

CHILD EVALUATION

Introduction

When a child is identified by a primary referral source, or through the screening process, as being suspected of a developmental delay or as having an established risk factor, the child shall be referred to the Kansas Infant-Toddler Services/tiny-k network for an evaluation. If assistance is needed in locating an Infant-Toddler Services/tiny-k network evaluation provider, the referral source can contact the Make A Difference Information Network (800-332-6262), <http://www.makeadifferenceks.org/> or Kansas Infant-Toddler Services/tiny-k at Kansas Department of Health and Environment (KDHE) (785-296-6135). A comprehensive, multidisciplinary evaluation is provided at no cost to the parent. An evaluation determines a child's initial and continuing eligibility for the Kansas Infant-Toddler Services/tiny-k early intervention services.

An evaluation will be provided for every child who is suspected of having a developmental delay or has an established risk factor and who is referred for an evaluation. If parents request an evaluation for their child, Infant-Toddler Services/tiny-k network will provide an evaluation, even if the Infant-Toddler Services/tiny-k network determined through screening that the child is not suspected of having a developmental delay (K.A.R. 28-4-552(a)(h)).

A comprehensive, multidisciplinary evaluation of the child is necessary in order to determine if and what early intervention services are needed to support the child's development. The child's parent shall be considered an active contributor of reliable information regarding the child's development, performance, and needs. Therefore, the evaluation team includes the parent as an essential participant in the evaluation process. The family service coordinator or other family support person will be present when the results of the evaluation are shared with the family.

State Regulations 1997

K.A.R 28-4-552. Screening activities.

(a) Families may choose to have their child evaluated, rather than screened.

(h) Screening shall result in one of three possible outcomes:

(1) "pass," which means that no concerns were identified and the child is developing within normal limits;

(2) "questionable," which means that the results of the screening process were such that a rescreening is needed within a specified time; or

(3) "refer," which means that concerns were identified and a referral for evaluation shall be made within two working days.

I. Parent Consent for Evaluation [34 C.F.R. 303.403]

The *Request for Written Parent Consent and the Procedural Safeguards Notice* must be given to the parents of a child as soon as possible after receiving a referral for an evaluation.

- A. Content of the request for written parent consent and the procedural safeguards notice shall be in sufficient detail to inform the parents about ...
1. the action that is being proposed or refused;
 2. the reasons for taking the action; and

3. all procedural safeguards that are available under Part C including mediation, filing a complaint with the state, a due process complaint, and any timelines under those procedures.

The request for parent consent must include the request to conduct an initial and ongoing assessment of the child, and an assessment of the family, as appropriate, and any other action to be part of the evaluation. There must be written evidence that the requirements of the request for consent have been met. (See Appendix A for a sample Prior Written Notice and Request for Consent form and Parent Rights Brochure at http://www.ksits.org/download/Parents_Rights_Booklet.pdf .)

B. Native Language

1. The request for parent consent and the procedural safeguards notice must be
 - written in language understandable to the general public; and
 - provided in the native language of the parents, unless it is clearly not feasible to do so.
2. The public agency, or designated service provider, if the native language or other mode of communication of the parent is not a written language, must take steps to ensure that the request for parent consent and procedural safeguards notice is
 - translated orally or by other means to the parent in the parent's native language or other mode of communication;
 - understood by the parent; and
 - that there is written evidence that the requirements of this paragraph have been met.
3. The mode of communication shall be that normally used by the parent (such as sign language, Braille, or oral communication) if the parents are deaf or blind, or have no written language.

C. Parent Consent [34 C.F.R. 303.404]

1. Written parental consent shall be obtained before conducting the initial evaluation and assessment of a child to determine whether the child is eligible for early intervention services.
2. If the parent does not give consent, the Infant-Toddler Services/tiny-k network must make reasonable efforts to ensure that the parent
 - is fully aware of the nature of the evaluation and assessment or the services that would be available; and
 - understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.
3. If the parent does not give consent, the Infant-Toddler Services/tiny-k network may, but is not required to, use due process hearing procedures to challenge the parent's refusal to consent to an evaluation and assessment of the child for early intervention services.

4. The parent may consent to some parts of the request and not to others without jeopardizing other early intervention services (e.g., the parent may choose not to consent to participating in an assessment of the family).
5. If parental consent for evaluation, assessment, or initiation of services is not given, and the situation warrants it, the local agency may initiate a complaint of neglect with Social and Rehabilitation Services.
6. Written parental consent is required before conducting any reevaluation of the child.

Federal Regulations 1997

34 C.F.R. 303.403 Prior notice; native language.

- (a) General. Written prior notice must be given to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.
- (b) Content of notice. The notice must be in sufficient detail to inform the parents about—
- (1) The action that is being proposed or refused;
 - (2) The reasons for taking the action;
 - (3) All procedural safeguards that are available under Secs. 303.401-303.460 of this part; and
 - (4) The State complaint procedures under Secs. 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures.
- (c) Native language. (1) The notice must be—
- (i) Written in language understandable to the general public; and
 - (ii) Provided in the native language of the parents, unless it is clearly not feasible to do so.
- (2) If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that—
- (i) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
 - (ii) The parent understands the notice; and
 - (iii) There is written evidence that the requirements of this paragraph have been met.
- (3) If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, braille, or oral communication). (Authority: 20 U.S.C. 1439(a)(6) and (7))

34 C.F.R. 303.404 Parent consent.

- (a) Written parental consent must be obtained before—
- (1) Conducting the initial evaluation and assessment of a child under Sec. 303.322; and
 - (2) Initiating the provision of early intervention services (see Sec. 303.342(e)).
- (b) If consent is not given, the public agency shall make reasonable efforts to ensure that the parent—
- (1) Is fully aware of the nature of the evaluation and assessment or the services that would be available; and
 - (2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.
- (Authority: 20 U.S.C. 1439)

Note 1: In addition to the consent requirements in this section, other consent requirements are included in (1) Sec. 303.460(a), regarding the exchange of personally identifiable information among agencies, and (2) the confidentiality provisions in the regulations under part B of the Act (34 CFR 300.571) and 34 CFR part 99 (Family Educational Rights and Privacy), both of which apply to this part.

Note 2: Under Sec. 300.504(b) of the part B regulations, a public agency may initiate procedures to challenge a parent's refusal to consent to the initial evaluation of the parent's child and, if successful, obtain the evaluation. This provision applies to eligible children under this part, since the part B evaluation requirement applies to all children with disabilities in a State, including infants and toddlers.

34 C.F.R. 303.405 Parent right to decline service.

The parents of a child eligible under this part may determine whether they, their child, or other family members will accept or decline any early intervention service under this part in accordance with State law, and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part. (Authority: 20 U.S.C. 1439(a)(3))

II. Conducting the Initial Evaluation

A. Purpose of the Multidisciplinary Evaluation

1. To determine the child's eligibility for early intervention services based on identified disability or developmental delay.

2. To provide the opportunity for the evaluation team to confer regarding the child's needs.
3. To serve as a basis for planning the proposed outcomes described in the Individualized Family Service Plan (IFSP).

B. Content of the Evaluation [34 C.F.R. 303.322]

1. Each child under the age of 3 who is suspected of having a developmental delay/disability and is referred for an evaluation or services is entitled to:
 - a timely, comprehensive, multidisciplinary evaluation;
 - an assessment as described in Section VII of this manual;
 - an assessment of the family as described in Section VIII of this manual, if the parent and family concur; and
 - **if it is determined that the child meets the definition of an infant or toddler with a disability, an assessment of service needs, as described in Paragraph IV, J, of this section.**

C. Evaluation Procedures [34 C.F.R. 303.322; 34 C.F.R. 303.323]

An evaluation is the method used to review the formal and informal assessments/ information/data of the child and the family to determine a child's initial and/or continuing eligibility for early intervention services, consistent with the definition of infant or toddler with a developmental delay.

1. All evaluations must be conducted in a nondiscriminatory manner, in the child's or family's native language (as appropriate) and selected and administered so as not to be racially or culturally discriminatory.
2. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for early intervention services.
3. A child's medical and other records may be used to establish eligibility (without conducting an assessment of the child and the family) if such records contain information required under this section regarding the child's level of functioning in the developmental areas.
4. An evaluation and assessment of the child includes:
 - a review of available pertinent records that relate to the child's current health status and medical history;
 - personal observation and assessment of the child in order to identify the child's unique strengths and needs; and
 - evaluation of the child's level of functioning in each of the five developmental domains:
 - ✓ physical development, including
 - health and nutritional status
 - vision

- hearing
 - motor
 - ✓ cognitive development;
 - ✓ communication development;
 - ✓ social or emotional development.
 - ✓ self-help/adaptive development.
5. Qualified personnel are trained to utilize appropriate methods and procedures, including their informed clinical opinion, to assess a child's present level of functioning in each of the developmental areas. The lead agency must ensure that informed clinical opinion is used by qualified personnel to establish a child's eligibility even when other instruments do not establish eligibility, but informed clinical opinion may not negate the results of assessment instruments used to establish eligibility.
 6. To determine a child's level of functioning, evaluation procedures may include:
 - standardized tests
 - rating scales
 - developmental profiles
 - other instruments and tests that meet acceptable professional standards
 - clinical judgment of the professionals using parental input and opinion
 - observation of the child
 - information provided by the family
 7. Previous evaluations and assessments conducted within the last six months by qualified personnel may be considered current. Resources for evaluations, such as the Children with Special Health Care Needs Program and Medicaid, may be coordinated and accessed, if appropriate.
 8. If the child is identified as eligible for early intervention services, an assessment of the service needs of the infant or toddler with a developmental delay and the child's family must include a review of the evaluation (including the assessment of the child and family) and available pertinent records and personal observation and assessment of the infant or toddler in order to identify the early intervention services appropriate to meet the child's unique needs in each of the developmental areas.
 9. An assessment is conducted of the family, if the family consents, that includes identification of the family's resources, priorities, and concerns, and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. This is determined not just through the use of an assessment tool, but through a voluntary personal interview with the family.

III. Qualified Personnel

- A. All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, in the child's or family's native language (as appropriate), using tools or methods selected and administered so as not to be racially or culturally discriminatory.

- B. The evaluation team must consist of at least two professionals from different disciplines, but can include as many members as necessary based on needs of the child. The professional disciplines most closely related to the presenting need(s) (e.g., speech-language) are to be present. These professionals must meet personnel standards as described in Section XVIII of this manual.

IV. Timeline for the Evaluation [34 C.F.R. 303.322(e)]

- A. The evaluation and initial assessment of the child, including any assessments of the family, and assessment of service needs, as well as the initial IFSP meeting, must be completed within 45 calendar days from the date the Infant-Toddler Services/tiny-k network receives the referral to conduct an evaluation of the child.
- B. Infant-Toddler Services/tiny-k networks must ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation (including any assessments of the child and family) and assessment of service needs within 45 calendar days (e.g., if a child is ill) from receiving the referral, Infant-Toddler Services/tiny-k networks will
 1. document those circumstances; and
 2. develop and implement an interim IFSP, to the extent appropriate and consistent with Section X of this manual.

V. Evaluation Outcomes [34 C.F.R. 303.403]

- A. If a child is determined to *be eligible* for early intervention services, an IFSP is developed using information from the evaluation and the child assessment (see Section VII), in combination with results from the family-directed assessment (see Section VIII) and the assessment of service needs.
- B. If a child is determined to be *not eligible* for early intervention services, the Infant-Toddler Services/tiny-k network must provide the parents with written notice and procedural safeguards in their native language. The notice must inform the parents that the child is not eligible for early intervention services and the reason why the child is not eligible.
- C. If a child is determined to be *not eligible* for early intervention services as a result of the evaluation, it becomes the responsibility of the family service coordinator and/or person identified by the evaluation team to refer the child to appropriate follow-up services.
- D. Whether or not a child is eligible for further services, the evaluation team is always responsible for conveying the evaluation results to the parent. Evaluation reports may be shared with appropriate personnel or the primary referral source upon request if the parent gives prior and written consent.

Federal Regulations 1997

34 C.F.R. 303.321 Comprehensive child find system.

(e) Timelines for public agencies to act on referrals. (1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

(2) Within 45 days after it receives a referral, the public agency shall—

- (i) Complete the evaluation and assessment activities in Sec. 303.322; and
- (ii) Hold an IFSP meeting, in accordance with Sec. 303.342.

34 C.F.R. 303.322 Evaluation and assessment.

(a) General. (1) Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child.

(2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.

(b) Definitions of evaluation and assessment. As used in this part—

(1) Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in Sec. 303.16, including determining the status of the child in each of the developmental areas in paragraph

(c)(3)(ii) of this section.

(2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify—

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

(c) Evaluation and assessment of the child. The evaluation and assessment of each child must—

(1) Be conducted by personnel trained to utilize appropriate methods and procedures;

(2) Be based on informed clinical opinion; and

(3) Include the following:

(i) A review of pertinent records related to the child's current health status and medical history.

(ii) An evaluation of the child's level of functioning in each of the following developmental areas:

(A) Cognitive development.

(B) Physical development, including vision and hearing.

(C) Communication development.

(D) Social or emotional development.

(E) Adaptive development.

(iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.

(d) Family assessment. (1) Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

(2) Any assessment that is conducted must be voluntary on the part of the family.

(3) If an assessment of the family is carried out, the assessment must—

(i) Be conducted by personnel trained to utilize appropriate methods and procedures;

(ii) Be based on information provided by the family through a personal interview; and

(iii) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

(e) Timelines. (1) Except as provided in paragraph (e)(2) of this section, the evaluation and initial assessment of each child (including the family assessment) must be completed within the 45-day time period required in Sec. 303.321(e).

(2) The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), public agencies will—

(i) Document those circumstances; and

(ii) Develop and implement an interim IFSP, to the extent appropriate and consistent with Sec. 303.345 (b)(1) and (b)(2). (Approved by the Office of Management and Budget under control number

1820-0550)(Authority: 20 U.S.C. 1435(a)(3); 1436 (a)(1), (a)(2), (d)(1), and (d)(2))

34 C.F.R. 303.323 Nondiscriminatory procedures.

Each lead agency shall adopt nondiscriminatory evaluation and assessment procedures. The procedures must provide that public agencies responsible for the evaluation and assessment of children and families under this part shall ensure, at a minimum, that—

(a) Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;

(b) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;

- (c) No single procedure is used as the sole criterion for determining a child's eligibility under this part; and
 - (d) Evaluations and assessments are conducted by qualified personnel.
- (Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1435(a)(3); 1436 (a)(1), (d)(2), and (d)(3))

34 C.F.R. 303.403 Prior notice; native language.

- (a) General. Written prior notice must be given to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.
- (b) Content of notice. The notice must be in sufficient detail to inform the parents about—
 - (1) The action that is being proposed or refused;
 - (2) The reasons for taking the action;
 - (3) All procedural safeguards that are available under Secs. 303.401-303.460 of this part; and
 - (4) The State complaint procedures under Secs. 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures.
- (c) Native language. (1) The notice must be—
 - (i) Written in language understandable to the general public; and
 - (ii) Provided in the native language of the parents, unless it is clearly not feasible to do so.
- (2) If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that—
 - (i) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
 - (ii) The parent understands the notice; and
 - (iii) There is written evidence that the requirements of this paragraph have been met.
- (3) If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, braille, or oral communication). (Authority: 20 U.S.C. 1439(a)(6) and (7))