

1.B.7 Timely, Comprehensive, Multidisciplinary Evaluation and Assessment

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1.B.7 Timely, Comprehensive, Multidisciplinary Evaluation and Assessment

PURPOSE

To describe how the Baby Watch Early Intervention Program (BWEIP) and ~~its~~ local EI programs shall ensure timely, comprehensive, multidisciplinary evaluations and assessments of the child and the child's family.

DEFINITIONS

Assessment: As described in §303.321, 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.

Baby Watch Early Intervention Program (BWEIP): Utah's lead early intervention agency, with the single line of responsibility to carry out all the provisions of IDEA Part C.

Batelle Developmental Inventory – 2nd edition Normative Update (BDI-2 NU): A standardized evaluation tool that tests children from birth to 7 years 11 months in five developmental domains: personal-social, adaptive, motor, communication, and cognitive. Published in 2016, BDI-2 NU meets federal requirements for eligibility and aligns with all three Office of Special Education Programs (OSEP) Early Childhood outcomes and Head Start Child™ outcomes.

Consent: As described in §303.7, consent means that:

- a. A parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language;
- b. The parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released; and
- c. (1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
(2) If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

Early Intervention (EI): Part C programs or services selected in collaboration with parents, designed to meet the developmental needs of a child birth to age 3 and the needs of the family to assist in the child's development.

Early Intervention Service (EIS) Provider: As described in §303.12, an entity (whether public, private, or nonprofit) or an individual that provides services under Part C of Individuals with Disabilities Education Act (IDEA).

Early Intervention Services: As described in §303.13, developmental services that are:

- a. Provided under public supervision
- b. Selected in collaboration with the parents
- c. Provided at no cost, except where federal or state law provides for a system of payments by families, including a schedule of sliding fees
- d. Designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the child's development, as identified by the IFSP team
- e. Meet the standards of the State in which the early intervention services are provided, including the requirements of IDEA Part C
- f. Are provided by qualified personnel
- g. Are provided in natural environments to the maximum extent appropriate
- h. Are provided in conformity with an IFSP

Early Intervention Specialist: An early intervention employee who holds a current Early Intervention Specialist credential and serves families as part of an IFSP team. All direct service providers, regardless of education or licensure, are Early Intervention Specialists.

Eligibility Determination: As defined in *The Early Intervention Workbook*, the process of conducting an initial or annual multidisciplinary evaluation to determine if a child meets the state's eligibility criteria.

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Evaluation: As described in §303.321, the procedures used by qualified personnel to determine a child's initial and continuing eligibility.

Health, Hearing, and Vision (HHV) Assessment: The collection of information from the family about a referred child's general health and medical history, and conducts screenings of the child's vision and hearing prior to determining the child's eligibility for EI services.

Individualized Family Service Plan (IFSP): As described in §303.20, a written plan for providing early intervention services to an infant or toddler with a disability and their family.

Individuals with Disabilities Education Act (IDEA): As established by Public Law 94-142 and amended most recently in Public Law 108-446, a federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

Initial Assessment: As described in §303.321, the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

Initial Evaluation: As described in §303.321, the child's evaluation to determine his or her initial eligibility under Part C.

Multidisciplinary Team: As described in §303.24, the involvement of two or more individuals from separate disciplines or professions conducting evaluations and assessments.

Native Language: As described in §303.25, the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child.

Natural Environments: As described in §303.26, settings that are natural or typical for same-aged children without disabilities, which may include the home or community settings, and the child and family's daily routines.

Parent Rights: As described in §303.401-421, the rights of parents and children related to the confidentiality of personally identifiable information and early intervention records, as well as the right to parental consent and notice.

Part C of IDEA: The section of the Individuals with Disabilities in Education Act (IDEA), 34 CFR Part 30, that establishes a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families.

Prior Written Notice: According to §303.421, the notice provided to parents a reasonable time before the lead agency or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or 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.

Qualified Personnel: As described in §303.31, personnel who have met state-approved or recognized certification, registration, licensing, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations and assessments, or providing EI services.

Referral: As described in *The Early Intervention Workbook*, an infant or toddler referred to early intervention by a parent, other family member, physician, child care provider, or other individual who is familiar with the child and who has a concern about how the child is developing.

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PRINCIPLES AND PROCEDURES

1. Post-Referral Timeline

- a. The initial evaluation and the initial assessments of the child and family and the initial IFSP meeting shall be completed within ~~forty-five (45)~~ days from the date the EI program receives the referral of the child. ~~See BWEIP Policy 1.B.3: Individualized Family Service Plan (IFSP) Development, Implementation, and Review.~~

2. Prior Written Notice and Consent

- a. Prior written notice shall be given to parents prior to conducting evaluations and assessment of a child
- b. Signed parental consent shall be obtained prior to conducting evaluations and assessments of a child.
 - i. If a parent does not give consent, the EI program shall make reasonable efforts to ensure that the parent:
 1. Is fully aware of the nature of the evaluation and assessment of the child that would be available
 2. Understands that the child will not be able to receive the evaluation or assessment unless consent is given.
 - ii. **Baby Watch Early Intervention Program (BWEIP)** may not use the due process hearing procedures to challenge a parent's refusal to provide consent for evaluation and assessment.
- c. Prior written notice shall be provided to parents a reasonable time before the EI program proposes, or refuses, to initiate the evaluation of their child.
- d. The notice shall be in sufficient detail to inform parents about the action that is being proposed or refused, the reasons for taking the action, and all procedural safeguards that are available; including:
 - i. A description of mediation
 - ii. How to file a written complaint
 - iii. How to file a due process complaint
 - iv. Any timelines under those procedures
- e. The notice shall be written in a language understandable to the general public and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.
- f. If the native language or other mode of communication of the parent is not a written language, the EI provider shall take steps to ensure that:
 - i. The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication
 - ii. The parent understands the notice
 - iii. There is written evidence that these requirements have been met

3. Evaluation of the Child and Assessment of the Child and Family

- a. Each child under the age of three (~~3~~) who is referred for evaluation or EI services ~~in the BWEIP and suspected of having a disability (See BWEIP Policy 1.B.10: Transition To Preschool and Other Programs) for procedures for children older than thirty-four and one-half (34½) months shall receive receives~~ a timely, comprehensive, multidisciplinary evaluation ~~unless eligibility is established based on medical and other records that is:~~
 - i. **Conducted by qualified personnel**
 - ii. **Conducted in natural environments to the maximum extent appropriate**

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- iii. Documented in the Baby and Toddler Online Tracking System (BTOTS)
- b. An evaluation for a child shall include:
 - i. Administering the standardized, norm-referenced Battelle Developmental Inventory – 2nd edition Normative Update (BDI-2 NU) ~~an appropriate evaluation instrument~~
 - 1. If a child is re-referred to BWEIP within a six-month timeframe, the BDI-2 NU does not need to be re-administered and the initial BDI-2 NU results can be used for eligibility.
 - ii. Collecting the child's history, including interviewing the parent
 - iii. Identifying the child's level of functioning in each of the developmental areas:
 - 1. Cognitive development
 - 2. Physical development, ~~including health, hearing, and vision~~
 - 3. Expressive and receptive communication development
 - 4. Social or emotional development
 - 5. Adaptive development
 - iv. Conducting a BWEIP Health, Hearing, and Vision (HHV) assessment
 - v. Gathering information to understand the full scope of the child's unique strengths and needs from other sources such as family members, other caregivers, medical providers, social workers, and educators
 - vi. Reviewing medical, educational, or other records
 - ~~vii. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility~~
 - ~~viii. A child's medical and other records may be used to establish eligibility, using an Informed Clinical Opinion, (without conducting an evaluation of the child) in the BWEIP, if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay or that a child has a diagnosed condition that may result in a developmental delay according to the BWEIP Approved Diagnosis List.~~
 - ~~ix. A written Informed Clinical Opinion may be used as the basis to establish a child's eligibility, even when other instruments do not support eligibility~~
 - ~~1. Eligibility established through a written Informed Clinical Opinion shall be determined by at least two professionals representing different disciplines who have knowledge and expertise in the areas of concern, and~~
 - ~~2. At least one professional shall hold an EI Specialist II credential.~~
 - ~~x. In no event may written Informed Clinical Opinion be used to reverse or negate the results of evaluation instruments that have established a child's eligibility~~
- c. ~~The~~ An assessment of ~~the~~ a child ~~shall may~~ include ~~the following~~:
 - i. A review of the results of the evaluation conducted to determine eligibility
 - ii. ~~Personal Clinical~~ observations of the child
 - iii. The identification of the child's needs in each of the developmental areas
 - 1. Cognitive development
 - 2. Physical development, including health, hearing and vision
 - 3. Expressive and receptive communication development
 - 4. Social or emotional development
 - 5. Adaptive development
 - iv. **RECOMMENDED: a social-emotional assessment**
 - v. If a child is determined eligible, a family-directed assessment ~~tool shall be conducted used by qualified personnel in order~~ to identify ~~each the~~ family's concerns, priorities, and resources, ~~priorities, and concerns~~; and the supports and services necessary to enhance the family's capacity to meet the developmental needs of ~~the a~~ child. The family-directed assessment shall:
 - 1. Be voluntary on the part of each family member participating in the assessment

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2. Be based on information obtained through an assessment tool and an interview with those family members who elect to participate in the assessment
 3. Include the family's description of its **concerns, priorities, and** resources, ~~priorities, and concerns~~ related to enhancing the child's development
- d. The assessments of the child and family may occur simultaneously with the evaluation, provided the requirements for the evaluations and assessments are met.
 - e. All evaluations and assessments of the child and family shall be conducted in a nondiscriminatory manner, and selected and administered not to be racially or culturally discriminatory.
 - f. All evaluations and assessments of a child and family assessments shall be conducted in the native language of the family members being assessed unless clearly not feasible to do so.
 - i. The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, or
 - ii. The language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.
 - iii. Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (e.g., sign language, braille, or oral communication).

AUTHORITY

34 CFR §303.24 Multidisciplinary
34 CFR §303.321 Evaluation of the child and assessment of the child and family
34 CFR §303.340 Individualized family service plan – general
34 CFR §303.400 General responsibility of lead agency for procedural safeguards
34 CFR §303.420 Parental consent and ability to decline services
34 CFR §303.421 Prior written notice and procedural safeguards notice

REFERENCES

Pletcher, L.C., & Younggren, N (2013). *The Early Intervention Workbook*. Baltimore: Paul H. Brookes Publishing Co.

RELATED DIRECTIVES

[BWEIP Policy 1.B.3: Individualized Family Service Plan \(IFSP\) Development, Implementation, and Review](#)
[BWEIP Policy 1.B.6 Eligibility Criteria](#)
BWEIP Policy 1.B.10 Transition to Preschool and Other Programs

REVISION LOG

December 2018: Policy revised

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| Lisa A. Davenport, Ph.D., BWEIP Program Manager | Date |