Three:

1. **CONSIDER** a child found eligible at the initial evaluation to be continuously eligible until the IFSP team, including the parent(s), no longer has concerns for the child's development, or until exit due to age (whichever comes first).
2. **IF** child is eligible,  
**THEN EXPLAIN** Birth to Three IFSP process.
3. **REFER TO** <https://www.birth23.org/about-us/our-approach/>
4. **PERFORM** initial assessment.

### 3.2.6. Children Found Not Eligible for Birth to Three:

1. **UNDERSTAND** that children are not eligible for Birth to Three services if evaluation results do not meet the criteria described above.
2. **DISCUSS** appropriate community resources and program information with family.
3. **ENCOURAGE** parents to enroll their child in developmental monitoring through Ages and Stages Questionnaires or through the OEC Sparkler program.

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3.2.6 (continued)

4. **IF** mental health concerns are identified,

**THEN REFER** child to a licensed mental health care provider for evaluation and treatment.

a. **OBTAIN** parental permission with Form 3-3, Authorization for Programs to Release Information, for referral.

b. **IF** permission for referral is refused, **THEN**:

- **DOCUMENT** refusal in the child's early intervention record.
- **PROVIDE** parent with information on mental health resources.

5. **DISCUSS** records destruction information with parents.

6. **INFORM** parents:

a. To refer child for a new eligibility evaluation one month after the last evaluation by contacting Single Point of Entry, when appropriate.

(1) **IF** there is a significant change in the child's development **OR** new medical information received affecting eligibility less than one month from the evaluation date,

**THEN** parent **CONTACT** providing agency to share information.


b. Of their right to dispute results of eligibility determination on the evaluation, including:

(1) Discussing with evaluator(s) how their child's abilities and needs compare with Connecticut's eligibility criteria.

(2) Offering new information to the evaluator(s), such as a recent medical diagnosis that might affect eligibility.

(3) Contacting the Birth to Three Family Liaison to request eligibility decision be reviewed and/or receive dispute resolution procedural safeguards.



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**3.3 Screening**

3.3.1. **KNOW** there is **NO** limit to the number of screenings that can be conducted with families at any time during a child's enrollment.

3.3.2. **REFER TO** Attachment 3, Approved Instruments.

3.3.3. **KNOW** that any positive screenings must result in offering support to the family to address the screened concern.

3.3.4. **KNOW** that screening results have **NO** bearing on eligibility and must not replace any other required eligibility procedures.

3.3.5. Parents **MAY DECLINE** screening, without impact on continuing the evaluation process, when documented on Form 1-4, Consent to Conduct Evaluation and Assessment.

3.3.6. Vision Screening:


1. **IF** child has **NOT** had a vision exam,  
**THEN USE** Form 3-17, Birth to Three Vision Screening.
  - a. **SEND** identified concerns on vision screening, with parent consent, to child's physician for follow-up.

3.3.7. Nutrition Screening:

1. **IF** child has **NOT** had a nutrition screening,  
**THEN USE** Form 3-16, Birth to Three Nutrition Screening.
  - a. **SEND** identified concerns on nutrition screening, with parent consent, to child's physician for follow-up.

3.3.8. Autism Screening:

1. **SCREEN** children 16 months or older for Autism Spectrum Disorder (ASD) during the initial evaluation and assessment process for both:
  - Children 16 months of age or older at time of referral (adjusting for prematurity up to two years of age).
2. **USE** a published, validated screening tool for ASD.

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### 3.4 Continuing Eligibility

3.4.1. **CONSIDER** a child found eligible at the initial evaluation to be continuously eligible until the IFSP team, including the parent(s), no longer has concerns for the child's development, or until exit due to age (whichever comes first).

3.4.2. **IF** the team does **NOT** reach an agreement regarding the child's continuing eligibility,

**THEN PERFORM** one of the following:

1. Service coordinator **REVIEW** with families their rights including contacting the Family Liaison for dispute resolution options. **SEE** Dispute Resolution Procedure
2. With family's consent, IFSP team **PERFORM** re-evaluation.
3. Family may withdraw at any time.


3.4.3. Annual re-evaluation is **NOT** required unless the family requests re-evaluation.

1. In this event, all required activities from initial evaluation apply.
2. **CONSIDER** a child to be continuously eligible at re-evaluation if the IFSP team, including the parent(s), has any concerns for the child's development.

### 3.5 Assessment

3.5.1. Initial Assessment:

1. **COMPLETE** multi-disciplinary initial assessment for all eligible children prior to the initial Individualized Family Service Plan (IFSP) meeting.
2. **USE** an authentic criterion-referenced tool or SNR in combination with information provided by the family.
3. **PERFORM** assessments including:
  - Child assessment
  - Family-directed assessment
    - A family is **NOT** required to consent to family-directed assessment in order to continue with IFSP development and implementation. The family's decision whether to participate in family-directed assessment must be documented on Form 1-4, Consent to Conduct an Evaluation or Assessment.

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3.5.1 (continued)

4. **GATHER** information from a variety of sources to understand the full scope of child's unique strengths and needs, including but not limited to:

- Family
- Caregivers
- Medical or social providers
- Educators

5. **IDENTIFY** the unique strengths and needs for a child assessment, including:

- a. **DESCRIBE** participation in daily activities.
- b. **REVIEW** evaluation results.
- c. **IDENTIFY** a child's strengths and needs in each area of development.

6. **IDENTIFY** during family-directed assessment the family's:

- Resources
- Priorities
- Concerns


3.5.2. Annual Assessment:

1. **COMPLETE** multi-disciplinary annual assessment for all eligible children prior to the annual Individualized Family Service Plan (IFSP) meeting.

2. **USE** an authentic criterion-referenced tool or SNR in combination with information provided by the family.

3. **PERFORM** assessments including:

- Child assessment
- Family-directed assessment
  - A family is not required to consent to family-directed assessment in order to continue with IFSP development and implementation. The family's decision whether to participate in family-directed assessment must be documented on Form 1-4, Consent to Conduct an Evaluation or Assessment.


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3.5.2 (continued)

4. **GATHER** information from a variety of sources to understand the full scope of child's unique strengths and needs, including but not limited to:
  - Family
  - Caregivers
  - Medical or social providers
  - Educators
5. **IDENTIFY** the child's unique strengths and needs, including:
  - a. **DESCRIBE** participation in daily activities.
  - b. **REVIEW** results of any available testing.
  - c. **CONSIDER** progress made on IFSP outcomes
  - d. **IDENTIFY** a child's strengths and needs in each area of development.
6. **IDENTIFY** during family-directed assessment the family's:
  - Resources
  - Priorities
  - Concerns
  - Necessary supports and services


3.5.3. Ongoing Progress Monitoring:

1. **PERFORM** ongoing, informal assessment during early intervention services with the family.
  - a. **USE** an authentic criterion-referenced tool (See Attachment 3 - Approved Instruments).
  - b. **DOCUMENT** in early intervention visit notes.

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3.5.4. Autism Assessment:

1. **CONSULT** available autism specialty programs based on rotation schedule in the Birth to Three data system.
  - a. Autism specialty programs in rotation **ACCEPT** assessment request.
  - b. Autism specialty programs **CONTACT** families referred for assessment within 2 business days for scheduling.
  - c. **COMPLETE** autism assessments within 45 days of a request.
    - (1) **DOCUMENT** reasons for delays to 45-day timeframe.
  - d. **ENTER** assessment results into Birth to Three data system within 10 days.
    - (1) **SHARE** assessment report with family and sending program within 2 weeks of assessment date.
  
2. **GATHER** information from a variety of sources to understand the full scope of child's unique strengths and needs, including but not limited to:
  - Family
  - Caregivers
  - Medical or social providers
  - Educators
  
3. **PERFORM** the following during the assessment process:
  - a. **REVIEW** autism screening completed to confirm concerns.
  - b. **REVIEW** child's health information and **DETERMINE** if child's hearing has recently been screened or evaluated to rule out a possible hearing loss.
    - (1) **ENSURE** hearing test is performed prior to ASD assessment.
      - **IF** this is **NOT** possible,  
**THEN** programs **PROCEED** with Autism assessment and **ENSURE** a hearing test is completed within three months of a child receiving ASD diagnosis.
      - **MONITOR** progress of hearing test.

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### 3.5.4 (continued)

- c. **REVIEW** previously completed evaluations and/or assessments.
    - (1) **PERFORM** assessments to gather additional information as needed.
  - d. Licensed physician, licensed psychologist, or licensed clinical social worker **PERFORM** and/or **SUPERVISE** administration of diagnostic tools for autism.
    - (1) Licensed physician, licensed psychologist or licensed clinical social worker must be the signing clinician on the assessment report to make diagnostic determination.
4. **DOCUMENT** results of autism assessment:
- a. **SHARE** results with family using both:
    - (1) Form 3-20 DSM5 Autism Checklist.
    - (2) Form 3-21 Autism Assessment Results.
  - b. **IF** the child is diagnosed with ASD,
 


**THEN OFFER** parents a choice of:

    - Transferring to a program specializing in autism serving their town.
    - Remaining with or choosing another Birth to Three program serving their town.

## 3.6 Special Circumstances

### 3.6.1. Custody and Parental Rights:

1. **ADHERE** to the following regarding Custody Issues and Permission to Evaluate or Assess children:
  - a. **ENSURE** Single Point of Entry (SPOE) obtained information during intake at the time of referral regarding:
    - Custody issues
    - Decision-making authority
  - b. Provider **CONFIRM** validity of the information during first call to the family.
  - c. **SEND** Form 1-6, Prior Written Notice, to all IDEA parents, **UNLESS** parental rights have been terminated.


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3.6.1 (continued)

- d. **UNDERSTAND** either parent can provide written consent for an evaluation or assessment, regardless of divorce or separation, with exception to the following:
- (1) One parent's parental rights have been terminated.
  - (2) A State Court custody order requires decisions be made jointly.
  - (3) Custody order gives sole decision-making authority to one parent.
- e. **IF** the referring parent indicates joint decision-making is required,  
**THEN SEND** Form 1-4, Consent to Conduct and Evaluation/Assessment, to both parents.
- (1) **NOTE** the evaluation can proceed as long as one parent gives permission.
- f. **IF** there is a disagreement between parents,  
**THEN PROCEED** with evaluation with permission from only one parent, regardless of marital status.
- g. **SEND** the following documents to all addresses listed for parents:
- Form 1-6, Prior Written Notice
  - Evaluation Report
2. Programs must use discretion to **DETERMINE** if both parents must be contacted in the gathering of information. Some considerations include (but **NOT** limited to):
- If parents are residing at different addresses
  - If one parent has different knowledge about the child than the other
  - If the child participates in different activities at each household
  - If parents disagree about making the Birth to Three referral

3.6.2. Children who move to Connecticut:

1. **DO NOT** automatically consider children eligible for Connecticut Birth to Three services who move to Connecticut from another state where they were eligible for IDEA Part C Early Intervention.
  - a. **IF** child is currently meeting Connecticut Birth to Three eligibility criteria,

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**THEN CONSIDER** the child as eligible.

- b. **CONSIDER** use of medical records for eligibility if testing from previous state is available and meets Connecticut Birth to Three standards.

3.6.3. Children residing temporarily in Connecticut:

1. **UNDERSTAND** Connecticut Birth to Three System is **NOT** required to provide Part C early intervention services to children receiving IDEA Part C early intervention services in another state if that child and their family are only temporarily visiting in Connecticut.

- a. **DO NOT** apply this requirement to children who are:

- Homeless
- Highly mobile family (e.g. migrant workers)
- Displaced by a catastrophic event
- Wards of the state
- Reside on an Indian reservation


3.6.4. Non-eligible Children with Concerns for Autism Spectrum Disorder (ASD):

1. **WHEN** children are **NOT** eligible due to a developmental delay **BUT** the ASD screening indicates the presence of critical behaviors indicating ASD,

**THEN PERFORM** further testing to determine if the child meets the criteria for a diagnosis of autism, thus conferring automatic eligibility.

- a. **OBTAIN** parental consent prior to performing additional testing.
- b. **LIST** the child's eligibility status as Pending until final determination of an autism spectrum disorder.
- c. **ALLOW** the child to remain with their original program if the autism testing is being provided by another program.



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3.6.4 (continued)

- d. **PROVIDE** parent and referring program a brief written summary of both the:
  - Process
  - Result of evaluation the day it is completed.
- e. **SEND** a full report to parent and referring program when complete.

**END of Instructions**

**4.0 REVISION HISTORY**

Location	Description of Change
All	New Human Factored Procedure in New Template.



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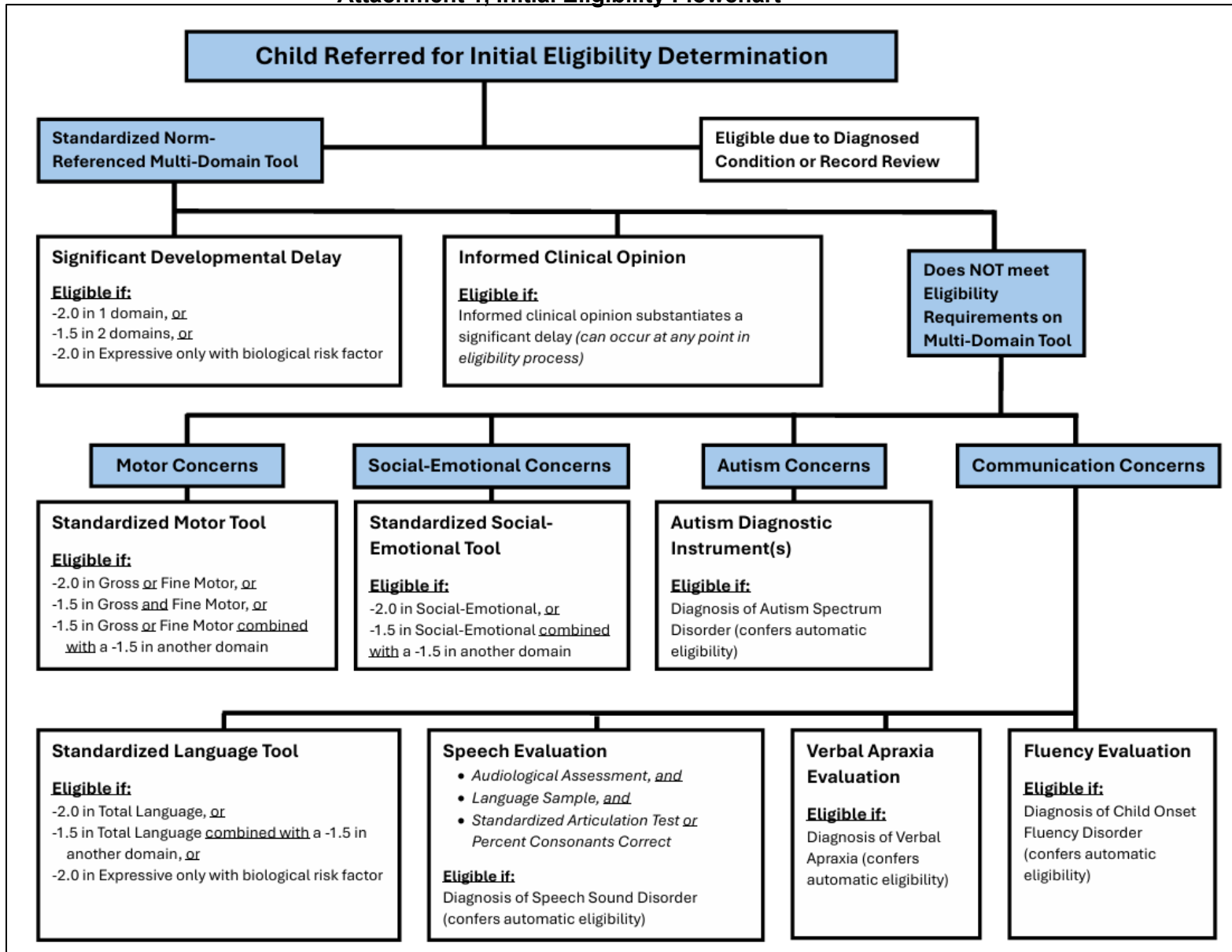
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### Attachment 1, Initial Eligibility Flowchart





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**Attachment 2, Written Report Requirements**

*(SEE also Attachment 3, Approved Instruments for information on tools)*

<p><b>All reports must include:</b></p>	<p><b>ENSURE:</b></p> <ul style="list-style-type: none"><li>• Multidisciplinary information is typed and formatted in a single easy to read and navigate document.</li><li>• All reports must be provided to the family in their preferred written language.</li><li>• The ways in which the family provided input and participated.</li><li>• Individualized information about the child and family to reflect the family’s unique routines and culture.</li><li>• Explanations of any/all reported scores are provided in a clear, straightforward expression.</li><li>• Use clear and concise language that is useful and non-judgmental to families, avoiding bias and the use of jargon or acronyms that may be difficult for readers to understand.</li><li>• Reference the family’s observations about their child’s behavior, skills, and development</li><li>• Documentation of all evaluation, assessment, or screening instruments that were declined by the parent.</li><li>• Use evidence-based findings to support conclusions and recommendations.</li><li>• Ensure that the findings are clearly presented using data tables, graphs, and charts.</li><li>• The organization is presented a logical manner, using headings and subheadings to break up the content. This will make the report easier to read and understand.</li><li>• Ensure that the report is well-structured and easy to navigate. Use a clear and consistent formatting style throughout the report.</li></ul> <p><b>REQUIRED CONTENT:</b></p> <ul style="list-style-type: none"><li>• Date(s) that the service took place.</li><li>• Location(s) that the service took place.</li><li>• Who participated and how, including:<ul style="list-style-type: none"><li>○ Family and other caregivers</li><li>○ Child</li><li>○ Names and disciplines of all providers who participated</li></ul></li><li>• Program name and contact information.</li><li>• Statement identifying the report as provided through the CT Birth to Three System</li></ul>
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**Attachment 2, Written Report Requirements (continued)**

	<ul style="list-style-type: none"> <li>• Birth to Three logo, when possible given restraints of electronic records</li> <li>• Described purpose of the testing and the report, and how results will be used.</li> <li>• Parent(s) name(s).</li> <li>• Child's name, date of birth, age at the time of testing</li> <li>• Child's Birth to Three number.</li> <li>• Instruments used and description of instruments and how the instruments were used.</li> <li>• Explain to the family the purpose and how results will be used.</li> <li>• Summary of all information collected, with a description of how it was collected and by whom.</li> <li>• Signature (with date) of all providers who participated.</li> <li>• The following statement must be included:  <i>All individuals have the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political belief, or disability. Parents have the right to information in their native language unless it is not feasible to do so. Inquiries regarding nondiscrimination policies should be directed to:</i>   <p style="text-align: center;"><i>Connecticut Department of Administrative Services  c/o Equal Employment Opportunity Leadership Associate for CT Office of Early Childhood  450 Columbus Boulevard, Suite 1501  Hartford, CT 06103</i></p> </li> </ul>
<p><b>Initial Evaluation</b></p>	<ul style="list-style-type: none"> <li>• Description of all five areas of development in family-friendly language.</li> <li>• Description of family's input about reasons for referral including their questions and concerns about the child.</li> <li>• Current levels of functioning across all five areas of development, including z-scores (standard deviations): <ul style="list-style-type: none"> <li>○ Cognitive</li> <li>○ physical including vision, hearing, motor and health</li> <li>○ communication</li> <li>○ social or emotional</li> <li>○ adaptive skills</li> <li>○ Exception: the child is determined eligible through record review or diagnosed condition, in which case all areas of development will be addressed during the initial assessment.</li> </ul> </li> </ul>



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**Attachment 2, Written Report Requirements (continued)**

	<ul style="list-style-type: none"> <li>• A summary of any medical, educational, or other records reviewed.</li> <li>• Clear statement of eligibility determination, including a description of CT Birth to Three eligibility criteria</li> <li>• Reason(s) why the child was determined eligible or not eligible.</li> <li>• If eligible, a description of the Birth to Three system mission, and supports and services.</li> <li>• If eligible, a clear set of next steps regarding IFSP, including that services are individualized and tailored based on family routines and outcomes (not testing scores) and can only be determined during an IFSP meeting.</li> <li>• If a child is found not eligible, information about appropriate community resources and programs, including information on mental health supports for children with social-emotional concerns.</li> </ul>
<p><b>Initial Assessment</b></p>	<ul style="list-style-type: none"> <li>• Duration(s) of all activities to support billing.</li> <li>• Descriptions, throughout the body of the report, of family’s daily routines and the child’s functioning and participation during those activities and routines</li> <li>• Identification of the child’s unique strengths and needs in each of the developmental areas including next steps in development, including:             <ul style="list-style-type: none"> <li>○ A review of the results of the evaluation conducted.</li> <li>○ Observations of the child</li> <li>○ Information gathered from other sources such as family members, other caregivers, medical providers, social workers, and educators.</li> </ul> </li> <li>• Information gathered during the family assessment, as appropriate.</li> </ul>
<p><b>Combined Initial Evaluation and Initial Assessment Reports</b></p>	<p>A comprehensive report must include all elements of initial evaluation and initial assessment reports with each required element being clearly identifiable.</p> <p>The format must adhere to the following sequence:</p> <ul style="list-style-type: none"> <li>• Required content of all reports, with the exception of signatures</li> <li>• Required content of initial evaluation report</li> <li>• Required content of initial assessment report</li> <li>• Signatures</li> </ul>



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**Attachment 2, Written Report Requirements (continued)**

<p><b>Annual Assessment</b></p>	<ul style="list-style-type: none"> <li>• Duration(s) of all activities to support billing.</li> <li>• Descriptions, throughout the body of the report, of family’s daily routines and the child’s functioning and participation during those activities and routines</li> <li>• Identification of the child’s unique strengths and needs in each of the developmental areas including next steps in development, including:             <ul style="list-style-type: none"> <li>○ A review of the results of the evaluation conducted.</li> <li>○ Observations of the child</li> <li>○ Information gathered from other sources such as family members, other caregivers, medical providers, social workers, and educators.</li> </ul> </li> <li>• Information gathered during the family assessment, as appropriate.</li> <li>• Summary of progress on IFSP outcomes</li> </ul>
<p><b>Autism Assessment</b></p>	<ul style="list-style-type: none"> <li>• Duration(s) of all activities to support billing.</li> <li>• Description of functioning in the three core areas of ASD (communication, social interaction, and a restricted range of interests/activities).</li> <li>• General developmental information leading to ASD diagnosis.</li> <li>• ASD diagnosis corresponds with the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.</li> <li>• Signature of licensed physician, licensed psychologist or licensed clinical social worker who performed or supervised the administration of diagnostic tools and is making the diagnostic determination</li> </ul>



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**Attachment 3, Approved Instruments**

This list is not exhaustive (refer to section 3.1.5 above). **UNDERSTAND** that once a tool not currently listed is used by a provider, notification to the lead agency **MUST OCCUR** within one month. This list will be updated by the Lead Agency as appropriate.

Name of Instrument	Domain(s)	Age Range	Type of Instrument
<b>Alberta Infant Motor Scale (AIMS)</b>	Assesses infant gross motor skills. Evaluates weight-bearing, posture, and antigravity movements of infants.	0 to 18 months	Standardized Norm Referenced
<b>Assessment, Evaluation, and Programming System for Infants and Children Test (AEPS)</b>	Assesses children's development in these domains: fine motor, gross motor, cognitive, adaptive, social-emotional, and communication.	0 to 6 years	Criterion Referenced Curriculum-Based
<b>Autism Diagnostic Interview – Revised (ADI-R)</b>	Measures Language/Communication, Reciprocal Social Interactions, and Repetitive Behaviors/Interests	2 years and up	Criterion Referenced
<b>Autism Diagnostic Observation Schedule - Generic (ADOS)</b>	Assesses social, imagination, and communication skills of individuals who may have autism spectrum disorders (ASD).	12 months and up	Standardized Criterion Referenced
<b>Battelle Developmental Inventory (BDI)</b>	Measures domains of adaptive, personal-social, communication, motor, and cognitive development. Provides adaptations for disabled children.	0 to 8 years	Standardized Norm Referenced
<b>Bayley Scales of Infant Development (BSID)</b>	Measures all five developmental domains. Social-emotional and adaptive are assessed through parent report.	1 month to 3.5 years	Standardized Norm Referenced
<b>Brief Infant-toddler Social Emotional Assessment (BITSEA)</b>	Screens for social-emotional and behavioral concerns	1-3 years	Screening tool



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<b>Carolina Curriculum for Infants and Toddlers with Special Needs</b>	Measures developmental domains: personal-social, cognition, communication, fine motor, and gross motor	Birth to 5 years	Criterion Referenced Curriculum-Based
<b>Childhood Autism Rating Scale (CARS)</b>	Identifies children with autism and determines symptom severity through quantifiable ratings based on direct observation	2 years and up	Standardized Norm Referenced
<b>Clinical Assessment of Articulation and Phonology (CAAP)</b>	Assesses articulation and phonology in children	2.5 years up to 12 years	Standardized Norm Referenced
<b>Communication and Symbolic Behavior Scales</b>	Uses parent interviews and direct observations of natural play to collect crucial information on communication development	8 to 24 months	Standardized Norm Referenced
<b>Developmental Assessment of Young Children (DAYC)</b>	Identifies possible delays in the following domains: cognitive, communication, social-emotional, fine and gross motor, and adaptive	Birth up to 6 yrs	Standardized Norm Referenced
<b>Devereaux Early Childhood Assessment Infant/Toddler (DECA I/T)</b>	Assesses for social and emotional risks in young children. It is completed by parents and caregivers of infants and toddlers.	1 to 36 months	Standardized Norm Referenced
<b>Early Start Denver Model (ESDM) checklist</b>	Assesses the skills of toddlers and preschoolers with autism spectrum disorder across multiple developmental domains and to establish individualized teaching objectives	12 to 48 months	Criterion Referenced Curriculum-Based
<b>Goldman Fristoe Test of Articulation (GFTA)</b>	Measures speech and sound abilities around articulation in children	2 years up to 22 years	Standardized Norm Referenced





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**Attachment 3, Approved Instruments (continued)**

<b>Hawaii Early Learning Profile (HELP)</b>	Assesses in natural settings five developmental areas: motor , language, cognitive , social-emotional, and self-help (adaptive)	0 to 36 months	Criterion Referenced Curriculum-Based
<b>Infant-Toddler Social Emotional Assessment (ITSEA)</b>	Assesses for social or emotional problems and competencies	1 to 3 years	Standardized Norm Referenced
<b>Kaufman Speech Praxis Test</b>	Diagnostic test assisting in the identification and treatment of childhood apraxia of speech	2 years up to 6 years	Standardized Norm Referenced
<b>Khan-Lewis Phonological Analysis (KLPA)</b>	Assesses developmental phonological processes	2 years up to 22 years	Standardized Norm Referenced
<b>MacArthur-Bates Communicative Development Inventory</b>	Measures children's developing abilities in early language, including vocabulary, comprehension, production, gestures, and grammar	8 to 30 months	Standardized Norm Referenced
<b>Measure of Engagement, Independence, and Social Relationships (MEISR)</b>	Completed by the parent or caregiver. The purposes of the MEISR are (a) to help families, as members of intervention teams, assess the child’s competence in everyday situations, which might help them decide on intervention priorities; (b) to help professionals ask families relevant questions about child functioning in home routines, such as when conducting a Routines-Based Interview; and (c) to monitor a child’s progress.	Birth to 3 years	Criterion Referenced
<b>Modified Checklist for Autism in Toddlers - Revised (MCHAT-R)</b>	Screens using parent reporting. Assesses risk for Autism Spectrum Disorder (ASD)	16 to 30 months	Screening tool



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**Attachment 3, Approved Instruments (continued)**

<b>Mullen Scales of Early Learning</b>	Assesses cognitive, language, socialization, vision, compensatory skills, self-help, and fine and gross motor. Designed for children with visual impairments.	0 to 36 months	Standardized Norm Referenced
<b>Newborn Behavioral Observations (NBO)</b>	Infant-focused, family centered, relationship-based tool, designed to sensitize parents to their baby's competencies and individuality, in order to foster positive parent-infant interactions and contribute to the development of a positive parent-infant relationship from the very beginning	Birth up to 3 months	Criterion Referenced
<b>Peabody Developmental Motor Scales (PDMS)</b>	Assesses fine and gross motor	Birth to 5 years	Standardized Norm Referenced
<b>Peabody Picture Vocabulary Test (PPVT)</b>	Measures receptive vocabulary acquisition	2.5 years to 90 years	Standardized Norm Referenced
<b>Preschool Language Scales (PLS)</b>	Assesses language	Birth up to 8 years	Standardized Norm Referenced
<b>Receptive Expressive Emergent Language Test (REEL)</b>	Identifies infants and toddlers who have language impairments	Birth to 36 months	Standardized Norm Referenced
<b>Rossetti Infant Toddler Language Scale</b>	Assesses the preverbal and verbal aspects of communication and interaction of children	Birth to 3 years	Criterion Referenced
<b>Sensory Processing Measure (SPM)</b>	Measures sensory integration and processing difficulties in multiple environments.	4 months and up	Standardized Norm Referenced
<b>Sensory Profile</b>	Evaluates a child's sensory processing patterns. Infant Toddler Sensory Profile is specific to birth to 36 months.	Birth up to 15 years	Standardized Norm Referenced



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**Attachment 3, Approved Instruments (continued)**

<b>Temperament and Atypical Behavior Scale (TABs)</b>	Identifies temperament and self-regulation problems that can indicate that a child is developing atypically or is at risk for atypical development.	11 to 71 months	Standardized Norm Referenced
<b>Toddler and Infant Motor Evaluation (T.I.M.E.)</b>	Assesses motor abilities in conjunction with occupational and functional performance	4 months to 3.5 years	Standardized Norm Referenced
<b>Toddler Autism Symptom Interview (TASI)</b>	Semi-structured interview designed to assess the presence and absence of skills and symptoms	12- 36 months	Criterion Referenced
<b>Verbal-Behavior Milestones Assessment and Placement Program (VB-MAPP)</b>	Assesses the preverbal and verbal aspects of communication and interaction of children with autism spectrum disorder.	0 – 4 years	Criterion Referenced
<b>Vineland Adaptive Behavior Scales</b>	Measures adaptive behavior and supports the diagnosis of intellectual and developmental disabilities	Birth to 90 years	Standardized Norm Referenced

**Family Assessment Tools**

Family Needs Survey

[https://johnjhaddad.weebly.com/uploads/2/5/2/0/2520519/nc\\_familyneedssurvey1.pdf](https://johnjhaddad.weebly.com/uploads/2/5/2/0/2520519/nc_familyneedssurvey1.pdf)

Family Resource Scale

[Family - http://www.wbpress.com/shop/family-resource-scale-reliability-and-validity/Resource Scale](http://www.wbpress.com/shop/family-resource-scale-reliability-and-validity/Resource%20Scale)

Family Needs Scale

<http://www.wbpress.com/shop/family-needs-scale-reliability-and-validity-3/>

Family Functioning Style Scale (FACES IV) Family Support Scale

<http://www.wbpress.com/shop/family-functioning-style-scale-a-research-instrument-for-measuring-strengths-and-resources/>



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**Evaluation Assessment and Screening Procedure**

**Attachment 3, Approved Instruments (continued)**

AEPS Family Interest Survey

<http://www.worldcat.org/title/aeps-family-interest-survey/oclc/224608538>

Assessment, Evaluation and Programming System (AEPS) for Infants and Children

<http://www.worldcat.org/title/aeps-family-interest-survey/oclc/224608538>