



RHODE ISLAND EARLY CHILDHOOD SPECIAL EDUCATION: REFERRAL, EVALUATION, AND ELIGIBILITY DETERMINATION



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IMPORTANCE OF REFERRAL, EVALUATION, AND ELIGIBILITY DETERMINATION

For children with disabilities, early detection and response can significantly improve long-term developmental and learning outcomes.¹ A clear and effective response process to a referral for Early Childhood Special Education (ECSE) and sound evaluation procedures to determine eligibility are two key components of connecting young children to important special education services. Since Rhode Island receives federal funding for special education, the state has developed regulations to comply with federal regulations specified in Part B of the Individuals with Disabilities Education Act (IDEA). This document supports compliance with both federal and state regulations while promoting best practice in responding to referrals, conducting evaluations, and determining eligibility in alignment with the Division for Early Childhood (DEC) Recommended Practices (see **Appendix A**).

Document Purpose

The purpose of this document is to support Local Educational Agencies (LEAs) in responding to special education referrals, conducting evaluations, and determining eligibility for 3- through 5-year-olds, prior to kindergarten. The goals include:

- **Promote equity** by outlining a consistent referral response and evaluation process, and by providing objective eligibility criteria so all children and families across Rhode Island have the same opportunity to receive ECSE services;
- **Ensure transparency** of the special education regulations related to referral response and eligibility determination; and
- **Provide guidance to support the implementation of high-quality assessment practices** that accurately measure child development and learning.

Given the vital role referral and evaluation play in identifying and supporting children with disabilities, this document provides information and guidance on:

- Key special education regulations related to responding to a referral, the evaluation process, and eligibility determination;
- Best practices for responding to referrals and assessing young children;
- Process for conducting evaluations to determine eligibility for special education; and
- How to appropriately use evaluation results to determine eligibility for special education.

WHAT IS EARLY CHILDHOOD SPECIAL EDUCATION (ECSE)?

Early Childhood Special Education (ECSE) is the range of special education services that apply specifically to young children between the ages of 3 through 5, prior to kindergarten. Special education is defined as specially designed instruction, at no cost to the parents, to meet the unique needs of each child with a disability. Specially designed instruction includes adapting, as appropriate, the content, methodology, or delivery of instruction to the needs of an eligible child. It is critical to understand that special education is not a place nor a specific program, but rather instruction that addresses the unique needs that result from a child’s disability. Special education ensures access to the general education curriculum so that each child can meet the educational standards that apply to all children.

BASICS OF ECSE REFERRAL RESPONSE, EVALUATION, AND ELIGIBILITY DETERMINATION

IDEA Part B sets federal parameters for how to respond to a referral for special education, what the evaluation process generally entails, and how eligibility is determined. Within these federal parameters, Rhode Island has the Rhode Island Regulations Governing the Education of Children with Disabilities that further define the process for responding to referrals, evaluating children, and determining special education eligibility.

To ensure compliance with both federal and state regulation, and to provide additional context for a discussion of best practices, it is important to outline some of the key regulations related to these processes. The section below highlights many of Rhode Island’s special education regulations and best practices but should not be considered official regulations. If there are any questions regarding compliance to state requirements, one should consult the Rhode Island Regulations Governing the Education of Children with Disabilities. In addition, the Rhode Island Department of Education’s (RIDE) Special Education Call Center is available and can provide necessary support around the interpretation of the regulations.

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¹ Lange, S. M., & Thompson, B. (2006). Early identification and intervention for children at risk for learning difficulties. *International Journal of Special Education*, 21(3), 108–119.

Referral and Response

The first step in the evaluation/eligibility process for ECSE is to appropriately respond to referrals. Important regulations and best practices related to this initial step are outlined below.

Each LEA within the state must ensure that all children who are referred for special education services receive a timely response (see *What is the timing?* below). Referrals are made to special education in general as opposed to a specific special education service. Key aspects of the referral and response include:

Who can make a referral to ECSE?

In Rhode Island many referrals come from both Early Intervention (EI; the program for infants and toddlers with disabilities) and Child Outreach (Rhode Island's developmental screening program, which serves as the first step in locating, evaluating, and identifying children with disabilities). In addition, referrals can always be made by parents, guardians, or the LEA. Pediatricians, early care and education providers, or others who suspect that a child may have a disability, including a developmental delay, are encouraged to request a Child Outreach screening. It is always best practice to communicate concerns to families and to ensure that they are informed of the request. Pediatricians and early care and education providers may also support families in making direct referrals to special education.

School districts must ensure that a release of information is signed by the child's parent before any exchange of information can take place with a referral source other than the parent or legal guardian.

What is the response to the referral?

School districts must respond to each referral by holding an evaluation team meeting to review the referral within 10 school days of its receipt. Parents must be notified of this initial meeting per Rhode Island regulations and be invited to attend. Along with the notification, parents may be sent referral packets including district referral forms, parent information, and questionnaires to ensure that they are prepared for the upcoming meeting and are able to play an active role in the discussion of their child's functional skills and behaviors. Likewise, given parent consent, the child's EI case manager and/or early childhood teacher, if applicable, may be sent relevant information and a questionnaire.

What is the timing?

Within 10 school days of receiving the special education referral, an evaluation team of qualified professionals including the parent(s) must meet to review the referral.

Who are the participants in the meeting?

According to Section 300.301(c)(1)(i) of the Rhode Island Regulations Governing the Education of Children with Disabilities, evaluation team participants include, at minimum, the qualified professionals listed below, the child's parent(s) or guardian(s), and other qualified professionals as appropriate. The qualified professionals include:

- a regular education teacher;
- a special education teacher, or where appropriate, a special education provider;
- a representative of the LEA who is qualified to provide or supervise the specifically designed instruction, is knowledgeable about the general education curriculum and available resources, and has the authority to commit those resources;
- an individual who can interpret the implications of the evaluation results;
- at the discretion of the parent or LEA, other individuals who have knowledge or expertise regarding the child, including related service providers; and
- whenever appropriate, the child.

Since children manifest different skills and knowledge under different circumstances, it is important to consider a child's functioning across environments (e.g., home, early care and education settings). Accordingly, and with parent acknowledgment, it is best practice that this initial meeting

includes all individuals with whom the child spends significant time.

When considering a referral, the school or district must ensure meaningful communication with parents in a language they can understand. In addition, when considering the referral of a child who is culturally or linguistically diverse, the school teams must include individuals knowledgeable about the impact of language and culture on the data and information being reviewed.

What happens at the initial meeting?

For many preschoolers’ families, the initial evaluation team meeting to review the referral serves as the introduction to the public schools. Accordingly, it should be considered a building block for a relationship with the family that will last for many years to come. At the beginning of the meeting, the evaluation team provides an opportunity for introductions and an overview of the special education referral, evaluation, and eligibility process. This includes describing the purpose of early childhood special education and how we frame our thinking across the three outcome areas: positive social–emotional skills (including social relationships); acquisition, and use of knowledge and skills (including early language/communication and early literacy); and use of appropriate behaviors to meet needs.

Next, the reason for referral is discussed, allowing the parents an opportunity to express their concerns as well as the child’s functioning relative to the three outcome areas. The child’s teacher, or others at the meeting that know the child well, are also given an opportunity to discuss the child’s functioning relative to the three outcome areas. In addition, the evaluation team reviews relevant LEA paperwork and any documentation brought by the family, teachers, or others. Based on the discussion and currently available information, the evaluation team determines whether an evaluation is necessary. An evaluation is required if there is suspicion of a disability.

If the evaluation team decides to move forward with an evaluation, the team identifies which assessments will be necessary to determine special education eligibility. The evaluation must be **comprehensive** and individualized to assess specific areas of educational need, including **all** areas related to the suspected disability or delay. For preschool-aged children, the team must ensure that the evaluation considers all developmental domains (physical development, cognitive development, communication development, social or emotional development, and adaptive development) as potential assessment areas. The team also determines if additional information from the family, teacher, and/or other sources will be necessary to determine eligibility. Such information could include recent evaluations or classroom-based authentic assessment.²

At the conclusion of the meeting, the evaluation team ensures that all relevant paperwork is completed, including parental consent for the evaluation. In addition, the team provides the required notification and procedural safeguards according to regulations. In preparation for future meetings, the team informs the family of the Child Outcomes reporting requirement, the purpose of the requirement and the three functional areas in which outcomes must be reported as discussed earlier. Finally, the team may provide families with information about state and community organizations that offer support to parents and children.

When is an evaluation warranted?

Given currently available research on brain development that suggests the trajectory of development is relatively flexible during early childhood and is strongly shaped by early experiences,³ it is important to ensure that children who require special education receive the necessary services as soon as possible.

When determining whether an evaluation is necessary, the evaluation team first considers whether there is a suspicion of a disability, which includes a developmental delay. Unlike referrals made for school-aged children, relevant assessment information for preschool children will commonly be unavailable. A lack of information should never serve as a reason to deem the evaluation unnecessary, but instead may be an indication

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² Authentic assessment is the process of using observations and documentation (e.g., notes, photographs, samples of a child’s projects) of children’s behavior and skills in their everyday activities (as opposed to a formal testing setting) to help determine the child’s functioning across different domains of development. Such assessments include but are not limited to *Teaching Strategies GOLD*®, *The Work Sampling System*®, and the *Child Observation Record (COR)*®.

³ Center on the Developing Child at Harvard University (2007). *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Retrieved from: <http://www.developingchild.harvard.edu>

that the evaluation is even more important. An LEA may not use a Response to Intervention (RtI) process to delay or deny an evaluation for ECSE. Once an LEA receives a referral from an early care or education setting, the LEA must convene an evaluation team meeting to initiate the referral process. (See **Appendix B**—OSEP’s Preschool RtI memo)

If the referral came from either Early Intervention or Child Outreach, unless information presented indicates age-expected development, there is almost always enough cause for the team to warrant an evaluation as a suspicion of a disability has already been identified.

When would an evaluation be unnecessary?

At times an evaluation may be unnecessary. During the initial meeting to review the referral, information may become available which provides evidence of the child’s age-appropriate functioning in the area of concern. Such information may include assessment data from an early childhood teacher, discussion of functional skills and behaviors via the Child Outcomes Summary Process, or an outside evaluation. If the available documentation provides sufficient evidence of age-expected functioning, then an evaluation will be unnecessary.

It is important to remember, however, that a single score may not be indicative of age-expected functioning within everyday environments. If the information is inconclusive in ruling out a disability, including a developmental delay, then evaluation should be considered.

Evaluation teams should also remember that screening results are not a replacement for an evaluation and that an evaluation may be warranted even if the child passes a screening. Screening results are not always an accurate representation of a child’s functioning across natural environments. For instance, there may be concerns that are not readily captured in the testing situation such as difficulty in group settings. Accordingly, the decision to conduct an evaluation should place equal weight on other data sources that take into consideration a child’s everyday functioning.

What data needs to be collected and reported?

All required information relative to the referral, such as the date of parental consent to evaluate, must be recorded on district forms created in accordance with federal and state guidelines and district protocol. All data must be electronically reported to RIDE through the state special education “initial evaluation collection system.”

Evaluation

The ECSE requirements and best practices based on the DEC Recommended Practices (see **Appendix A**) for conducting evaluations are described below. In addition, the state has developed guidance regarding the data sources that are considered during the evaluation process, which are discussed in the next section.

The purpose of the ECSE evaluation is to gather relevant functional, developmental, and academic information to determine whether a child has a disability, including a developmental delay, and whether the child requires special education services. The ECSE evaluation must be sufficiently comprehensive to identify the child’s special education and related service needs, whether or not they are commonly linked to a diagnosis by which the child has been classified. If found eligible, the evaluation results will also inform the development of the Individualized Education Program (IEP).

What are the requirements of the evaluation?

Parental consent must be obtained in writing prior to conducting an evaluation. Evaluations must be individualized for the specific needs of the child and be comprehensive. The child must be assessed in all areas related to the suspected disability, including if appropriate:

- health,
- vision,
- hearing,
- social and emotional status,

- general intelligence,
- academic performance,
- communicative status, and
- motor abilities.

Evaluations must be conducted in a child’s home language using methods that are most likely to yield accurate information unless it is clearly unfeasible to do so.

The process for collecting the different types of data necessary for the evaluation is discussed below as part of the comprehensive process for collecting evaluation data.

Although screening results, such as those received through Child Outreach, are beneficial during the referral process, they are not designed to evaluate a child’s present levels of development or functioning, but rather to identify the need for the evaluation. As such, they are neither considered part of the evaluation nor part of the special education eligibility determination.

Who conducts the evaluation?

The evaluation is administered by trained and knowledgeable personnel assigned to perform the identified assessments.

What is the timing?

The initial evaluation to determine eligibility must begin no later than 10 school days after the receipt of parental consent.

Within 60 calendar days of receipt of parental consent to evaluate, the child must be evaluated. In addition, a written report must be made available to the public agency and the parents, and an evaluation team of qualified professionals including the parent(s) must meet to determine eligibility for special education.

Eligibility Determination

What happens at the eligibility meeting?

At the eligibility meeting, the evaluation team including the parent(s) or guardian(s) meets to review the results of the evaluation, including information from a variety of sources (identified in Rhode Island’s Comprehensive Assessment process described below) and determine whether the child has a disability and is in need of special education and related services. Children are determined to be either eligible or ineligible for special education and not for a specific service or program.

What is the timing?

As indicated above, the child must be evaluated within 60 calendar days of receipt of parental consent to evaluate. A written report must be made available to the public agency and the parents, and an evaluation team of qualified professionals, including the parent(s), must meet to determine eligibility for special education.

Who are the participants in the meeting?

The evaluation team, including the parent(s) or guardian(s) and the other qualified professionals as identified above, determine eligibility for special education. As noted previously, it is important to include (with parent consent) other individuals with whom the child spends significant time.

When considering eligibility, the district must ensure meaningful communication with parents in a language they can understand. In addition, when considering the eligibility of a child who is culturally or linguistically diverse, the school teams must include individuals who are knowledgeable about the impact of language and culture on the data and information being reviewed.

What are the required forms, and what data needs to be collected and reported?

All required information relative to the evaluation—such as the sources of information considered as part of the eligibility decision, the date of the eligibility meeting and the eligibility outcome— must be recorded on district forms created in accordance with federal and state guidelines and district protocol.

What criteria are used to determine eligibility?

To be found eligible for special education, a child must be evaluated in accordance with the Rhode Island Regulations Governing the Education of Children with Disabilities and determined to have one of the identified disabilities, including a developmental delay, and by reason thereof, need special education and related services (See Section 300.8(a)(1)).

The disability categories recognized in state and federal regulations include:

- intellectual disability,
- hearing impairment,
- deafness,
- speech or language impairment,
- visual impairment (including blindness),
- emotional disturbance,
- orthopedic impairment,
- autism spectrum disorder,
- traumatic brain injury,
- other health impairment,
- specific learning disability,
- deaf-blindness, and
- multiple disabilities.

A developmental delay is defined as a twenty-five percent (25 percent) delay and/or score equal to or greater than two standard deviations below the mean in one of the areas of development listed below; or a score equal to or greater than 1.5 standard deviations below the mean in two or more of the following areas:

- physical development,
- cognitive development,
- communication development,
- social or emotional development, and/or
- adaptive development.

The 25 percent delay in one area of development as listed above may be captured by norm-referenced tests, criterion-referenced instruments including curriculum-based assessments, or significant atypical behaviors. This delay is usually identified through authentic assessments that measure a child's functioning in everyday environments.

A deficit in academic skills is not required for eligibility and each of the developmental areas (physical development, cognitive development, communication development, social or emotional development, and adaptive development) carries equal weight during eligibility discussions. For example, a child with social-emotional needs who meets the regulatory criteria for a developmental delay does not need to also present with a deficit in the cognitive domain.

To be found eligible for special education, the evaluation must demonstrate that the child falls into one of the specific disability categories or is experiencing a developmental delay and, by reason thereof, needs special education and related services. It is therefore important to note that eligibility for special education cannot be determined by a doctor’s prescription or a medical diagnosis alone. In addition to the diagnosis, a comprehensive evaluation in accordance with regulations must be performed and the need for special education determined. Finally, eligibility is determined based on current functioning and not risk factors or the projected implications of a disability/delay on future development.

A child cannot be considered a “child with a disability” for purposes of IDEA eligibility if it is determined that he/she only needs a related service and not special education (specially designed instruction). It is important to remember that for preschoolers the need for special education may be due to a delay in any of the areas under developmental delay (physical development, cognitive development, communication development, social or emotional development, and/or adaptive development) and can address any of the nine domains of the Rhode Island Early Learning and Development Standards (RIELDS).

At times a related service required by the child is considered special education rather than a related service under State regulations. In Rhode Island, this is the case for speech-language services for children until their ninth birthday, as well as travel training for children with a visual impairment. In addition, a child must not be determined eligible if the determinant factor is limited English proficiency. See Section 300.306 of the Rhode Island Regulations Governing the Education of Children with Disabilities for the specific regulatory language for determining eligibility for a child that is a dual language learner.

Eligibility determination includes a comprehensive review of information and not just a single score. As discussed in the evaluation section above, eligibility determination is a data-driven process that incorporates multiple sources of information. Eligibility should never be determined based on one assessment, but rather a body of information regarding the child. This may include norm-referenced assessments and assessments that identify functioning across natural environments as well as a review and consideration of all existing data including evaluations and information provided by the parents, medical reports, and classroom-based assessments. In addition, the Child Outcomes Summary (COS) discussion of how functional skills and behaviors compare with age-expected, immediate foundational, or foundational development provides important information relative to the eligibility determination. More details on the specific components of the comprehensive evaluation including results of norm-referenced assessment, assessments that identify functioning across environments, and additional information collected from other sources are included in the section on Rhode Island’s comprehensive assessment process below.

What if a child does not attend an early care and education program?

The referral and evaluation processes are the same regardless of whether a child attends an early care and education program. If a child is not yet participating in an early childhood learning environment, the evaluation process will include gathering data related to functioning in the environments in which he or she typically participates, such as the home and community.

Preschool-aged children are never excluded from special education based on a lack of instruction, lack of participation in an early childhood setting, or perceived concerns with a lack of stimulation or parenting skills in a child’s home environment.

What if a child is functioning well in the school environment but having difficulty in the home?

Children may at times have difficulties in the home but are functioning well in a school setting and do not otherwise meet the criteria for eligibility. Children in this scenario may in fact be ineligible for special education services and instead require a referral for community-based supports.

What if families disagree with an evaluation or eligibility determination?

Most of the time families and LEAs are able to work out differences in perspective or opinion through a collaborative decision-making process. Families are therefore encouraged to communicate any concerns that they may have with their local LEA representative.

When disagreements persist related to the results of an evaluation, parents may request an independent evaluation. See Section 300.502 of the Rhode Island Regulations Governing the Education of Children with Disabilities for specific regulatory requirements. In addition, when parents disagree with the outcome of a special education eligibility determination, they must be notified of their rights and the options for resolving special education disagreements. See Section 300.502 of the same regulations.

What are the next steps if a child is found ineligible for special education?

If a child is found ineligible, the LEA is encouraged to support the family in identifying community-based resources that might be beneficial, as well as inform them of their right to re-refer if concerns persist.

What are the next steps if a child is found eligible for special education?

If a child is found eligible for special education, an IEP meeting is conducted and an IEP is developed within 15 school days of the eligibility determination. Special education services are made available as soon as possible, but not later than 10 school days following the development of the IEP (Rhode Island Regulations Governing the Education of Children with Disabilities, Section 300.323(c)(2)).

Informed parental consent must be signed before the initial provision of special education and related services.

EARLY INTERVENTION TO EARLY CHILDHOOD SPECIAL EDUCATION TRANSITION

A critical aspect of the referral, evaluation, and eligibility process involves a child's transition from EI to ECSE. IDEA requires that children participating in EI who will participate in preschool special education programs under Part B of the Act experience a smooth and effective transition and by their third birthday an IEP has been developed and is being implemented (Rhode Island Regulations Governing the Education of Children with Disabilities, Section 300.124). All IDEA Part B requirements, including but not limited to meeting participants, parental notice, parental consent, and timelines are applicable. Specific components of the transition process include:

- EI's initial notification of potential eligibility for ECSE,
- EI's transition conference,
- an ECSE evaluation team meeting to review the referral,
- an ECSE evaluation team meeting to determine eligibility for special education, and if warranted,
- an IEP meeting.

The procedures described below represent a collaborative and seamless process that facilitates a smooth exit from EI and entry into ECSE without interruption of services.

El Determination of Potential Eligibility and Notification

The process of transitioning a child from EI to ECSE typically begins when the child is 28 months old (eight months before the child's third birthday). If a child has a significant disability or delay, or for children turning 3 during the summer, the process may begin when the child is 27 months old (nine months before the third birthday) to allow time for the ECSE team to get to know the child and plan for the necessary services and supports.

It is at this time that the child's Individualized Family Service Plan (IFSP) team, including the family, determines whether the child is potentially eligible for special education. This decision is based on the team's knowledge of the child's functioning in relation to Rhode Island's special education eligibility requirements. If it is determined that the child is **not** potentially eligible for ECSE, with the family's approval, the child's IFSP team makes reasonable efforts to convene a transition conference with providers of other necessary support services, including relevant community-based service agencies.

If it is determined that the child is potentially eligible for ECSE, notification is sent to the LEA and copied to the State Educational Agency (SEA) at this time. The EI service coordinator must document that the notification has been sent on the T-1 form of the child's IFSP.

Per regulations, parents must be informed of their right to opt out⁴ of the notification and potential transition to ECSE and be advised of their right to opt back in to the transition process at any time. If, however, a family opts back in within three months of the child’s third birthday, the notification will be treated as a late referral and may cause a delay in initiation of special education services.

Given parental consent, the notification is accompanied by the most current evaluation/assessment information and IFSP. This information includes the norm-referenced assessment, as well as the most recent criterion- or curriculum-based assessment (for children enrolled in EI longer than six months), the current IFSP, and if available, relevant outside evaluations.

Per regulations, the LEA has 10 days to respond to this notification by contacting the EI service coordinator to schedule the transition conference.

In some cases, a child may be initially referred to EI when the child is older than 28 months. When this occurs, notification must be sent as soon as possible after EI eligibility has been determined but no later than 90 days before the child’s third birthday (see *Policy Regarding Late Referrals to EI* section below).

EI Transition Conference and Plan

When the child is 30 months old, no later than 90 days before the child’s third birthday for late referrals, or at the discretion of all parties, up to nine months before the child’s third birthday the IFSP team convenes a transition conference. The purpose of the conference is to develop an individualized plan for the transition of services between EI and ECSE. The conference must meet all requirements of an IFSP meeting and include the IFSP team, a representative from the LEA, the child’s parent(s) or guardian(s), and other individuals with knowledge or expertise relevant to the child.

At the meeting, the team develops a written transition plan which is documented on page T-2 of the IFSP. This plan includes the necessary activities to be conducted by EI, ECSE, and the family, which will allow the child to seamlessly transition between EI and ECSE by his/her third birthday without a disruption of services. In addition to the necessary activities, the plan will include corresponding timelines and the individual(s) responsible for each activity. The plan will also include dates for EI to transmit to the LEA any updated evaluations, assessments, or IFSP.

In addition, the LEA representative informs the parent(s)/guardian(s) about special education procedures including referral, consent, evaluation, eligibility, and the development of the IEP. The LEA representative also provides information regarding the child’s right to a free and appropriate public education (FAPE) and the provision of special education within the least restrictive environment (LRE). In addition, the LEA representative provides the family with a copy of their procedural safeguards (parental rights) and if not already available, obtains parent consent to disclose personally identifiable information to EI. The LEA may choose to use this opportunity to provide the parent with the referral, registration, or other district paperwork and include a plan for completion and return. The LEA representative provides families with a consistent and familiar contact as they continue with the transition process. Although according to IDEA 635(a)(10) the LEA is required to participate, if for any reason they are not in attendance and the conference cannot be rescheduled within required timelines, the EI provider must convene the conference with the family without the LEA. In this case, EI will inform the parents about general ECSE processes and requirements.

Finally, this transition meeting provides an opportunity for EI and ECSE to discuss the importance of participation in early care and education programs. Although all 3- to 5-year-old children benefit from access to a high-quality preschool education, participation is even more critical for young children with disabilities, including developmental delays. Special education should not be considered a replacement for participation in a high-quality general early childhood program but rather the necessary specialized instruction that will allow for active and meaningful participation. During the transition period, EI and ECSE team members can assist families in identifying high-quality programs in their community and public schools as well as any necessary special education services and supports to ensure full participation. These steps should be included in the transition plan along with associated timelines and responsible parties.

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⁴ Rhode Island Early Intervention has an “Opt Out” policy which means a parent may choose to “opt out” of the LEA and SEA notification. EI providers must inform parents about the transition process including the Opt Out of Notification to the LEA and SEA by the child’s 27th month. Parents have until the 28th month to decide but may change their mind at any time by informing their service coordinator.

The Special Education Referral Process During the Transition

With the EI notification representing a referral to ECSE, the LEA follows the same process and procedure as with any referral—the evaluation team meeting to review the referral, the evaluation, the evaluation team meeting to determine eligibility, and if eligible, the development of an IEP. As with other referrals, the LEA ensures that the process complies with state and federal regulations related to meeting participation, timelines, parental notification, parental consent, and other requirements associated with the referral process. As these children are transitioning from EI, LEAs are required to use the entire six months of the transition process to ensure that all requirements are met and services are implemented by the child’s third birthday. This frequently means that meetings are planned early in the process to account for unexpected delays. At the request of the parent, it is best practice to invite the Part C service coordinator, or other Part C service representative to participate in all LEA evaluation team and IEP meetings. If the most recent norm-referenced assessments, criterion-based assessments, IFSP, and any relevant outside evaluations have not been sent with the notification, the EI service coordinator will provide copies as soon as possible following the notification, given parent consent.

The evaluation team meeting to review the referral

Within 10 days of receiving the EI notification, the LEA will convene the evaluation team meeting to review the referral. As with all initial meetings of the evaluation team, this meeting provides an opportunity for the ECSE evaluation team to learn about the child’s strengths and needs, discuss the reason for the referral, and begin to build a relationship with the family.

During EI to ECSE transitions, EI providers and the family will offer a comprehensive picture of the child’s functioning across everyday environments as part of the Child Outcomes Measurement Process. This information will be available on a draft of the Child Outcomes Summary Form-Section A (COSF-A) at this initial meeting. After the draft is updated throughout the referral process, it will serve as both the final COSF-A document and EI’s Transition Summary. (See the *Child Outcomes Measurement Policy* on the RIDE website for additional information.) In addition, EI will provide a review of any recent norm- or criterion-referenced assessments conducted within six months of the referral meeting and any additional assessments provided by outside sources. Team members will use the information presented to determine suspicion of a disability or delay (see *When is an evaluation warranted?* section above) and the need to move forward with the special education evaluation. Given that EI and the family have referred the child based on suspicion of disability, unless the information presented indicates age-expected development, there is almost always enough cause to warrant an evaluation. (See *What happens at the initial meeting?* section above)

Given the suspicion of a disability, the evaluation team moves forward with the evaluation process and determines which evaluation components are necessary. The assessment information provided by EI and outside sources is frequently used as the starting point when determining the components of the comprehensive evaluation. The LEA will determine which, if any, assessments are necessary to determine eligibility beyond those that EI has provided. This frequently includes an observation of the child by a member of the evaluation team. As with all evaluations, it must be comprehensive and individualized to assess specific areas of educational need, including *all* areas related to the suspected disability or delay. Any additional assessments, beyond what is available through EI, are conducted by the LEA. Again, as with all evaluations, it must take place within 60 calendar days of receipt of the parental consent to evaluate, a written report must be made available to the LEA and the parents, and the evaluation team, including the parent(s), must meet to determine eligibility for special education. Although the provision of special education services is not required prior to a child’s third birthday, evaluations for children transitioning from EI must be completed during the six-month transition period and early enough to allow time for the eligibility and IEP meetings and the provision of the special education services by the child’s third birthday.

While EI will continue to provide the LEA with copies of assessments that have been implemented for their own purposes, they are unable to provide additional assessments that are required solely for the purpose of special education eligibility. All assessments, whether implemented by the LEA or EI, are considered to be part of the comprehensive evaluation. The LEA is required to receive parental consent for the evaluation even if they will only be collecting and reviewing EI’s assessments.

The evaluation team meeting to determine eligibility

This meeting will occur no later than 60 days from parental consent for evaluation and early enough to account for any unexpected events which might require rescheduling and may inadvertently lead to delays in the implementation of services. As with all eligibility determinations, the evaluation team will review the components of the comprehensive evaluation including the norm-referenced assessment(s), the criterion-based assessments that identify functioning across natural environments, and additional information provided by outside sources. Additionally, as part of the Child Outcomes Measurement Process, EI will facilitate the discussion that synthesizes all the functional information learned in the previous meeting and the comparison to age expectations. (See the *Child Outcomes Measurement Policy* on the RIDE website for additional information.) As in all determinations, the evaluation team will consider all the available information and the regulatory requirements when determining special education eligibility.

If the child is found eligible for special education, the LEA will proceed to schedule the IEP meeting, assuring that it is scheduled early enough to provide for implementation of services by the child's third birthday. At the request of the parent, an invitation to the initial IEP meeting must be sent to the Part C service coordinator or other Part C service representative to assist with a smooth transition (see Section 300.321(f) of the Rhode Island Regulations Governing the Education of Children with Disabilities). It is best practice to inform parents of this option. It is at this meeting that the IEP team, after considering EI's IFSP (Part B Sec. 614(d)(2)(B)) and the transition summary, will discuss the child's present levels of performance and goals as well as the necessary special education, related, and supplemental services. It is important to remember that decisions regarding the services a child receives are made at the IEP meeting and not at the eligibility meeting. Informed parental consent must be signed before the initial provision of special education and related services.

If a child is found ineligible, EI and the LEA will support the family in identifying community-based resources that might be beneficial, as well as inform them of their right to re-refer if concerns persist. As with all evaluations, parents may request an independent evaluation if they disagree with the evaluation results. In addition, they must be notified of their rights and the options for resolving special education disagreements if they disagree with the outcome of the eligibility. (See the *Eligibility Determination* section above.)

The LEA meetings can be combined if beneficial to the child and the family and ensuring that all regulatory requirements of each meeting are met.

Policy Regarding Late Referrals to EI

In some cases, a child who is nearing his or her third birthday may be referred to EI for eligibility determination. Those children who are referred to EI between 90 and 45 days before the child's third birthday are considered "late referrals." When this occurs, the EI representative will evaluate the child for EI eligibility, and if eligible, develop an IFSP that includes a transition plan. A transition conference with the LEA is not required in this case, but given parental consent, the IFSP and transition plan is shared with the LEA representative immediately after they are developed. At the same time, the LEA representative will initiate the special education referral process as soon as possible in compliance with all requirements and in following the procedures described above. LEAs should consider combining meetings if beneficial to the child/family, ensuring that requirements of each meeting are met. Although it may not be possible to implement special education services by the child's third birthday, every effort should be made by the LEA to initiate services as soon as possible.

It may also be the case that a child may be referred to EI fewer than 45 days before his or her third birthday. When this occurs, EI will not evaluate the child or implement services and will instead support the family in contacting the LEA to submit a referral directly to special education. The LEA will process the referral following non-transition regulatory timelines as the referral will not be considered an EI to ECSE transition. The process, however, will begin immediately and should not wait until the child turns 3 years old. Although special education services will not begin until a child's third birthday, LEAs must start the referral process upon receipt of the referral.

RHODE ISLAND'S COMPREHENSIVE EVALUATION SYSTEM

Rhode Island's comprehensive evaluation process, aligned with the DEC Recommended Practices (see **Appendix A**) in the area of assessment, involves utilizing **multiple sources of information** and **multiple approaches to assessment** to:

- document baseline levels of cognitive, physical, communication, social–emotional, and adaptive development;
- determine the presence, nature, and extent of a disability; and
- inform goals for intervention.

This section discusses key principles of Rhode Island's comprehensive evaluation process and the methods to determine eligibility. It also provides guidance on selecting and implementing different assessment instruments, interpreting the results, and reporting information to families.

Key Principles of Rhode Island's Comprehensive Evaluation System

The state's evaluation process is defined by a number of key principles, including that the evaluation be:

- comprehensive,
- individually tailored to the needs of the child,
- technically sound,
- inclusive and relationship-based, and
- concentrated on a child's functional skills and development.

Comprehensive

Evaluations are multidimensional and should include more than one method or source of information. A single measure is never used as the sole criterion for determining whether a child is eligible for ECSE. Evaluations must be based on an integrated developmental model, which considers children in the context of their natural environments. Evaluation teams plan evaluations that are sufficiently comprehensive in order to consider individual factors such as sensory, manual, or speaking skills, language proficiency, and cultural considerations, which may impact the methods used to assess the child as well as to identify all of the child's special education and related service needs. The evaluation considers a child's development to be interrelated across domains, examining children's functioning in all areas of development, rather than evaluating them in isolation.

Individually tailored to the needs of the child

An evaluation is not a standard battery of tests administered to all children suspected of needing special education services. Rather, it is an individualized process that seeks to answer a specific eligibility question and uncover the child's current strengths and competencies that will support continuous learning and development. In this way, one of the primary goals of the comprehensive evaluation process is to inform IEP development if a child is eligible, rather than solely to make a determination about eligibility and the categorical classification of a disability.

Technically sound

Evaluations require nondiscriminatory processes that yield information that accurately reflects the child's development and functioning. This includes evaluation materials and procedures that have adequate psychometric properties and are validated for the purpose(s) for which they are used, including use with children who are considered at-risk, from minority backgrounds, and children with physical disabilities. Furthermore, evaluation procedures should be administered in a child's home language or primary mode of communication.

Inclusive and relationship-based

Evaluations employ a "parents as partners" philosophy and emphasize full integration of parents and families into the evaluation and intervention components of early childhood services. This family-centered approach is a collaborative process that allows family members to choose the extent to which they are involved and ensures that each family's self-identified needs are integral to the decision-making process and the identification of services. Evaluation teams take special care to ensure that all information gathered throughout the evaluation process is clearly understood by parents so that they can actively participate in all decisions. In addition to the child's family, other individuals in the child's life are

involved throughout the evaluation process, given parent consent. The first step of the evaluation involves establishing rapport and engaging with the child and family. Engaging in supportive and comfortable interactions with parents helps put the child at ease and assists in establishing a foundation for the child’s willingness to interact and engage with members of the evaluation team.

Importance of functional development and skills

In determining eligibility, the evaluation team discusses how the child is functioning across settings and situations. This includes functional areas related to cognitive, language and communicative, adaptive, social–emotional, or motor development that may adversely affect the child’s ability to learn. It should be kept in mind that a child’s functional capacity must be understood within the framework of the natural and cultural context.

Components of Rhode Island’s Comprehensive Evaluation System

In Rhode Island, evaluating a child for ECSE eligibility involves administering, implementing, collecting, and interpreting different assessments, reports, and other information. The process is both comprehensive and individualized for each child. Best practice includes consideration of both assessments that are standardized and norm-referenced, as well as assessments that identify a child’s functioning in everyday settings and situations. In addition, the evaluation must include consideration of any other available information obtained from a variety of sources. As part of this process, the evaluation team uses a variety of information not only to reliably measure a child’s development and learning in specific areas of concern, but also in other developmental areas to gain a comprehensive understanding of the child. It is important to note that more assessments and data do not necessarily result in better assessment information. Only the information needed should be collected, and the evaluation team should know ahead of time how they will use all the information obtained. The evaluation process is described in detail below.

Table 1 provides the components of a comprehensive system for collecting information to determine eligibility.

Table 1. Components of Rhode Island’s ECSE Evaluation System

	A	B	C
Assessment Type*	Assessments that compare skills to same-age peers & produce standardized scores	Assessments that identify functioning across natural environments	Additional assessments/information if available
Administration	Administered by members of the ECSE evaluation team	Implemented by members of the ECSE evaluation team	Collected from other sources
Examples	Includes: <ul style="list-style-type: none"> • Standardized norm-referenced tools 	Includes, but not limited to: <ul style="list-style-type: none"> • Criterion-referenced tools • Interviews • Observations 	Includes, but not limited to: <ul style="list-style-type: none"> • Classroom-based assessments • Medical records/evaluations

*While districts may choose to include both norm-referenced assessments (column A) and assessments of functioning within natural environments (column B), they are not required to administer norm-referenced assessments.

Assessments that compare skills to same-age peers & produce standardized scores: administered by ECSE evaluation teams

Standardized norm-referenced assessments are administered by trained professionals using psychometrically sound instruments that are implemented in accordance with the instructions provided by the developer. They are assessments that provide results in terms of how a child scores

in relation to children who are the same age. As part of the development of a norm-referenced assessment, the developer administers the assessment to a sample of children representative of the target population. Norm-referenced assessments measure several different areas of development and learning and the results are expressed in terms of a percentile ranking or standard deviation. Although these assessments should never be used as the sole criterion for determining whether a child is eligible, they are necessary to identify where a child lies within the range of what is considered typical development. To provide additional information to help with the interpretation of the results, observations should be made about the child's behavior with the evaluator during the structured tasks. For example, an evaluator might note the child's attitude towards an unfamiliar adult; activity level and attention during tasks; ability to follow directions; tolerance for frustration; and general language, motor, and social skills during the testing session. Further guidance on selecting, implementing, interpreting, and reporting on assessments is provided in the *ECSE Assessment Practices* section below.

Assessments that identify functioning across natural environments: implemented by ECSE evaluation teams

A second important area of data collection involves understanding the child's level of functioning within "natural environments" or everyday settings and situations. Information is collected by observing the child as he or she participates in typical daily activities, routines, and interactions with adults and peers and by interviewing adults who spend time with the child. This type of assessment is particularly helpful in identifying the child's strengths and needs, as well as a baseline and prospective goals. In addition, this assessment information is integral in the completion of the *global child outcomes measurement process*. The different types of data collection in this area include but are not limited to:

Criterion-referenced assessments are assessments that determine whether a child has achieved a specific learning objective or mastered a specific skill. Unlike norm-referenced assessments, where the focus is on the child's place among other children, the results of a developmentally appropriate criterion-referenced assessment provide information on what a child knows and can do. In many cases, criterion-referenced assessments will contain a progression of indicators that lead toward the mastery of a specific skill.

Interviews may take place with parents, educators, and other individuals who have direct, regular contact with the child to gather information about a child's behavior, knowledge, and skills, in the environment in which they live and spend time. At times it may be appropriate to interview the child as well. Interviews can be face-to-face or over the phone, use a predetermined set of questions or be more informal. In certain cases, this list of questions may be given to teachers or other individuals as a questionnaire that they can fill out and return.

Observations of a child's behavior and interactions in multiple contexts are conducted, with particular focus on observing children in environments, interactions, and routines that are familiar and typical for them. Child observation is the planned and intentional observation of the child as he or she engages in typical routines at home, in school, and in other environments familiar to the child. Child observation involves an impartial documentation of the child's actions and behaviors to gather evidence that can be used to assess the child's development and learning. Unstructured interactions with their most trusted caregivers are of note as the security and engagement of these relationships are most likely to bring out the child's true abilities.

Additional assessments/information if available: collected from other sources

In addition to the information that the evaluation team administers/implements directly, secondary sources of data must also be gathered and analyzed. These secondary data come from a variety of sources, including parents and teachers, as well as others who have direct knowledge of the child's health and well-being, social or cultural background, and current skills/behaviors. When presented with outside information, ECSE must ensure that information obtained from the following sources is collected and carefully considered:

Classroom-based assessment results (formal and informal information from the child's early childhood teacher) including, but not limited to Teaching Strategies GOLD®, The Work Sampling System®, and the Child Observation Record (COR)®. Classroom-based assessments can include teachers' and practitioners' portfolios of notes, photographs, and samples of the child's projects that help to determine the child's functioning across different domains of development.

Medical records/evaluations and information provided by the parents, or collected with parental consent, must be reviewed as part of the evaluation and considered in determining eligibility. In special education, a child's medical diagnosis is considered as it relates to the individual child and the impact it has on his or her development.

Other information may include, but is not limited to, a review of other existing evaluation data, professional reports, or relevant information from additional sources such as social service agencies. Although review and consideration of this information is required, as mentioned above, eligibility for special education cannot be determined by medical diagnosis alone and doctors cannot "prescribe" special education services. Information is considered along with the other components of the comprehensive evaluation and the need for special education determined.

ECSE ASSESSMENT PRACTICES

Selecting Appropriate Assessment Tools

The individual evaluators plan and choose assessment tools and other assessment procedures to meet the specific goals of the evaluation. Several considerations should be taken into account to determine whether a particular assessment tool may help the evaluation team obtain information needed to answer the question of eligibility. These include factors pertaining to the design and psychometric properties of the assessment instrument, as well as whether it is a good fit for the specific child (e.g., Are testing materials and administration time appropriate for a child's developmental level? Is a rating scale available in a parent's home language?). It should be noted that there are often no firm or absolute guidelines about these issues; rather, the evaluation team will need to use available guidance, and their clinical judgment in each case. **Appendix C** provides a list of considerations for assessment implementation from the Early Childhood Technical Assistance Center. **Appendix D** includes a template for assessment review.

It is important to note that some assessment instruments and procedures are of higher quality than others. Factors such as purpose, content, reliability and validity, efficiency, cost, and availability of professional development are all key considerations. Of primary importance is the quality of information gathered. For reference, RIDE has developed a compendium of norm-referenced assessments with many of these relevant assessment properties reported (i.e., domains addressed, sampling information, reliability and validity statistics, languages available, and administration time), which can be accessed on the early childhood special education page of the RIDE website.

Research indicates that in evaluating young children, the results of norm-referenced tools should be used with caution, as the accuracy and predictive value of these tools may be compromised. While norm-referenced tools may be utilized to inform eligibility for ECSE services, early childhood professionals are encouraged to choose tools based on the characteristics of the child and the type of information needed. Accordingly, the comprehensive process discussed above includes observations and criterion-referenced tools including curriculum- and activity-based assessments, which are essential components of an evaluation and provide more authentic information than what is gained from norm-referenced assessments alone.

Assessment Implementation

As described above, there are many different types and formats of assessments. It is important to thoroughly and frequently read and adhere to the standardization procedures to ensure accuracy in administration over time. However, in some cases, evaluation team members may need to consider adaptations to standard administration procedures. Some of these adaptations may be stated in the assessment manual, such as alternate prompts to give if a child does not understand a certain item or the use of a nonverbal index score for children who are dual language learners. At times, practitioners may use their clinical judgment to make adaptations or alter standard procedure in order to gain more information. For example, an evaluator may choose to let a child keep working on a timed task even after the allotted time has expired, may elect to use a different start point if a child's abilities are below the "floor" for their age, or may need to make special accommodations to keep the child engaged in the testing experience. When any non-standard adaptations are made, they may invalidate the testing results, but may also provide useful clinical information to the practitioner about the child's abilities. Any adaptations or unusual testing circumstances should be carefully noted in the evaluator's report and resulting scores should be interpreted with the requisite amount of caution.

Interpreting Results

After the evaluation team has gathered background and observational information, conducted interviews, and administered and scored the assessment tests, the team will need to integrate and interpret the evaluation data. As the team reviews the data from across sources, it is important to consider such issues as:

What trends or patterns are present across different sources of information?

Are child assessment results congruent with parent and teacher reports of the child's abilities? What might account for discrepancies across the evaluation data? Is it possible that these differences reflect actual differences in child behavior across settings or contexts (e.g., home and child care), or might these inconsistencies be related to the conditions under which information was collected (e.g., a teacher who has only known the child for a short amount of time; child fatigue under testing conditions)?

Are scores from assessment instruments measuring similar constructs comparable?

For example, if the team administered two different assessments that had motor subtests, were the percentile ranks similar? If there are discrepancies, what factors might account for these inconsistencies (e.g., differences in standardization groups, differences in item types, differences in conditions under which the two tests were administered to the child)?

Do the evaluation findings appear to be valid and reliable?

Did the child demonstrate sufficient engagement, motivation, and understanding during the administration of assessment materials for the team to consider the results an accurate depiction of the child's abilities? Were there any problems, interruptions, modifications, or other events of note during the assessment administration? Are there any factors that should be taken into consideration when interpreting data from other sources (e.g., parent and teacher reports, observations)?

Assessment results would be considered **unreliable** if the same results could not be replicated in subsequent testing situations. For example, if a child is sick or the testing environment is noisy, the results might be different if the child was tested under different circumstances (i.e., when the child was feeling well, quiet testing environment). Assessment results would be considered to be **invalid** if the assessment is measuring some other aspect of the child's abilities than what the test purports to measure. For example, if a child lacks the attentional capacity to perform tasks on a spatial reasoning test or does not understand the test instructions, the assessment would be measuring a different construct (i.e., attentional capacity, language comprehension) than what it is intended measure (i.e., spatial processing). However, in these situations, if you tested the child again, you would likely get the same results; therefore, these results would be considered reliable but invalid.

It is important that evaluators include the conditions that may have influenced the results and a statement regarding whether they believe the results are accurate. For example, "...It is noteworthy that Johnny appeared distracted by the construction work being completed on the playground. He frequently looked over to the work area and had difficulty re-focusing on the task. Therefore, results should be interpreted with caution." or "...Despite the construction work being completed on the playground, Johnny was able to re-focus his attention and results are believed to offer a fair estimate of current ability levels".

What intervention approaches can you derive from the evaluation results?

What strengths and adaptive resources are available to support the identified needs of the child and family? What environmental supports or modifications will likely best help the child access learning opportunities given his/her identified patterns of strengths and weaknesses?

Discussing Evaluation Results with Families

During the evaluation team meeting to determine eligibility, the evaluation team presents the findings of the evaluation, helps parents understand the findings, allows parents to express concerns, and explores any additional areas of concern. When discussing evaluation results with families, it is important that the team review all information in light of the family context and reach a common understanding of the child's evaluation results and needs. Parents should be encouraged to take an active role in the meeting and should feel comfortable to freely ask questions of any team member throughout the process. The evaluation team should summarize the evaluation results in an objective and detailed manner

and include information on the child’s strengths as well as limitations revealed by the assessment findings. The evaluation team should present recommendations regarding eligibility determination, encourage parents to ask questions and offer their opinions, and ensure that parents understand their legal rights and policies that pertain to their child and family. In closing the meeting, the evaluation team should check with parents regarding their understanding of the results and the recommendations. The team leaders should summarize the findings, decisions, next steps; arrange for future appointments; and provide contact information for each member of the team.

Complete and meaningful assessment requires an understanding of family context. Clear communication with families is key for gathering developmental information from parents, reporting results of the evaluation, and partnering to chart a course of action. Understanding a family’s expectations and experiences can help the evaluation team fully understand the context for a child’s development and ultimately prevent misinterpretation of assessment data that might lead to an inappropriate decision regarding eligibility.

CHILDREN FROM DIVERSE CULTURAL BACKGROUNDS

Children’s cultural backgrounds play an important role in how he or she develops and learns. Children take in information and develop based on what they have experienced and the circumstances they encounter in their daily lives. At times, a perceived delay may be tied more to a lack of exposure to specific situations than to a delay in development. Based on cultural norms a family may expect certain milestones to occur at a later age and thus may not offer opportunities for children to practice these skills. For example, some cultures do not emphasize independent self-feeding until later ages, which may result in a child’s adaptive and fine motor skills potentially appearing delayed compared to mainstream cultural expectations. It is important to understand these cultural differences and how they may affect development when evaluating a child for special education services. The more the evaluation team understands the culture of the family and their beliefs about child development, the more successful the interactions and evaluation assessment will be.

When working with families from diverse cultural and linguistic backgrounds, keep in mind the following guidelines:

Recognize the language, ethnicity, culture, structure, and preferences of the family and how they might affect the evaluation.

Cultural factors affect the way a family perceives the evaluation process and how they communicate with ECSE professionals. Experts in cultural competence recommend that ECSE professionals seek to understand their own set of beliefs, customs, and values associated with the evaluation process and how they may differ from the family taking part in the evaluation. Culture has an impact on family structure, child-rearing practices, and styles of communication, as well as different perspectives about the cause of disabilities and whether receiving services such as special education is accepted. At the same time, a family may or may not hold the general viewpoints that are attributed to its ethnic culture, and each must be treated individually. When appropriate, a cultural liaison may be used in the process to help professionals understand the cultural impact of their own backgrounds, as well as those of children and families.

Conduct the assessment in the child’s primary language(s). As discussed in more detail in the *Dual Language Learners* section below, it is important to make every attempt possible to assess the child in his or her native language. It is also important to consider family members’ language preferences for collecting data (e.g., through interviews, questionnaires) and for presenting evaluation results at evaluation team meetings. Evaluation teams should use a qualified interpreter/translator if necessary, preferably one who speaks the same dialect as the family. The qualified interpreter may need to be oriented to educational meetings, data, and confidentiality expectations prior to the evaluation session.

Consider whether the normative samples of the assessments being used include the cultural group of the family being assessed.

Screening and evaluation procedures must be culturally and linguistically appropriate. Evaluation data are only valid if the procedures and instruments used are appropriate for a given child’s culture and language background. As such, as discussed in the *Assessment Implementation* section above, it is important to review the assessment properties of various instruments for their appropriateness in measuring the development of children of diverse backgrounds.

Recognize differences in child-rearing practices that may affect a child’s performance in a particular area. The family is a child’s “first culture and first community” and a family’s values, parenting styles, expectations about development, language, and social norms can all have an effect on their children’s development and learning. For example, if a child is taught that making eye contact with adults or speaking without

being first spoken to is disrespectful, it is possible that in another setting adults may perceive this child to have social or language delays. Similarly, North American educational culture tends to emphasize early mastery of self-care behaviors (e.g., dressing and feeding self, independent sleep), whereas some families may place more emphasis on interconnectedness (e.g., following a toddler around and spooning food into the child's mouth as they play; co-sleeping; carrying children rather than having them independently crawl or walk). It is important to understand what families perceive as normative development within their cultural context and to thoughtfully discuss within the evaluation team whether the child's behavior reflects deficits or differences.

Dual Language Learners

With the child population growing more diverse in Rhode Island, more and more children in the state now speak a language other than English at home. Young children who continue to learn their home language while simultaneously learning English are referred to as dual language learners (DLLs). A large body of research provides compelling evidence that children can learn two or more languages at the same time, and that supporting the development of the child's home language helps with the acquisition of English.

At the same time, assessing children who are DLLs can pose specific challenges. A particular dilemma is how to distinguish between typical patterns of language acquisition when learning two languages as opposed to the presentation of a delay due to disability. As many of the characteristics are the same, it is common for children who are DLLs to be inadvertently identified as children with language-based disabilities. Federal law states that a child must not be determined eligible for special education if the determinant factor is limited English proficiency as opposed to disability or delay. Therefore, it is important that the evaluation be accurate and independent of a child's ability to speak English. A key goal of the assessment of children who are DLLs must be to clearly distinguish language and cultural differences from actual learning or developmental delays so as not to over-identify children in need of ECSE services.

There are several ways to increase the accuracy of an evaluation of children who are DLLs:

Accurately identify dual language learners. In Rhode Island, a Home Language Survey has been developed, which serves as a guide to this identification. The survey asks many questions about the child's exposure to languages other than English, the language that is spoken to the child most often, the language the child first learned to speak, and the language the child speaks most often. In addition to the rich detail regarding the child's experiences with languages, the survey informs the evaluation process by not only identifying a child as a dual language learner but helping to determine whether an evaluation should be performed in English, in a child's home language, or bilingually. See **Appendix E** for the Home Language Survey.

Conduct the assessment in the child's native language. Per Rhode Island regulations, assessments must be provided and administered in the child's native language or the language normally used by the child in the home or learning environment. Assessment results should accurately reflect the child's aptitude, achievement level, or whatever other factors the test purports to measure, rather than reflecting the child's linguistic difference. Thus, the assessment should be in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to provide or administer such an assessment. Assessment in only English or in only the native language will not yield a full picture of what a child knows and can do when the child is bilingual and using both languages or is in a family that uses both languages. In such cases, bilingual assessment would be appropriate. Care should be taken to ensure that children understand directions for test administration. That being said, when "interpreters" are used to assess DLLs, assessment results must be viewed with caution as this arrangement of test administration typically deviates from the protocol of a standardized instrument.

Select appropriate assessment tools and methods. Bilingual assessment is the ideal method of evaluation, although the availability of tools to support this is limited. For example, a bilingual assessment might include an instrument that is administered first in English, then in the child's native language for items missed in English. Alternatively, administering separate tools in English and the child's native language and comparing standardized scores can also help an evaluation team understand a child's language proficiencies. Testing only in one language, even the native language, does not give a full picture on its own. When administering tests in a child's native language, it is preferable that the tests have been developed and normed in a child's native language (rather than simply translated from the English version). When this is not possible, it is advis-

able to use an assessment in English that included DLLs in the norming sample. It is also valuable (and sometimes more relevant to the referral question) to gather information on the skills of DLLs in other areas besides language development. Some tests have special non-verbal subtests that rely less heavily on language to demonstrate abilities. For example, some tests of cognitive ability have a non-verbal composite.

Use multiple assessment methods. When gathering information on children who are DLLs, it is important to use alternate forms of information gathering and professional judgment in making a determination. Current research suggests that the key to obtaining an accurate assessment of the developmental level of a child who is a DLL is by using multiple methods. These methods include engaging teachers and families, conducting observations, and assessing children in their home language. As discussed above, the use of multiple methods is key to Rhode Island’s comprehensive assessment process. It is important to look for trends and patterns across similar constructs in the information that is collected, and assess whether the findings appear reliable and valid across the different modes of data collection.

It is important to keep in mind that the early childhood field has yet to agree on a specific set of tools or procedures that accurately appraise the developmental status of children who are DLLs. Most assessments have not been designed or validated for children who are DLLs, and most instruments have serious limitations when used to assess this population. The accuracy of evaluation results is influenced by how language-dependent an assessment is, so it is important to make every effort to recognize and account for these biases in order to accurately assess children who are DLLs.

ADDITIONAL CONSIDERATIONS WHEN EVALUATING YOUNG CHILDREN

Children Who Have Experienced “Toxic Stress”

Children can experience significant developmental delays as the result of the environmental conditions in which they are being raised. Young children who live in extreme poverty, who lack stable relationships at home, or who have been abused or neglected could be susceptible to the effects of what is known as “toxic stress.” Children exposed to high levels of stress for prolonged periods of time may have cognitive delays, behavioral problems, and/or a lag in their physical development. In these cases, it is important to understand the child and family situation when making decisions around evaluation and when interacting with the child and family.

Children with Low-Incidence Disabilities

Low-incidence disabilities are typically defined as those that are found in less than one percent of the child population. It may be challenging to assess children with these disabilities as assessment instruments may not have been normed on this population. A fundamental issue is that most norm-referenced assessments rely on a child’s ability to see and hear, and have at least some language or visual-motor skills.⁵ If a child experiences challenges with these requisite skills, it is recommended that the evaluation team exclude subtests from the normed score that rely heavily on a particular modality, or engage in a series of modifications to make the subtests accessible. These modifications may impact the reliability and validity of the test scores so the evaluator should be cautious when interpreting results of tests that were not administered in the manner in which they have been standardized. Although the validity of the tools may be compromised, the assessments may provide some helpful information relevant to the child’s present level of functioning.

Teams can utilize guidance materials from the National Center on Low-Incidence Disabilities, which can be found on the Center’s website: <https://wvde.state.wv.us/osp/guidelines.pdf>.

Children with Significant Behavioral Concerns

When assessing children with significant behavioral concerns, it is important to remember that behavior is simply a way of expressing a state of being or emotion such as sadness, fear, or frustration. It frequently serves as the primary form of communication, especially when young children display language-based disabilities or delays. Challenging behaviors may also result from a number of other factors such as exposure to adverse events or situations (see above section on *Children Who Have Experienced “Toxic Stress”*).

.....

⁵ Assessment of Cognitive Ability of Students with Severe and Low-Incidence Disabilities - Part 1

The best behavioral assessments look beyond the behavior itself. The goal of an assessment of children with a significant behavioral problem is to work to identify the social, affective, cognitive, and/or environmental factors associated with the occurrence and non-occurrence of specific behaviors. This broader perspective will provide a better understanding of the behavior not only for eligibility purposes, but in order to design supportive services for the child.

Children in Foster Care

When a child has been recently placed in foster care, the team may have to move forward without the rich information typically provided by parents. In most cases, the child simply has not been with a foster parent long enough for that adult to have developed a full understanding of his/her skills, development, and functioning. Frequently when a child is in a foster placement, the biological parents remain actively involved in the educational planning for their child. In these instances, the team must take care in ensuring they gather information from both the biological and foster parents in order to understand how the child functions across settings and situations.

DATA QUALITY, CONFIDENTIALITY AND SECURITY

RIDE has existing requirements related to their management systems that adhere to best practices and regulatory requirements. The section below highlights many of the requirements and best practices but should not be considered official guidance.

Data Quality

The state, programs, and districts must develop and oversee an internal quality assurance process to ensure data are accurate and timely. Quality assurance systems must:

- Ensure that ECSE evaluation team members have the necessary knowledge to ensure regulatory compliance and conformity with best practice;
- Ensure that ECSE evaluators have the knowledge and skills necessary to adhere to the standardization procedures of the early childhood assessments;
- Ensure that ECSE evaluation team members are aware of the state and local requirements around collecting and reporting referral, evaluation, and eligibility information;
- Ensure that LEA census clerks and special education staff enter data elements efficiently and accurately; and
- Ensure systematic checks of data accuracy.

Confidentiality and Security

ECSE must comply with all federal and state laws and regulations regarding security and confidentiality that protect individual child-level data.

The state, programs, and districts implementing ECSE must:

- Assure information management systems are protected from unauthorized outside access, loss, or destruction; meet all applicable Family Education Rights and Privacy Act (FERPA) and IDEA Part B regulatory requirements;
- Ensure confidentiality;
- Include incident reporting;
- Ensure electronic records are backed up;
- Ensure transmitted data are encrypted and secure;
- Ensure records are maintained according to state law/regulation, as well as district policies; and
- Ensure appropriate disposal of information and records according to state law/regulation, as well as district policies.

CONCLUSION

Sound policies and procedures for ECSE referral, evaluation, and eligibility determination are critical to the early detection of disabilities, including developmental delays. Connecting preschool-aged children to the services they need through this process can significantly improve long-term outcomes. This document assists ECSE providers with implementing a transparent and equitable process for determining eligibility for ECSE, as well as providing guidance on accurately assessing a child’s development and learning. As early childhood professionals, we are all committed to supporting the well-being of young children with disabilities and developmental delays. It is hoped that this document can support you in the important work that you do every day connecting with families and supporting young children.

DEC's Recommended Practices for Assessment

ASSESSMENT

Assessment is the process of gathering information to make decisions. Assessment informs intervention and, as a result, is a critical component of services for young children who have or are at risk for developmental delays/disabilities and their families. In early intervention and early childhood special education, assessment is conducted for the purposes of screening, determining eligibility for services, individualized planning, monitoring child progress, and measuring child outcomes. Not all of the practices that follow apply to all purposes of assessment. For example, practice **A9**. focuses on monitoring child progress but does not relate to assessment for eligibility.

We recommend the following assessment practices to guide practitioners:

- A1.** Practitioners work with the family to identify family preferences for assessment processes.
- A2.** Practitioners work as a team with the family and other professionals to gather assessment information.
- A3.** Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- A4.** Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.
- A5.** Practitioners conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language.
- A6.** Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
- A7.** Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.
- A8.** Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.
- A9.** Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed.
- A10.** Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs.
- A11.** Practitioners report assessment results so that they are understandable and useful to families.

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OSEP's Preschool RtI Memorandum



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

April 29, 2016

Contact Persons:

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Name: Laura Duos

Telephone: 202-245-6772

OSEP MEMO 16-07

MEMORANDUM

TO: State Directors of Special Education, Preschool/619 State
Coordinators, Head Start Directors

FROM: Ruth E. Ryder
Acting Director
Office of Special Education Programs

SUBJECT: A Response to Intervention Process Cannot Be Used to Delay-Deny an Evaluation for
Preschool Special Education Services under the Individuals with Disabilities Educa-
tion Act

It has been brought to the attention of the Office of Special Education Programs (OSEP) that some local educational agencies (LEAs) may be using Response to Intervention (RTI) strategies to delay or deny a timely initial evaluation for preschool children suspected of having a disability.

The requirements related to child find in Part B of the Individuals with Disabilities Education Act (IDEA) require that each State and its LEAs have in effect policies and procedures to ensure that all children with disabilities residing in the State who need special education and related services, regardless of the severity of their disability, are identified, located, and evaluated. 34 CFR §§300.111 and 300.201. The IDEA child find requirements permit referrals from any source, including private and public preschools (e.g., Head Start) and community-based child care programs (hereinafter “pre-school programs”), that suspects a child may be eligible for special education and related services. It is critical that this identification occurs in a timely manner and that no procedures or practices result in delaying or denying this identification. States and LEAs have an obligation to ensure that evalu-

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ations of all children suspected of having a disability, including evaluation of 3-, 4-, or 5-year-old children enrolled in preschool programs, are not delayed or denied because of implementation of an RTI strategy.¹

A multi-tier system of supports, often referred to as RTI, means a comprehensive continuum of evidence-based, systemic practices to support a rapid response to a child's needs, with regular observation to facilitate data based instructional decision-making. OSEP supports State and local implementation of RTI strategies to ensure that children who are struggling academically and behaviorally are identified early and provided needed interventions in a timely and effective manner. Many LEAs and preschool programs have implemented successful RTI strategies, thus ensuring that children who do not respond to interventions and are potentially eligible for special education and related services are referred for evaluation; and those children who simply need intense short-term interventions are provided those interventions. The IDEA, however, does not require, or encourage, an LEA or preschool program to use an RTI approach prior to a referral for evaluation or as part of determining whether a 3-, 4- or 5-year old is eligible for special education and related services.

Once an LEA receives a referral from a preschool program, the LEA must initiate the evaluation process to determine if the child is a child with a disability. 34 CFR §300.301(b). An LEA may not decline a child find referral from a preschool program until the program monitors the child's developmental progress using RTI procedures. If the LEA proposes to conduct an initial evaluation to determine if the child qualifies as a child with a disability under 34 CFR §300.8, the LEA must provide notice under 34 CFR §§300.503 and 300.504 and obtain informed parental consent, consistent with 34 CFR §300.9, before conducting the evaluation.

Although IDEA and its implementing regulations do not prescribe a specific timeframe from referral for evaluation to parental consent, it has been the Department's longstanding policy that the LEA must seek parental consent within a reasonable period of time after the referral for evaluation, if the LEA agrees that an initial evaluation is needed. *See Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities, Final Rule*, 71 FR 46540, 46637 (August 14, 2006). An LEA must conduct the initial evaluation within 60 days of receiving parental consent for the evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. 34 CFR §300.301(c). If, however, the LEA does not suspect that the child has a disability, and denies the request for an initial evaluation, the LEA must provide written notice to parents explaining why the public agency refuses to conduct an initial evaluation and the information that was used as the basis for this decision. 34 CFR §300.503(a) and (b). Therefore, it would be inconsistent with the evaluation provisions at 34 CFR §§300.301 through 300.311 for an LEA to reject a referral and delay provision of an initial evaluation on the basis that a preschool program has not implemented an RTI process with a child and reported the results of that process to the LEA. If a parent believes a needed evaluation is being delayed based on an LEA's refusal to con-

¹ See OSEP Memorandum 11-07, A Response to Intervention Process Cannot Be Used to Delay-Deny an Evaluation for Eligibility under the Individuals with Disabilities Education Act, issued on January 21, 2011 and OSEP Letter to Brekken (June 2, 2010).

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duct an initial evaluation until the preschool program implements an RTI approach with the child, the parent may file a due process complaint under 34 CFR §300.507 or a State complaint under 34 CFR §300.153.

We hope this information is helpful in clarifying the relationship between RTI and evaluations pursuant to the IDEA. Please examine the procedures and practices in your State and LEAs to ensure that the use of RTI is not delaying or denying timely initial evaluations to preschool children suspected of having a disability.

Based on section 607(e) of the IDEA, we are informing you that this memorandum is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

If you have further questions, please do not hesitate to contact Lucille Sleger at Lucille.Sleger@ed.gov or Laura Duos at Laura.Duos@ed.gov.

Cc: Chief State School Officers
Early Childhood Technical Assistance Center
National Center on Systemic Improvement
Parent Centers
National Center on Parent, Family, and Community Engagement
Protection and Advocacy Agencies

Criteria for Assessment Review

The Early Childhood Technical Assistance Center

- Intended purpose of measure
 - > Measures are usually intended for one or more specific purposes, such as screening, eligibility, program planning, progress monitoring, and program evaluation. It is important to use measures for the purposes for which they were intended or for which research has demonstrated them appropriate. This information can be gathered from the measure manual and from published research studies.
- Scores valid for informing eligibility
 - > This applies to measures that are intended to be used for eligibility.
- Technically adequate
 - > Consider the reliability and validity estimates and the norming sample for the measure.
 - > Score “Yes” if scores have been demonstrated to be reliable and valid for determining eligibility for children with delays/disabilities who are culturally and linguistically diverse.
 - > Score “With reservations” if scores have been demonstrated to be reliable and valid for determining eligibility for some groups of children.
 - > Score “No” if scores have not been demonstrated to be reliable and valid for determining eligibility.
- Training requirements
 - > Measures usually have specific training and interrater agreement requirements. It is important to be aware of these and use measures which assessors are trained and reliable in using.
- Includes instructions for adjusting for prematurity
 - > Measure manuals often provide instructions for calculating scores with an adjustment for prematurity, including how prematurity is defined and the age at which to stop adjusting for prematurity.
- Allows for accommodations
 - > Many children need accommodations to ensure that they can be assessed fairly. For example, a child with a fine motor impairment may not be able to demonstrate his or her skills when completing some assessment items related to cognition without the use of accommodations to assessment procedures and/or materials. Sample accommodations include allowing items to be measured via observation or interview rather than direct assessment and allowing children to use assistive technology to complete assessment tasks.
- Published in multiple languages
 - > Whenever possible, children should be assessed in their home language. Some measures are available in multiple languages, some can be conducted in multiple languages but do not have a standardized administration protocol in other languages, and some can only be conducted in English.

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- Equity addressed in procedures and materials
 - > One way equity is addressed is through measuring and reporting the presence of differential item functioning and/or differential test functioning. Differential item functioning “is said to occur when equally able test takers differ in their probabilities of answering a test item correctly as a function of group membership” (AERA, APA, and NCME, 2014, p. 51). Differential test functioning is when there are “differences in the functioning of tests (or sets of items) for different specially defined groups” (AERA, APA, and NCME, 2014, p. 51).
 - > Other aspects of equity are addressed throughout the Measure Evaluation Guide (e.g., measure is published in multiple languages).
- Includes family as a source of information
 - > Many measures have parent report as a source of information.
- Sensitive to delay
 - > There should be “[e]vidence that scores derived under specified measurement conditions can differentiate between children who are not demonstrating delays and those who are demonstrating delays” (Snyder, McLean, & Bailey, 2014, p. 61).
- Cautions about using assessment for eligibility
 - > The authors of a measure might provide explicit cautions about using a measure for eligibility purposes. Additional information might be available in published research studies.

References

- American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (2014). *Standards for educational and psychological testing*. Washington, DC: AERA.
- Snyder, P., McLean, M., & Bailey, D. B. (2014). Types and technical characteristics of assessment instruments. In M. McLean, M.L. Hemmeter, & P. Snyder (Eds.), *Essential elements for assessing infants and preschoolers with special needs* (pp. 37-86). Boston, MA: Pearson Publishing Co.

APPENDIX D

Assessment Review Template

Adapted from the Early Childhood Technical Assistance Center Assessment Review Template

Assessment name: _____

Date of Last Revision: _____

1. Intended purpose of measure:	<input checked="" type="checkbox"/> Screening <input type="checkbox"/> Eligibility <input type="checkbox"/> Progress monitoring <input type="checkbox"/> Program planning <input type="checkbox"/> Program evaluation
2. Age Range for Use of Tool	Notes:
3. Domains Covered	<input type="checkbox"/> Cognitive <input type="checkbox"/> Language <input type="checkbox"/> Motor <input type="checkbox"/> Adaptive <input type="checkbox"/> Social Emotional
4. Scores valid for informing eligibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
5. Technically adequate (Sample Size/Reliability and Validity)	<input type="checkbox"/> Yes <input type="checkbox"/> With reservations <input type="checkbox"/> No Notes:
6. Training requirements:	Notes:
7. Includes instructions for adjusting for prematurity:	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
8. Allows for adaptations:	<input type="checkbox"/> Adaptations prohibited <input type="checkbox"/> Allowable adaptations described for some items <input type="checkbox"/> Allowable adaptations described for all items <input type="checkbox"/> Adaptations allowed but not described <input type="checkbox"/> Use of adaptations is not addressed in testing materials Notes:
9. Multiple languages:	<input type="checkbox"/> Standardized administration protocol available in multiple languages <input type="checkbox"/> Can be conducted in multiple languages but standardized administration protocol not available <input type="checkbox"/> Can only be conducted in English Notes:
10. Equity addressed in procedures and materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
11. Includes family as a source of information:	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
12. Sensitive to delay:	0-2 years: <input type="checkbox"/> Yes <input type="checkbox"/> No 3-5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
13. Who Can Adminstrate the Assessment:	Notes:
14. Time to Administer:	Notes:
15. Cost:	Notes:
16. Cautions about using assessment for eligibility:	Notes:

Determination:
 English
 Screening
 DLL
 Screening

RI's Preschool Home Language Survey

Child's Name: _____ Child's Birthplace: _____

Child's Age: _____ Child's Age When First Exposed to English: _____

Does the child talk? No Yes, Single Words Yes, Puts 2-3 Words Together Yes, Sentences

Family's Country of Origin: _____ Number of Years Family Has Lived in the USA _____

If English is not the family's first language, do they prefer verbal or written communication?

No preference Verbal (phone/in person) Written (letters/forms)

Form Completed By: _____ Relationship to Child: _____

Home Language Information:

1. What language did the child first learn to speak? English Spanish Both Other: _____

2. What language does the child speak most often? English Spanish Both Other: _____

3. What language is spoken to the child most often? English Spanish Both Other: _____

4. Does anyone else care for the child during the week (ex. grandparents, babysitter, etc.)? No Yes

If so, what language does he/she speak most often? English Spanish Both Other: _____

5. What language is used most often when parents speak to each other? English Spanish Both Other: _____

6. What language(s) does the child use most often when speaking with the following people?

Parents: English Spanish Both does not talk yet other: _____

Siblings: English Spanish Both does not talk yet other: _____

Relatives: English Spanish Both does not talk yet other: _____

Friends: English Spanish Both does not talk yet other: _____

Language Exposure

7. Does/Did the child attend school or receive Early Intervention?

No Yes- Head Start Yes- Preschool Yes- EI

Name of school or EI: _____

What language is/was used? English Spanish Both Other: _____

8. What language is the child exposed to or uses most often during the following activities?

Books/Storytelling: English Spanish Both Other: _____

TV/Radio: English Spanish Both Other: _____

Computer/Video games: English Spanish Both Other: _____

Play: English Spanish Both Other: _____