Developmental Delay Evaluation Guidance

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Table of Contents

Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website (here).[1]

Every educational disability has a state definition, found in the TN Board of Education Rules and Regulations Chapter 0520-01-09,[2] and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.[3]

IDEA Definition of Developmental Delay

Per C.R.F §300.8(b), developmental delay includes "*children aged three through nine experiencing developmental delays. Child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in §300.111(b), include a child—*

(1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

(2) Who, by reason thereof, needs special education and related services"

Per C.R.F. §300.11(b) regarding the use of term developmental delay, *"the following provisions apply with respect to implementing the child find requirements of this section:*

[1] http://www.tn.gov/education/article/special-education-evaluation-eligibility
[2] http://share.tn.gov/sos/rules/0520/0520-01/0520-01-09.20140331.pdf
[3] Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

(1) A State that adopts a definition of developmental delay under Sec. 300.8(b) determines whether the term applies to children aged three through nine, or to a subset of that age range (e.g., ages three through five).

(2) A State may not require an LEA to adopt and use the term developmental delay for any children within its jurisdiction.

(3) If an LEA uses the term developmental delay for children described in Sec. 300.8(b), the LEA must conform to both the State's definition of that term and to the age range that has been adopted by the State.

(4) *If a State does not adopt the term developmental delay, an LEA may not independently use that term as a basis for establishing a child's eligibility under this part."*

Section I: Tennessee Definition

Tennessee Definition of Developmental Delay

Developmental delay refers to children aged three years, zero months (3:0) through nine years, eleven months (9:11) who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical (i.e., gross motor and/or fine motor), cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs. Initial eligibility as developmental delay shall be determined before the child's seventh birthday. The use of developmental delay as a disability category is optional for local school districts.

What does this mean?

According to Tennessee standards, children who are experiencing developmental delays have significant delays in one or more of the five developmental areas. The Tennessee definition, while slightly different from IDEA wording, is meant to provide a little more clarity as to ages and areas of deficits that are included under this disability category. Developmental delay provides for the provision of services and programs based on a child's strengths and needs, as measured by the five developmental areas. This becomes necessary when the assessment of a more specific disability cannot be considered statistically reliable or valid due to a child's young age. Moreover, the Division for Early Childhood of the Council for Exceptional Children "believes that the categories used for older school-aged children are often inappropriate for young children. The identification of children by these disabilities categories in the early years can result in a premature categorization or miscategorization of children and consequently inappropriate services. In addition, the use of a developmental delay

category allows children with disabilities, who might otherwise go unserved because of the difficulties in applying traditional disability categories to young children, to be identified at younger ages."[4]

For general references of appropriate developmental milestones associated with social and emotional, communication, cognitive, and physical development, refer to the Centers for Disease Control and Prevention.

When analyzing the definition of developmental delay, the following areas typically require clarification:

- appropriate diagnostic instruments and procedures
- physical
- gross motor
- fine motor
- cognitive
- communication
- social or emotional
- adaptive behavior

Appropriate Diagnostic Instruments and Procedures

The determination of significant delay should utilize global or total scores for the cognitive, communication, social or emotional, and adaptive development domains, rather than isolated deficits identified by assessments. For example, the domain of communication should include a total language score using a combination of both expressive and receptive language skills. For the area of physical development, assessment should include both fine and gross motor skills; however, significant delay can be determined using gross motor, fine motor, or the combination of gross and fine motor scores. If a child demonstrates delays in both fine and gross motor skills, the child is still considered to have a delay in only one domain area (e.g., physical).

Physical

Overall physical development is a measure of both fine and gross motor development and includes an assessment of muscle/bone growth, motor coordination, mobility, muscle stamina, and etc. In this area, either fine motor, gross motor, or the combination of the two can be considered.

Gross Motor

Gross motor skills involve the use of large muscle groups of the neck, trunk, arms, and legs for movement.

[4] Division for Early Childhood of the Council for Exceptional Children: Concept Paper, April 2009

Fine Motor

Fine motors skills involve the use of small muscle groups of the arms and hands to eat, drink, dress, and write (i.e., coordination of small motor movements).

Cognitive

Cognitive development includes the ability to think, comprehend, remember, and make sense out of experience, including: abstract thinking or reasoning, capacity to acquire knowledge, and problem solving skills.

Communication

Communication is typically defined as the ability to use and comprehend language effectively. In this area, an overall measure of language includes expressive language (i.e., use of words and/or gestures to convey meaning) and receptive language (i.e., comprehension or understanding of what is being said).

Social or Emotional

Social and emotional development includes the ability to develop and maintain interpersonal relationships and to demonstrate age-appropriate social and emotional behaviors. It includes the ability to interact appropriately with peers and authority figures, show empathy, establish and maintain relationships with others, and to regulate behaviors and emotions.

Adaptive Behavior

Adaptive behavior is the ability to engage in age-appropriate activities using daily life skills. It includes the ability to participate independently in home and/or school settings, self-help skills, independent living, and socialization skills.

Adversely Affects a Child's Educational Performance

One of the key factors in determining whether a student demonstrates an **educational** disability under IDEA and state special education rules, is that the defined characteristics of the disability adversely affect a child's education performance. The impact of those characteristics must indicate that s/he **needs** the support of specially designed instruction or services beyond accommodations and interventions of the regular environment. When considering how to determine this, teams should consider if the student requires specially designed instruction in order to benefit from his/her education program based on identified deficits that could impact a student's performance such as the inability to communicate effectively, significantly below average academic achievement, the inability to independently navigate a school building, or the inability to take care of self-care needs without support. Therefore, how disability characteristics may adversely impact educational performance applies broadly to educational performance, and teams should consider both quantity and quality of impact in any/all related areas (e.g., academic, emotional, communication, social, etc.).

The National Association of School Psychologist and the Division for Early Childhood of the Council for Exceptional Children have written position papers and/or statements regarding developmental delay and can be found at the links below as a resource:

- http://www.nasponline.org/research-and-policy/professional-positions/position-statements
- http://www.dec-sped.org/position-statements

Section II: Pre-referral and Referral Considerations

The Special Education Framework provides general information related to pre-referral considerations and multi-tiered interventions in component 2.2.

It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, districts can provide preventative, supplementary differentiated instruction and supports to students who are having trouble reaching benchmarks.

Pre-referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the Tennessee Department of Education ("department") supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The MTSS framework is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students' academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced-based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI^2), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI^2-B). Within the RTI^2 Framework and RTI^2-B, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see MTSS Framework, RTI^2 Manual, and RTI^2-B Manual).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention integrity and attendance information, and intervention changes to help teams determine the need for more

intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations:
Interventions used for EL students must include evidence-based practices for ELs.

Background Considerations

When considering developmental delay as an eligibility category, there are several background areas to consider.

- Cultural or racial factors: The assessment team should consider the cultural and linguistic background of individual children and families. Parents often have expectations of development based on their own culture that may inform a family's decision regarding the child's exposure to early learning opportunities both in the home and community setting (i.e., has the child had an opportunity to be around other children in a social or preschool setting?). Also, the team will want to consider the expected patterns of development in various cultures that may impact the developmental expectations of the child by the family. Another environmental consideration is the child's exposure to various languages the child has been exposed to, which should guide the assessment instruments chosen for the evaluation.

- Language acquisition: Language differences (e.g., limited English proficiency) should not be considered a developmental disability unless the child also demonstrates impairments in his/her primary language or overall global deficits that are not primarily attributed to lack of exposure to the English language. Teams should also consider information regarding a student's language skill in his/her dominant language, as deficits in receptive, expressive and/or pragmatic language are likely to have a significant impact on developing and maintaining social relationships.

- Lack of instruction: Teams should consider the ways in which families have worked to promote the development of their child. These considerations could include participation in developmentally appropriate activities in the home and community settings. This type of information may be gathered through parent interview, parent report, or through direct observation of the home and/or community settings. There are several key questions to consider:
    - What does the child's typical day entail: is it structured or unstructured?
    - Are activities in the home and community aligned to the child's strengths and weaknesses?

  If the child has been afforded access to developmentally appropriate activities across a variety settings but fails to make adequate progress, then the delay may be inherent to the child and

not due to a lack of instruction. While consideration of lack of instruction is required for all disability categories, teams are encouraged to exercise caution when using this as a rule out for developmental delay.

- Vision/hearing: Vision and hearing screenings are integral components of all evaluations. Ensuring typical vision and hearing assists teams in focusing intervention and determining possible causes of difficulty. It is also important to address visual limitations that may impact performance on assessments.

- Past performance: A child's past educational/preschool interventions including speech, occupational therapy, physical therapy, and family intervention should be considered. This information is important when evaluating the level of services needed to meet grade-level expectations. For example, if a student is receiving language services through Tennessee's Early Intervention System (TEIS) and continues to demonstrate overall communication deficits as reflected by therapeutic progress reports, then data collected as part of therapy should be considered when determining assessment plan needs.

- Economic and/or family/environmental factors (frequent moves, residence in economically disadvantaged neighborhoods, life stress): Further considerations may also involve reviewing a family's economic background which could impact the child's stability in a home environment, exposure to developmental experiences and materials, and limited opportunity to gain access to care. When performing the assessment, it is also important to consider the child's exposure to adults outside the home environment. Some children are inherently shy or reserved around strangers and might need extra time to warm up and/or multiple testing sessions to acclimate to the testing environment itself.

- Medical history: The team will also want to gather information regarding the child's medical history including birth and developmental information.

The School Team Role

A major goal of the school-based pre-referral intervention team is to adequately address students' academic and behavioral needs. The process recognizes that many variables affect learning. Thus, rather than first assuming the difficulty lies within the child, team members and the teacher must consider a variety of variables that may be at the root of the problem, including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:[5]

- documentation, using multiple sources of data, of difficulties and/or areas of concern;
- a problem-solving approach to address identified concerns;
- documentation of interventions, accommodations, strategies to improve area(s) of concern;
- intervention progress monitoring and fidelity; and
- a team decision- making process for making intervention changes and referral recommendations based on the student's possible need for more intensive services and/or accommodations.

Pre-Referral Considerations and/or General Education Accommodations

Children under the age of three years, zero months (3:0), whose parents suspect a disability, may be eligible to receive services through TEIS.

For children in this program, if the team continues to suspect the child is demonstrating a disability, parental consent for an evaluation to determine eligibility for special education and related services is required. The parents, school system representatives, and TEIS representatives all participate in a transition planning conference arranged by TEIS, with the approval of the family, at least 90 days and no more than nine months prior to the child's third birthday. IDEA states that children transitioning from Part C to Part B services must have an IEP in place by their third birthday.

It is important to note the TEIS typically establishes a child's eligibility for early intervention services using a medical model or approach to identification. In some cases, eligibility determinations are made based upon one source of information (e.g., Battelle Developmental Inventory, Second Edition only) and, therefore, may not meet the educational criteria for developmental delay. Thus, examiners who establish a student's eligibility for Part B services must review previous assessments when determining what additional data is needed to substantiate the existence of a developmental delay pursuant to these eligibility standards.

For a child three to five years old who is not yet enrolled in kindergarten or an early intervention program, teams should consider whether the child has received appropriate instruction, including a child's participation in developmentally appropriate activities. Evidence of prior exposure may come from observing the child in their natural environment or from interviews with family members, caregivers, or daycare/preschool teachers to indicate whether or not the child has been exposed to age-appropriate activities.

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[5] National Alliance of Black School Educators (2002). *Addressing Over-Representation of African American Students in Special, Education*

Parents who have developmental concerns for children ages three through five who are not enrolled in kindergarten should contact their local school system to inquire about the child find process. The early childhood professionals should gather information from parents regarding their concerns and develop a plan of action that may include a developmental screening and/or evaluation.

Children enrolled in early intervention programs, such as head start, should be granted general education accommodations and supports, as needed. Documentation of accommodations and pre-referral interventions should be collected and considered prior to making a referral for special education.

For children enrolled in kindergarten, pre-referral interventions and supports should be implemented, and progress should be documented, prior to making a referral for special education. Pre-referral intervention is meant to identify, develop, and implement developmental or educational strategies in the classroom for students who have possible delays before they are referred to special education. Lack of progress with appropriate interventions in place may indicate the need for more specialized instruction and, therefore, may warrant a referral for special education. However, interventions should not delay an evaluation if a disability is suspected.

Referral Information: - Documenting Important Pieces of the Puzzle

Parents should be asked if their child's developmental milestones were met within general expectations or if concerns have only appeared recently. The team could then consider whether the child is experiencing delays that may be developmental in nature or if concerns may be related to a situational experience, trauma, significant changes in family or home life, or exposure to any adverse childhood experiences (ACEs).

Consideration of family history and prenatal/postnatal significant history should also be considered. The timing and nature of potential medical complications could have lasting impacts on a child's development. The team should determine whether the child has undergone any evaluations that the team should review and consider. The team should review all information provided by parents and specialists, and consider if screening and/or assessments are needed to determine if a child has a developmental disability/delay that needs support from special education.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,

- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom? What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
    - Oral English language proficiency level
    - English language proficiency literacy level
    - Formal education experiences
    - Native language literacy skills
    - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards

- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the English as a Second Language Program Guide (August 2016).

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- Multimodal: In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.

- Multisource: Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.

- Multidomain: Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Multidomain includes an assessment that measures multiple domains within the same area (e.g., expressive and receptive language in the area of communication) or multiple domains within the same assessment (e.g., the Battelle Developmental Inventory, Second Edition measures all five areas of development). Please remember that no single assessment may be used to establish a child's eligibility for services. In the case where an assessment measures all five areas of development, other sources of information must also be used to corroborate the findings in each area of exceptionality.

- Multisetting: Observations should occur in a variety of settings that provide an overall description of the student's functioning across environments (e.g., classroom, hallway, cafeteria, recess), activities (e.g., whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Evaluation Procedures (Standards)

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments includes the following:

(1) Evaluation through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays):
- (a) Physical development (assessments should include fine and gross motor skills);
- (b) Cognitive development;
- (c) Communication development, which includes receptive and expressive language skills combined;
- (d) Social/emotional development; and
- (e) Adaptive development.

(2) Demonstration of significant delay in one or more of the above areas which is documented by:
- (a) Performance on a standardized developmental evaluation instrument which yields a 1.5 standard deviations below the mean (i.e., approximately 6th-7th percentile or less) with consideration of the measure's standard error of measure (SEM); or when standard scores for the instrument used are not available, a 25 percent delay based on chronological age in two or more of the developmental areas;
- (b) Performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean (i.e., 2nd percentile or less) with consideration of the measure's SEM; or when standard scores for the instrument used are not available, a 40 percent delay based on chronological age in one of the developmental areas; or
- (c) When one area is determined to be deficit by 2.0 standard deviations (i.e., 2nd percentile or less) with consideration of the measure's SEM or 40 percent of the child's chronological age, the existence of other disability categories that are more descriptive of the child's learning style shall be ruled out.

(3) Evaluation by appropriate team member(s) of the following:
- (a) A review of any existing records or data;
- (b) Interview with the parent to gain the child's developmental history and identify the noted strengths and needs in the child's development;
- (c) Measurement of current developmental skills to include at least one individually administered standardized assessment;
- (d) Observation by a qualified professional in an environment developmentally appropriate for the child which may include the school, child-care agency, and/or home/community to document delayed or atypical development.

(4) Documentation, including observation and/or assessment, of how developmental delay adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

(5) A comprehensive re-evaluation for continued eligibility must be conducted for re-evaluations that occur after the age of seven in order to consider the existence of other disability categories that are more descriptive of the child's learning (i.e., a file review for continued eligibility is not permissible).

Evaluation Procedure Guidance

Multidisciplinary team assessments must include multiple sources of information, multiple approaches to assessment, and multiple settings in order to yield a comprehensive understanding of children's skills and needs. Formal assessments as well as informal assessments should be gathered. Informal assessments can include indirect observational data from teachers as well as direct observations conducted by certified professionals (e.g., school psychologists, speech language pathologists, special education teachers, etc.).

Standard 1: Evaluation through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays)

The primary language, racial, and ethnic background of children should be considered prior to the selection and interpretation of the evaluation procedures and measures. All assessment procedures measure a limited sample of the child's individual ability to perform on that specific measure. Selected measures should only be interpreted within the limits of their measured validity. All screening and assessment instruments should be selected for the intended purpose and should be used as prescribed by the test authors. Screening tools should only be used as a source of corroborative data and help inform the team of the need for the type of measure that might best address referral concerns. They should not be used to determine eligibility. It is the responsibility of assessment teams to ensure that the selected instruments are appropriate and that results are reliable and valid in order to meet the educational or developmental needs of the children served.

Ultimately, the selection of "appropriate" cognitive, language, developmental, or academic readiness instruments in the three- to five-year-old age range is the responsibility of the psychologist, language therapist, or early childhood specialist. Personal training, experience, and instrument familiarity are all considered factors in such test selections. Assessment specialists may determine whether a multi-domain assessment or ability/skill-specific standardized assessment is most appropriate based on the child's age and background information in order to determine best estimates of ability and valid

results. When a multi-domain assessment measures all five areas of development, please remember that corroborative sources of data must be used to substantiate areas of exceptionality.

Before interpreting scores from formal assessments, the validity or accuracy of a student's performance should be considered. There are many factors that can influence a student's test performance. These factors may include, but are not limited to, behavior during testing, the presence of distractions during testing, the student's cultural and linguistic background, and the student's physical health at the time of testing. An educational or psychological test report should indicate whether any of these factors were present and how they may have affected the results of the test, thereby compromising the validity of the findings.

Using norm-referenced tools should be interpreted with caution when evaluating young children. It is important to include an appropriate multi-measure diagnostic approach, administered by a multi-disciplinary assessment team when making educational decisions. Assessment results should contribute to making informed instructional decisions.

Standard 1(a) Physical development (assessments should include fine and gross motor skills)
Physical development may be measured as a part of a multi-domain assessment. However, when physical development is the only area of concern, it is advisable to have an occupational and/or physical therapist complete an individually administered test of motor functioning in the areas of identified deficit. In addition to a standardized assessment, observation of the child's motor performance during functional activities within the school environment will be a key component of an appropriate assessment.

Administration of standardized assessments may be challenging due to possible communication, cognitive, and/or motor limitations of the child. In those instances, assessment specialists will need to collaborate on appropriate assessment instruments and adaptations that can be made. These procedures must adhere to the standardization of the assessment instrument(s) while providing the team with a true and accurate representation of the child's abilities. When deviations from standardization procedures are needed, the assessment specialists should indicate the differences and provide qualitative descriptions of the student's abilities within the evaluation report.

Standard 1(b): Cognitive development
Cognitive development is determined by appropriate assessment of cognitive abilities on an individually administered, standardized measure of intelligence with consideration given to the standard error of measurement (SEM). This may be addressed through developmental assessments that measure cognitive development when appropriate. Assessment specialists shall consider the most appropriate measure to determine the best estimate of the student's cognitive development. For students displaying language deficits, assessment specialists should consider the need for nonverbal

assessment in order to rule out the influence of language deficits on cognitive results which could lead to underestimates of ability. The cognitive evaluation must be conducted by someone with appropriate licensure and training (e.g., school psychologist, licensed psychologist, licensed psychological examiner under the direct supervision of a licensed psychologist, licensed senior psychological examiner).

The intellectual functioning evaluation must be conducted by someone with appropriate licensure and training (e.g., school psychologist, licensed psychologist, licensed psychological examiner who is under the direct supervision of a licensed psychologist, licensed senior psychological examiner). Best practice dictates that no one cognitive measure should be used for all assessments. The correct instrument selection must result from a comprehensive review of information obtained from multiple sources prior to evaluation. This practice is critical in obtaining a valid cognitive score. Refer to the TnAISF (Appendix A) when determining the most appropriate assessment.

Standard error of measure (SEM): The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her "true" score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

The SEM should be reported and considered when reviewing all sources of data collected as part of the evaluation. Below is guidance on when to use the scores falling within the SEM:

- Only use on a case-by-case basis.
- Use is supported by the TnAISF and/or other supporting evidence that the other options may be an under- or overestimate of the student's ability.
- Assessment specialists that are trained in intellectual functioning provide professional judgement and documented reasons regarding why this may be used as the best estimate of ability.

Factors that should be considered in selecting a cognitive abilities instrument:

1. Choose evaluation instruments that are unbiased for use with minority or culturally or linguistically different student populations (e.g., ELLs). Use instruments that yield assessment results that are valid and reliable indications of the student's potential. For example, nonverbal measures may better measure cognitive ability for students who are not proficient in English or socioeconomically disadvantaged students.
2. When intelligence test results are significantly skewed in one or more areas of the test battery's global components due to significant differences in the culturally-accepted language

patterns of the student's subculture, consider administering another measure more closely aligned with the culture, strengths, and abilities of the student.

3. Consider evidence (documented or suspected) of another disability (e.g., ADHD, emotional disturbance, autism, speech and language impairments, hearing impairment, visual impairment, specific learning disabilities).
4. Be mindful that the student's subculture may not encourage lengthy verbal responses.

If a child has previously been evaluated, the total history of assessments and scores should be obtained and considered in order to guide assessment selection, validate results, and interpret results. Consider the following:

- Are the assessment results consistent over time?
- Were areas addressed or overlooked on previous evaluations (e.g., areas of strength or weakness)?
- If the child has another disability, is that impacting the performance on the current test?
- Have the most appropriate tests been given? For example, have language, culture, test/retest factors been accounted for in the test selection?
- Do student social mannerisms, emotions, or behaviors create bias in terms of how the student is assessed?

The most reliable score on a given cognitive measure is the full scale score, or total composite score, of the assessment tool and should be used when considered valid. A comprehensive cognitive evaluation includes verbal and nonverbal components. However, understanding that factors as mentioned above (e.g., motor or visual limitations, lack of exposure to language, language acquisition, cultural differences, etc.) may influence performance on a measure and depress the overall score, there are other options that can be considered best estimates of ability based on the reliability and validity of alternate composites of given assessments. The assessment specialist trained in cognitive/intellectual assessments should use professional judgment and consider all factors influencing performance in conjunction with adaptive behavior deficits when considering the use of the standard error of measure.

Standard 1(c): Communication development which includes receptive and expressive language skills combined

Multi-domain assessments which include communication or communication-specific assessments may be used as part of the evaluation to obtain composite scores which include both receptive and expressive skills.

Standardized tests evaluate discrete skills in a decontextualized setting (i.e., away from natural communicative environments). Norm-referenced tests do not document functional performance in educational settings. In addition, not all children are suitable candidates for standardized tests. A

comprehensive language assessment should incorporate formal and informal measures that adequately describe how a child is able to understand and use language with adults and his or her peers. While individual subtest scores shall not be used to determine eligibility for services, if there are significantly low scores on subtests or composites, which are consistent with other sources of data, a variety of data sources should be used to get a "true" picture of a student's ability to use language in his or her environment.

After completing a standardized measure, the SLP should consider the results and performance on all areas of the assessment in relation to referral concerns, other sources of data, the normative sample, and other factors that may impact performance. **If there is reason to believe the results are an overestimate of the student's current communication skills, additional assessment (formal or informal) may be needed, while taking the standard error of measure (paying attention to all composite confidence intervals) into consideration.**

One type of informal assessment that may especially helpful in such cases in the completion of a language sample analysis. A language sample provides a great deal of information on a child's language abilities and overall conversational skills. Specific language areas include syntax (grammar), semantics (word meanings), morphology (word parts, such as suffixes and prefixes), and pragmatics (social skills). A language sample often consists of 50 to 100 utterances spoken by the child, but it can have as many as 200 utterances. The SLP writes down exactly what the child says, including errors in grammar. Errors in articulation or speech sounds are not recorded.

Descriptive measures of functional or adaptive communication often provide a more realistic picture of how a student uses his/her communication abilities in everyday situations and the impact of a language impairment in these settings if one exists.

<u>Examples of additional sources of information</u>
The selected assessment tools should be purposeful and be designed to explore and investigate the area/s of concern, as well as provide useful information relative to the suspected deficit.

- Norm-referenced assessments - speech-language tests which measure communication skills using formalized procedures. They are designed to compare a particular student's performance against the performance of a group of students with the same demographic characteristics. One of the considerations made by the SLP in selecting valid and reliable assessment tools is ensuring the normative population of any instrument matches the student's characteristics. This information is found in the technical manual for the test.
- Checklists - a developed form or scale which allows a rater to consider various skills and indicate a student's use of a skill in a particular setting, or indicate potential absences of the expected skills.

- Direct Observations - the SLP observes the student during everyday classroom activities or across educational settings, and allows for a more natural opportunity to identify communication strengths and weakness.
- Interviews - conversations with or questionnaires given to parents, caregivers, medical professionals, or educators, which provide information related to a student's communication history and current functioning.
- Play-based Assessments - assessments, which provide an opportunity to observe and evaluate a child in the natural context of play. Play-based assessments are an important tool when evaluating preschool children and are often completed by a multidisciplinary team so multiple areas of development can be considered.
- Dynamic Assessments - are a method of conducting a language assessment which seeks to identify the skills that the student possesses as well as their learning potential. This enables the examiner to determine what type and degree of assistance the student requires in order to be successful. In short, dynamic assessments are a process of test, teach, and retest. This type of assessment helps to identify the level of support or teaching structure a student may need in order to learn a particular skill. Dynamic assessments are not norm-referenced, but can be a valuable tool in understanding a child's potential response to various intervention styles.
- Speech and/or Language sampling - a sample of a child's spoken speech/language during a particular task (conversation, retell, describing tasks, narratives) which helps the SLP determine intelligibility, production of speech sounds in connected speech, and/or the use of expected structures and components of language (sentence length and complexity, variety of words, vocabulary use, grammatical components, etc.).

Important Tips to Remember:

- Best practice is not to report age-equivalency scores on a norm-referenced assessment as they imply a false standard of performance.
- The IEP Team should discuss and consider cultural and linguistic bias before determining a student is eligible for a language impairment.
- Standard scores from norm-referenced tests should only be a **SMALL** part of the assessment picture.
- The Speech-Language Evaluation Report should be written in an easily understood language without extensive use of professional jargon.
- The SLP should document the presence or absence of a language impairment in the Speech-Language Evaluation Report.
- The SLP should not make an eligibility determination or recommendations for or against language therapy in the Speech-Language Report (The IEP Team does this).

Culturally and Linguistically Diverse students: When evaluation data reveals evidence of dialect use or language differences, they should be documented as such and should not be counted as errors. If

language differences and/or dialects are incorrectly treated as errors, students may be inappropriately identified as having a language impairment. When selecting the most appropriate test to administer, the SLP should review the test manual to see if students who do not speak Standard American English will be penalized for their language differences. Dynamic assessment can be very useful when evaluating students from culturally and linguistically diverse backgrounds. Dynamic assessment includes a test-teach-test approach to assist with differential diagnosis of a language impairment as opposed to a language difference. When provided with modeling and guided practice, the student who does not have a disability will often show significant improvement when reassessed.

Special Populations: For some student populations, such as children with severe disabilities, the provision of unbiased assessments can only be made with descriptive measures. The Functional Communication Profile, the Functional Communication-Teacher Input, and the Functional Communication Rating Scale can be utilized to assess the communication skills for these students.

English Language Learners: When assessing children for whom English is not the primary language, it is important to utilize evaluation tools that accurately reflect a child's true language abilities. Tests should be administered in the child's native language. According to ASHA, if the test utilized was not normed on children who speak the particular language being tested, **it is not appropriate to report standard scores.**[6] However, descriptive information obtained during the administration of the test can be used to describe the child's strengths and weaknesses in the area of communication. When assessing the bilingual child, the SLP should use an interpreter, conduct an interview with the parent/caregivers, and always utilize a conversational sample

Standard 1(d): Social/emotional development

Social and emotional development may be addressed through normative rating scales using global index/composite scores or as part of a multi-domain assessment. Home and school information (when the child is in a preschool or school-based setting) should be obtained.

It is critical that behavior and social-emotional factors are assessed through multiple modalities and across settings, using multiple sources of information. This includes, but is not limited to, clinical or structured interviews, systematic observations, behavior checklists and rating scales, and self-reports. Behavior and social-emotional factors may be assessed through utilizing behavior rating scales to determine a pattern of behavior in the home and school environments. When applicable, it is recommended that self-ratings be administered with the student in order to obtain information as to the student's social-emotional status. Behavior checklists and rating scales should be completed by parents, teachers, and the student in order to determine the student's social-emotional status over a specified period of time.

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[6] http://www.asha.org/practice/multicultural/issues/assess/

Psychologists are encouraged to conduct interviews with the parent(s) and student in order to determine if the behavior is consistent within the home and school environments. For young children, play-based assessments may be conducted in lieu of a formal child interview. Direct observations across multiple settings (e.g., gym, cafeteria, hallways, classroom, etc.) by multiple team members will enable the team to gather anecdotal information as well as determine possible antecedents to the behavior. Collecting data from multiple sources provides the team with the opportunity to determine if there are specific triggers for the student's behavior. The team must analyze factors underlying the student's behavior or emotional responses by identifying the target behavior, the function or purpose of the behavior, and the factors maintaining the behavior. Establishing the level of difference of the child's behavioral or emotional responses through standard diagnostic procedures, interviews, checklists, case histories, observations, or the like will enable the team to develop an appropriate plan to support the student. Participants, including a behavior specialist, special educator(s), school counselor(s), therapist(s) and other outside agencies, the school psychologist, and parents/guardians can provide information in order to obtain a holistic view of the student.

Standard 1(e): Adaptive development

Adaptive development may be addressed through normative rating scales using global index/composite scores or as part of a multi-domain assessment. Home and school information (when the child is in a preschool or school-based setting) should be obtained.

Adaptive behaviors should be measured with standardized, normed rating scales that comprehensively measure skills associated with three types of adaptive behavior. The scales can be completed independently by caretakers or by interview format with the parents. In the school setting, those most familiar with the student should complete the rating scales. Assessment specialists need to review the directions with those completing rating scales in order to prevent inaccurate ratings or misunderstanding of items. It is important to review results ratings and follow up if the results appear questionable based on observations.

Adaptive measures typically include scores separated by domains (e.g., composites, indexes) and provide overall global scores of adaptive behaviors. Because not all adaptive measures label their domains with the same terminology, the assessment specialists will need to review measures to see how related skill sets associated with those listed in the standard (i.e., conceptual, social, and practical domains) are broken up into the assessment-specific domain names.

As a reminder, the general conceptual, social, and practical domains can be understood by the following skills:

- ***Conceptual skills*** look at the child's language and literacy skills; money, time, number concepts; and self-direction.

- ***Social skills*** include the child's interpersonal skills, social responsibility, self-esteem, gullibility, naiveté, social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- ***Practical skills*** include activities of daily living, occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

When there are disparities between adaptive ratings, the systematic observations in conjunction with a review of the student's developmental and medical history are important. Assessment specialists should review reported scores, be aware of potential factors that could inflate or depress scores, and explore reasons that may help explain the differences between scoring.[7] Systematic observations should include a more intense focus on areas of difference identified through home- and school-based ratings. Clinical judgement based on expertise and training should be used to help assess the validity of results and account for difference.

Systematic documented observations are distinguished from anecdotal observations in the following ways:

- the goal is to measure specific behaviors,
- behaviors are operationally defined before being observed,
- observations are conducted with standardized procedures,
- times and places for observations are carefully selected and specified, and
- the summarizing of data collected is standardized and does not vary from one observer to another.[8]

Observation(s) shall address age-appropriate adaptive behaviors in a systematic, organized manner. Sample systematic observation checklists can be found in Appendix F.

Standard 2(a): Performance on a standardized developmental evaluation instrument which yields a 1.5 standard deviations below the mean (i.e., approximately 6th-7th percentile or less) with consideration of the measure's standard error of measure (SEM); or when standard scores for the instrument used are not available, a 25% delay based on chronological age in two or more of the developmental areas.

In order to meet criteria for developmental delay, a child must demonstrate one or more delays within the five areas measured (i.e., cognitive; communication; adaptive; social-emotional; and/or physical development which includes fine motor, gross motor, or combined motor). Based on the outlined standards, there are two ways to demonstrate delays on the required standardized assessments.

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[7] AAIDD, (2010) Intellectual Disability: Definition, Classification and Systems Support, 11th Ed.

[8] Hintze, J. M., Volpe, R. J., & Shapiro, E. S. (2008). Best Practices in the Systematic Direct Observation of Student Behavior. In A. Thomas & J. Grimes, *Best Practices in School Psychology Vol. V* (pp. 319 - 336). Bethesda, MD: National Association of School Psychologists

Standard 2(a) provides the first of the two ways (i.e., at least two developmental areas measured to fall within the approximate mild to moderate ranges of delay which indicates that the child may be experiencing global developmental concerns compared to same-aged peers, which may require intensive interventions).

When reporting scores, total developmental areas or total domain scores are required; individual subtest scores may not be used as a determinant of delay in any of the five developmental domains assessed. For each developmental area, assessment result reporting should include standard score, percentile, percent delay based on chronological age, assessment observations, and an interpretation of results. The interpretation of results should include referents of strengths and weaknesses identified. As with any standardized assessment, the assessment specialist should consider the scores falling within the standard error of measurement along with all other evaluation results to create a body of evidence in order to determine the presence delay(s).

Standard error of measurement (SEM): The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her "true" score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

The SEM should be reported and considered when reviewing all sources of data collected as part of the evaluation. Below is guidance on when to use the scores falling within the SEM:

- Only use on a case-by-case basis.
- Use is supported by the TnAISF and/or other supporting evidence that the other options may be an under- or overestimate of the student's ability.
- Assessment specialists that are trained in area considered provide professional judgement and documented reasons regarding why this may be used as the best estimate of ability.

Factors that should be considered in selecting a cognitive abilities instrument:

5. Choose evaluation instruments that are unbiased for use with minority or culturally or linguistically different student populations (e.g., ELLs). Use instruments that yield assessment results that are valid and reliable indications of the student's potential. For example, nonverbal measures may better measure cognitive ability for students who are not proficient in English or socioeconomically disadvantaged students.
6. When intelligence test results are significantly skewed in one or more areas of the test battery's global components due to significant differences in the culturally-accepted language

patterns of the student's subculture, consider administering another measure more closely aligned with the culture, strengths, and abilities of the student.

7. Consider evidence (documented or suspected) of another disability (e.g., ADHD, emotional disturbance, autism, speech and language impairments, hearing impairment, visual impairment, specific learning disabilities).
8. Be mindful that the student's subculture may not encourage lengthy verbal responses.

If a child has previously been evaluated, the total history of assessments and scores should be obtained and considered in order to guide assessment selection, validate results, and interpret results. Consider the following:

- Are the assessment results consistent over time?
- Were areas addressed or overlooked on previous evaluations (e.g., areas of strength or weakness)?
- If the child has another disability, is that impacting the performance on the current test?
- Have the most appropriate tests been given? For example, have language, culture, test/retest factors been accounted for in the test selection?
- Do student social mannerisms, emotions, or behaviors create bias in terms of how the student is assessed?

The most reliable score on a given cognitive measure is the full scale score, or total composite score, of the assessment tool and should be used when considered valid. A comprehensive cognitive evaluation includes verbal and nonverbal components. However, understanding that factors as mentioned above (e.g., motor or visual limitations, lack of exposure to language, language acquisition, cultural differences, etc.) may influence performance on a measure and depress the overall score, there are other options that can be considered best estimates of ability based on the reliability and validity of alternate composites of given assessments. The assessment specialist trained in cognitive/intellectual assessments should use professional judgment and consider all factors influencing performance in conjunction with adaptive behavior deficits when considering the use of the standard error of measure.

Potential delays that may be identified on standardized assessments measures in two or more areas include:

- 1.5 standard deviations below the mean equates to a standard score of 77/78 where the mean is 100 and the standard deviation is 15.
- 1.5 standard deviations below the mean equates to a *T*-score of 35 where the mean is 50 and the standard deviation is 10.
- 25 percent delay based on chronological age as defined by the measure (See Appendix E if needed)

Standard 2(b) Performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean (i.e., 2nd percentile or less) with consideration of the measure's SEM; or when standard scores for the instrument used are not available, a 40% delay based on chronological age in one of the developmental areas.

Standard 2(b) provides the second of the two ways to demonstrate delays on the required standardized assessments (i.e., at least one developmental areas measured to fall within ranges associated with significant impairment/delay compared to same-aged peers which may require intensive interventions). Refer to standard 2(a) for assessment considerations (e.g., SEM, test selection).

When reporting scores, total developmental areas or total domain scores are required; individual subtest scores may not be used as a determinant of delay in any of the five developmental domains assessed. For each developmental area, assessment result reporting should include standard score, percentile, percent delay based on chronological age, assessment observations, and an interpretation of results. The interpretation of results should include referents of strengths and weaknesses identified. As with any standardized assessment, the assessment specialist should consider the scores falling within the standard error of measurement along with all other evaluation results to create a body of evidence in order to determine the presence of delay(s).

Potential delays that may be identified on standardized assessments measures in two or more areas include:

- 2.0 standard deviations below the mean equates to a standard score of 70 where the mean is 100 and the standard deviation is 15.
- 2.0 standard deviations below the mean equates to a *T*-score of 30 where the mean is 50 and the standard deviation is 10.
- 40 percent delay based on chronological age as defined by the measure (See Appendix E if needed).

Standard 2(c): When one area is determined to be deficit by 2.0 standard deviations (i.e., 2ndpercentile or less) with consideration of the measure's SEM or 40% of the child's chronological age, the existence of other disability categories that are more descriptive of the child's learning style shall be ruled out.

When it is clear that a child demonstrates significant deficits in core areas of developmental delay (i.e., cognitive, communication, physical, adaptive, and social/emotional), teams must consider all evaluation results and possible applicable disability categories. Developmental delay is an educational disability that can only be applied to children until age of nine years, eleven months. Therefore, if there is adequate evidence that a child meets the criteria for a different disability, the team must then determine whether the child should be identified under that disability category (e.g., intellectual disability, speech or language impairment, orthopedic impairment, other health impairment, etc.) rather than developmental delay.

For example, a young child with significantly impaired cognitive functioning (i.e., at least two standard deviations below the mean) and adaptive functioning (i.e., at least one domain at two standard deviations from the mean) could meet criteria for an intellectual disability or developmental delay. Given the child's age, the team may not immediately jump to intellectual disability as there are developmental factors that may be influencing performance on standardized measures (e.g., language delays, social and emotional development). Team decisions regarding the most appropriate disability category should be based on the body of evidence collected. Therefore, it is important for the assessment specialists to provide observations of the child's performance during the administration of the assessment. Those observations should be provided within the written report when interpreting results indicating whether factors (e.g., resistance to following instructions, difficulty understanding directions which could be indicative of communication delays, shyness with an unfamiliar adult, short attention span, etc.) appeared to impact performance. Information regarding other disability definitions and eligibility standards can be found on the department's special education evaluation and eligibility website.

Standard 3(a): A review of any existing records or data

The intent of this standard is to provide a summary of the child's past evaluations, interventions, and education performance (when applicable). The review should include transition data provided by TEIS, medical reports, and previous testing results, if applicable. Information obtained as part of the review provides a context related to current concerns, prior developmental history, interventions that may have or have not been effective.

If a child has previously been evaluated, the total history of assessments and scores should be obtained and considered in order to guide assessment selection, validate results, and interpret results. Consider the following:

- Are the assessment results consistent over time?
- Were areas addressed or overlooked on previous evaluations (e.g., areas of strength or weakness)?
- If the child has another disability, is that impacting the performance on the current test?
- Have the most appropriate tests been given? For example, have language, culture, test/retest factors been accounted for in the test selection?

Standard 3(b): Interview with the parent to gain the child's developmental history and identify the noted strengths and needs in the child's development

Parents should be consulted and viewed as important participants in the assessment process. They should actively participate by providing input and information about their child. Obtained information should include the child's progress in developmental milestones in all areas assessed, medical history, past learning environments, and family dynamics/history. This information should help inform patterns of delays and/or strengths exhibited in various settings.

Standard 3(c): Measurement of current developmental skills to include at least one (1) individually administered standardized assessment

While an evaluation should not rely completely on one measure to determine eligibility, the evaluation should include at least one individually administered standardized assessment to measure developmental skills (i.e., cognitive, communication, adaptive behavior, physical, and social/ emotional). This means that the focus of the assessment is on one child and it is not administered to a group of children at once. The results of a standardized assessment provide normative scores and percentiles that allow the assessment specialist(s) and team members to compare the child's performance to that of same-aged peers.

Standard 3(d): Observation by a qualified professional in an environment developmentally appropriate for the child which may include the school, child-care agency, and/or home/community to document delayed or atypical development

There are a variety of types of observations that may be completed (e.g., interval/momentary time sampling, narrative, or systematic/structured) as part of the evaluation, but all observations should also include information regarding factors related to developmental delay as outlined in the definition. It is advisable to have more than one assessment team member complete observations. These team members may provide different disciplinary perspective and expertise (e.g., school psychologist, special educator, speech language pathologist, occupational therapist, and physical therapist). In such cases, team members should collaborate with one another on the observational data when writing up a summative comprehensive view of the student's behavior(s). During the assessment, it is important to observe a wide variety of task demands/ responses and social interactions. Assessment can include observations in structured settings such as during class instruction and in less structured settings such as during lunch in the cafeteria, hallway transitions, or recess in order to provide ample opportunity.

For preschool-aged students: Classroom observations should be completed in the child's preschool setting if possible. The evaluation team should consider results of the standardized assessments, parent and teacher input, and classroom observations in conjunction with one another. If a child is not yet in a preschool setting, parents should be asked if participation during assessment setting is representative of the child's typical or frequent behavior.

Standard 4: Documentation, including observation and/or assessment, of how developmental delay adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

The evaluation report(s) should include a summary of all the findings compiled and indicate whether and how delays adversely affect educational performance. This information is a culmination of data obtained as part of the evaluation and provides an overall impression based on all sources of information. It is important to remember that the documented impact on educational performance does not necessarily mean that a student is demonstrating academic deficits (e.g., poor grades, specific

foundational skill deficits). Therefore, nonacademic skills/behaviors should be considered equally. Educational performance is a reflection of the total involvement of a student in the school environment. It includes cognitive functioning, pre-academic skills/academic skills, adaptive behaviors/daily living skills, social-emotional development/functioning, communication skills, and participation in developmentally appropriate activities (e.g., pre-vocational skills or vocational training).

If a child is preschool age, the assessment specialist(s) and team should consider whether the child is able to follow directions, participate in group activities, engage in parallel or cooperative play (as appropriate to age), regulate emotions, and cope with changes in the schedule or routine. Other examples of how delays may impact educational performance include difficulties with transitioning independently between activities, navigating around the classroom independently (e.g., pulling out chairs, sitting in chairs without falling, moving from seated to standing position independently), and using communication for social intents.

Standard 5: A comprehensive re-evaluation for continued eligibility must be conducted for re-evaluations that occur after the age of seven (7) in order to consider the existence of other disability categories that are more descriptive of the child's learning (i.e., a file review for continued eligibility is not permissible).

Since developmental delay cannot be continued after age nine, it is required to complete a comprehensive evaluation at the time of the triennial re-evaluation occurring after age seven (i.e., or at any re-evaluation if requested by team members after age seven). Determination of the assessment plan for the comprehensive evaluation should be based on current concerns and required assessments associated with any suspected disabilities. Refer to the department's website for evaluation requirements.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of developmental delay:

(1) The parent;

(2) The child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);

(3) A licensed special education teacher; and

(4) One or more of the following persons (as appropriate):

- (a) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
- (b) A licensed speech/language pathologist;
- (c) A licensed related services provider; and/or
- (d) Other personnel, as indicated.

Evaluation Participants Guidance:

Below are examples of information participants may contribute to the evaluation.

(1) The parent(s) or legal guardian(s):

- Developmental & background history
- Social/behavioral development
- Current concerns
- Other relevant interview information
- Rating scales

(2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher):

- Observational information
- Academic skills
- Rating scales
- Work samples
- RTI^2 progress monitoring data, if appropriate
- Behavioral intervention data
- Other relevant quantitative and/or qualitative data

(3) The student's special education teacher(s) (e.g., IEP development teacher/case manager):

- Observational information
- Rating scales
- Work samples
- Pre-vocational checklists
- Transitional checklists/questionnaires/interviews
- Vocational checklists/questionnaires/interviews
- Other relevant quantitative and/or qualitative data

(4) One or more of the following persons (as appropriate):

(a) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist:

- formal and informal assessments (e.g., developmental assessment, cognitive, achievement if appropriate, adaptive measures, social-emotional scales)
- observations
- interviews with caregivers
- developmental history

(b) A licensed speech/language pathologist:

- formal and informal assessment addressing developmental communication skills (i.e., language evaluation)
- observations
- interviews
- developmental history

(c) A licensed related services provider (may include occupational therapist and/or physical therapist):
- formal and informal assessments of motor skills
- sensory assessments

(d) Other personnel, as indicated.

Components of a Developmental Delay Evaluation Report:

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but an example guide to use when writing evaluation results.

- Reason for referral
- Current/presenting concerns
- Previous evaluations, findings, recommendations (e.g., school-based and outside providers)
- Relevant developmental and background history (e.g., developmental milestones, family history and interactions)
- School history (e.g., attendance, grades, state-wide achievement, disciplinary/conduct info, intervention history)
- Medical history
- Assessment instruments/procedures (e.g., test names, dates of evaluations, observations, and interviews, consultations with specialists)
- Current assessment results and interpretations (e.g., developmental assessment, cognitive, adaptive, physical, communication, social-emotional, etc.)
- Tennessee's developmental delay disability definition
- Educational impact statement: Review of factors impacting educational performance such as academic skills, ability to access the general education core curriculum
- Summary
- Recommendations

Section IV: Eligibility Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability ***and*** (2) the team decides whether the identified disability adversely impacts the student's educational performance such that s/he requires the most intensive intervention (i.e., special education and related

services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
    - **Prong 1:** Do the evaluation results support the presence of an educational disability?
        - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
        - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
    - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
        - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

Specific Considerations for Developmental Delay

By definition, a developmental delay suggests that a child is not meeting expected milestones based on norms for children at the same chronological age. Therefore, teams should review the skill/behavior/ability developmental history. While a child can have a traumatic event that impacts development and thus makes them eligible for developmental delay, teams should be cautious to not misclassify a child as having a developmental delay when in reality the child is displaying a behavioral reactions to transitory change in his/her life (e.g., the birth of a sibling, a divorce, or starting a new school). In some cases, behaviors observed may be short lived and subside as the child adjusts to the change. If there was not pattern of concerning developmental progress prior to such an event, it is advisable to implement interventions either before or during the evaluation in order to see if the child's behavior/skills improve without the need for additional supports.

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.
- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.

- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).
- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

Specific Considerations for Developmental Delay Re-Evaluations

For students who are re-evaluated **prior to** their seventh (7th) birthday, a file review utilizing the RSR may be sufficient to establish continued eligibility. Refer to the Section V above for specific guidance regarding re-evaluation needs.

For students who are re-evaluated **on or after** their seventh (7th) birthday, a comprehensive evaluation **must be** conducted to determine either:

1. continued eligibility under the category of developmental delay, or
2. the presence of a more appropriate identifying disability category.

In this scenario, the IEP team will use the RSR to review all previous and current information and determine the most appropriate assessments to administer. Specific assessments should be dependent on the suspected disability category being explored. For example, if a specific learning disability (SLD) is suspected, then all of the standards for meeting SLD criteria should be followed.

Academic achievement cannot be used as a component of developmental delay but should be assessed for in school-aged children in order to consider the presence of another area of disability as well as to establish adverse impact. Achievement may be administered to obtain performance levels in all academic areas or just in the specific area of academic deficit depending upon the eligibility category being evaluated. For example, if the category of other health impairment is being explored, then a full achievement test may be determined necessary. However, if the category of specific learning disability is a possibility, then only the area of deficit (e.g., reading fluency or reading comprehension) may need to be addressed. The IEP team may determine continued eligibility in the area of developmental delay after careful consideration of all required information. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs.

Aging Out of Developmental Delay: When a student who is certified as having a developmental delay approaches his or her tenth (10th) birthday, s/he must be re-evaluated comprehensively to determine the existence of another disability should s/he continue to need special education services. Moreover, a student cannot receive services beyond his or her tenth (10th) birthday with developmental delay as the only disability category to which the student qualifies.

IEP teams should use the RSR to collect data and determine whether a comprehensive re-evaluation is necessary. In some cases, the student may have made sufficient progress to decertify from special education. For students who continue to need special education services, however, a comprehensive re-evaluation should be conducted to examine the existence of other, more age-appropriate disabilities. In this scenario, teams should complete the assessment plan within the RSR to denote the areas to be evaluated congruent with the areas of suspected disability. Consent for assessment must be obtained by the parent or guardian as part of this document. **It is important to start this process at least 60 days in advance of the student's tenth (10th) birthday. The comprehensive re-evaluation must be complete, and an eligibility determination must be made prior to the student's tenth (10th) birthday in order for the district to remain compliant with state and federal regulations.**

Students who do not meet the eligibility requirements for another disability category should be decertified from special education; however, these students should be closely monitored by local school districts to ensure progress continues commensurate with their peers.

Role of the Speech Language Pathologist (SLP): When a student with a developmental delay is due for a re-evaluation, the SLP should be included in the IEP meeting.

- If the team is considering a comprehensive evaluation to determine whether the student continues to demonstrate a developmental delay, all standards will need to be evaluated.
- If the student receives language therapy under the umbrella of developmental delay and continues to exhibit communication difficulties, updated language testing should be provided if the team is considering a new primary disability. For example, if a student will be considered for intellectual disability, specific learning disability, or other health impairment and still has language concerns, language testing would be needed to see if the child meets the criteria for a language impairment. In such cases, the student may not meet criteria for any of the other suspected disabilities, but still has language difficulties and may meet the language impairment criteria.

Appendix A: TN Assessment Instrument Selection Form (TnAISF)

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name_____ School_____ Date_____/_____/_____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM

CONSIDERATIONS FOR ASSESSMENT		
LANGUAGE	❑	Dominant, first-acquired language spoken in the home is other than English
	❑	Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
ECONOMIC	❑	Residence in a depressed economic area and/or homeless
	❑	Low family income (qualifies or could qualify for free/reduced lunch)
	❑	Necessary employment or home responsibilities interfere with learning
ACHIEVEMENT	❑	Student peer group devalues academic achievement
	❑	Consistently poor grades with little motivation to succeed
SCHOOL	❑	Irregular attendance (excessive absences during current or most recent grading period)
	❑	Attends low-performing school
	❑	Transience in elementary school (at least 3 moves)
	❑	Limited opportunities for exposure to developmental experiences for which the student may be ready
ENVIRONMENT	❑	Limited experiences outside the home
	❑	Family unable to provide enrichment materials and/or experiences
	❑	Geographic isolation
	❑	No school-related extra-curricular learning activities in student's area of strength/interest
OTHER	❑	Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability)
	❑	Member of a group that is typically over- or underrepresented in the disability category

OTHER CONSIDERATIONS FOR ASSESSMENT

__ May have problems writing answers due to age, training, language, or fine motor skills
__ May have attention deficits or focusing/concentration problems
__ Student's scores may be impacted by assessment ceiling and basal effects
__ Gifted evaluations: high ability displayed in focused area: _____
__ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions
__ Is extremely shy or introverted when around strangers or classmates
__ Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s)
__ May have another deficit or disability that interferes with educational performance or assessment

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure:	Assessment Category/Measure:	Assessment Category/Measure:
_____	_____	_____

Appendix B: Sample Developmental History

CONFIDENTIAL PARENT QUESTIONNAIRE

To Be Completed by Parent or Parent Interview

Student Information

Name: _____ Form completed by: _____Date: ___/____/_____
Date of birth: _____ Age: _____

Parents/Legal Guardians *(Check all that apply.)*

With whom does this child live?
❑ Both parents ❑ Mother ❑ Father ❑ Stepmother ❑ Stepfather
❑ Other: _____
Parents'/Legal Guardians' Name(s):
_____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
List names/ages/relationships of people at home: _____
_____
Are there any languages other than English spoken at home? ❑ Yes ❑ No
If yes, what language(s)? _____ By whom? _____ How often? _____

Areas of Concern *(Check all that apply.)*

❑ Behavioral/emotional ❑ Slow development ❑ Listening
❑ Immature language usage ❑ Difficulty understanding language ❑ Health/medical
❑ Slow motor development ❑ Vision problems ❑ Development inconsistent
❑ Speech difficult to understand ❑ Other: _____

Why are you requesting this evaluation? _____
_____
_____
Did anyone suggest that you refer your child? ❑ Yes ❑ No
If yes, name and title: _____
Has a physician, psychologist, speech pathologist or other diagnostic specialist evaluated your child? ❑ Yes ❑ No
Was a diagnosis determined? ❑ Yes ❑ No Please explain: _____
_____

Preschool History *(Check all that apply.)*

Preschool/daycare programs attended
Name: _____ Address: _____ Dates_____
Name: _____ Address: _____ Dates_____
List any special services that your child has received (e.g., Head Start, TIPS, TEIS, therapy, etc.)
Type of service: _____ Age: _____ Dates: _____ School/agency: _____

Type of service: _____ Age: _____ Dates: _____ School/agency: _____

If your child has attended a preschool or daycare and problems were discussed with you concerning his/her behavior, explain what was tried and if you think it worked.

_____
_____
_____
_____

Developmental History

Pregnancy and Birth

Which pregnancy was this? ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th Other_____ Was it normal? ❑ Yes ❑ No

Explain any complications: _____

Was your child ❑ Full term? ❑ Premature? What was the length of labor? _____

Was the delivery: *Spontaneous?* ❑ Yes ❑ No *Induced?* ❑ Yes ❑ No *Caesarian?* ❑ Yes❑ No

Birth weight _____ Baby's condition at birth (jaundice, breathing problems, etc.): _____

_____

Motor Development *(List approximate ages)*

Sat alone _____ Crawled _____Stood alone _____

Walked independently _____ Fed self with a spoon _____

Toilet trained _____ Bladder _____ Bowel _____

Medical History

List any significant past or present health problems (e.g., serious injury, high temperature or fever, any twitching or convulsions, allergies, asthma, frequent ear infections, etc.).

_____
_____

List any medications taken on a regular basis.

_____
_____

Speech and Language *(List approximate ages)*

_____ Spoke first words that you could understand (other than *mama* or *dada*)
_____ Used two-word sentences
_____ Spoke in complete sentences
_____ Does your child communicate primarily using speech?
_____ Does your child communicate primarily using gestures?
_____ Is your child's speech difficult for others to understand?
_____ Does your child have difficulty following directions?
_____ Does your child answer questions appropriately?

Social Development

What opportunities does your child have to play with children of his/her age? _____
_____
What play activities does your child enjoy? _____
Does s/he play primarily alone? ❑ Yes ❑ No With other children? ❑ Yes ❑ No
Does s/he enjoy "pretend play"? ❑ Yes ❑ No
Do you have concerns about your child's behavior? ❑ Yes ❑ No If yes, please explain.
_____
_____
How do you discipline your child? _____
_____
_____

Thank you for providing the above developmental information on your child. Please return to _____. If you have any questions, please feel free to contact _____ at _____.

Appendix C: Teacher Input Form

Child's Name: _____ Teacher Completing Form: _____
Date of Birth: ____/____/_____ Age: _____

Please detail concerns/strengths in the following areas (please keep in mind age-appropriate skills in each area):

Physical (fine-motor and gross-motor skills)

Cognitive (ability to think – with skills from concrete to abstract)

Communication (language skills – expressive and receptive)

Social/Emotional (ability to interact appropriately with peers and authority figures)

Adaptive (i.e., self-help, independent living, and socialization skills)

Observation to document delays:

It is suggested that a minimum of 15 minutes be allotted for the observation. The observation should be conducted in an environment natural for a child.

_____ ____/____/_____
(Teacher's Signature) *(Date)*

Appendix D: Assessments

This list is may not be comprehensive or include all acceptable available measures. These are the most recent versions of these measures at the time this document was created (Spring 2017). The determination of which measure is used in an evaluation is at the discretion of the assessment specialist.

Developmental Inventory	*Bayley Scales of Infant and Toddler Development-III* *Battelle Developmental Inventory-Normative Updated-2*
Cognitive	*Wechsler Preschool and Primary Scale of Intelligence - IV* *Wechsler Intelligence Scale for Children-V* *Wechsler Adult Intelligence Scale-IV* *Wechsler Nonverbal Scale of Ability* *Woodcock Johnson Tests of Cognitive Abilities – Fourth Edition* *Universal Nonverbal Intelligence Test - II* *Reynolds Intellectual Assessment Scales – Second Edition* *Leiter-3 International Performance Scale - III* *Comprehensive Test of Nonverbal Intelligence - II* *Kaufman Assessment Battery for Children-2* *Differential Ability Scales-2* *Stanford Binet Intelligence Scales-V* *Test of Nonverbal Intelligence – Fourth Edition* *Primary Test of Nonverbal Intelligence*
Language/Communication/Social Language	*Clinical Evaluation of Language Fundamentals-5* *Clinical Evaluation of Language Fundamentals-Preschool: 2* *Clinical Evaluation of Language Fundamentals-4 (Spanish)* *Oral and Written Language Scales-II* *Preschool Language Scale-5* *Preschool Language Scale-5 (Spanish)* *Social Language Development Test-Elementary & Adolescent* *Test of Language Development-Intermediate: 4* *Test of Language Development-Primary:4* *Test of Pragmatic Language-2*
Behavior/Emotional/Social	*Behavior Assessment System for Children-3* *Beck Youth Inventories-2* *Conners Comprehensive Behavior Rating Scales* *Social Skills Improvement System Rating Scales* *Vineland Social-Emotional Early Childhood Scales*
Adaptive Behavior	*Adaptive Behavior Assessment System-3* *Vineland-3*
Communication/Language/Social Skills	*Functional Communication Profile-Revised* *The Pragmatics Profile* *Children's Communication Checklist-2*

	The Communication Matrix (www.communicationmatrix.org) *Pragmatic Language Skills Inventory* *Verbal Behavior MAPP (VB-Mapp)* *Autism Diagnostic Observation Schedule (**ADOS**)* *Assessment of Basic Language and Learning Skills (ABLLS)*
Physical	*Bruininks-Oseretsky Test of Motor Proficiency, Second Edition* *Movement Assessment Battery for Children,Second Edition* *Peabody Developmental Motor Scales–Second Edition*

Appendix E: Developmental Delay Calculation Form

STUDENTS NAME		DATE	
DATE OF BIRTH		AGE IN MONTHS/YEARS	
SCHOOL		GRADE	

AREA	DEVELOPMENTAL AGE (MONTHS)	PERCENT DELAY
Physical Development Combined		
• Fine Motor		
• Gross Motor		
Cognition/Intelligence Development		
Communication Development Combined		
• Receptive Language		
• Expressive Language		
• Phonology/Articulation		
Social/Emotional Development		
Adaptive Development		

If the child has a delay of 25 in two or more of the five areas OR a 40 percent delay in one of the above areas, he/she may be eligible for services under the developmentally delay classification.

If the only area of deficit is communication development, then a referral to the speech language pathologist is needed to rule in or speech or language impairment rather than the developmental delay classification.

If the referral for developmental delay is made after age seven and cognition and adaptive development are delayed, more robust assessments are warranted to rule out other disabling conditions.

CALCULATING THE PERCENT DELAY

CA-DA CA	**38 Months – 24 Months 38 Months**	**14 X 100 = 38**	**36.84 OR A 37% DELAY**

CA = Chronological Age

DA = Developmental Age

Appendix F: Adaptive Behavior Observation Forms

Student's Name: _____ Date of Observation: _____
Grade: _____ Observer's Name: _____
School: _____ Class: _____

Levels of Support:

Intermittent	Limited	Extensive	Pervasive
❖ Full participation ❖ As needed support ❖ Independent skills with consistent performance	❖ Moderate participation (more than 50% of the time) ❖ Some support ❖ May require verbal prompts ❖ Inconsistent performance	❖ Moderate participation (less than 50% of the time) ❖ A lot of support (daily and regular) ❖ Requires physical prompts/cues ❖ Partial performance	❖ No participation ❖ Full support ❖ Physical assistance (hand over hand) ❖ Unable to perform

Directions: If skill is observed, then mark with a √. Add comments as appropriate.

Daily Living/Independent Living Skills

___Can make transitions	___Personal care/hygiene	___Prepares materials	___Keeps schedules
___Uses materials safely	___Seeks assistance	___Self-advocates	___Makes choices
___Dressing/Undressing skills appropriately	___Eating/drinking	___Toileting	___Uses materials

Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Social Interpersonal Skills

___Appropriate play skills	___Interacts with peers	___Follows directions	___Takes turns
___Cooperates	___Shows concern for others	___Shows appreciation	___Makes requests
___Displays self-esteem	___Shows social judgment	___Problem solves	___Initiates with adults/peers

Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Communication Skills:

___Initiates/Responds	___Follows direction	___Uses gestures	___Understands social cues
___Requests help	___Expresses feelings	___Makes comments	___Protests/rejects appropriately
___Makes choices	___Expresses wants/needs	___Uses assistive technology	___Gains attention of peers/adults

Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Academic Skills

___Responds to teacher	___Manages time	___Able to attend	___Retains concepts
___Uses survival words	___Applies skills	___Follows a schedule	___Uses a calendar
___Shows science knowledge	___Handles money	___Displays life skills	___Shows math skills
___Shows basic reading skills	___Has/Uses materials	___Shows basic writing skills	___Shows basic reading

Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Recreation & Leisure Skills

___Aware of own interests	___Takes turns	___Follows safety rules	___Accesses activities
___Initiates activities	___Chooses preferred activities	___Mastery of steps/directions for increased participation	

Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Community Participation

___Follows safety rules	___Participates in school drills	___Chooses socially appropriate activities
___Demonstrates travel skills	___Gets around school building	___Has knowledge to access community resources

Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Work and Work-related Skills

___Accepts directions	___Works well with others	___Initiates tasks	___Completes tasks
___Works independently	___Displays developing job skills	___Follows schedules	___Aware of support needs

Estimated Level of Support:

☐ **Intermittent** ☐ **Limited** ☐ **Extensive** ☐ **Pervasive**

Comments:

Additional Comments:

Age range – 3 years (36 months) – 3 years 11 months (47 months)

(Documentation in natural environment by qualified professional)

Student _____ D.O.B. _____ Age _____ School _____ Grade ___

*Compare **target student** (whose name is above) with peer of same age (**control student**). Control Student should have approximately age-appropriate skills. **Mark Y (yes), N (no),** or **NK (not known)** for each behavior on both students. Some items can be completed by interview with caretaker/teacher.*

Area: Physical Development (Fine/Gross)	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Imitates Circular/Vertical Strokes			
2. Stacks 6 to 8 large blocks			
3. Cuts along a line			
4. Catches large ball with arms			
5. Throws a ball forward			
6. Kicks a large ball			
7. Stands briefly on one foot			
8. Attempts to use scissors, may make cuts			
9. Holds crayons and markers			
Area: Cognition	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Rote counts from 1-10			
2. Completes a 3 to 4 piece large puzzle			
3. Recalls familiar objects or events			
4. Matches objects and pictures			
5. Knows concept of empty 'all done'			
6. Sorts object by 1 feature			
7. Identifies colors, red, blue, yellow			
8. Works toys with simple levers, buttons			
Area: Communication (Receptive/Expressive)	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Begins to know Prepositional phrases (on the chair)			
2. Has sentence length of 3 to 4 words			
3. Sings songs			
4. Tells a story or relays an idea			
5. Practices by talking to self			
6. Asks and answers a variety of questions			
7. Names actions, pictures, and interacts with stories			
8. Knows name			
Area: Social/Emotional	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Enjoys simple songs and games with others			
2. Initiates activities with parents			
3. Attends to short stories			
4. Imitates parents, family members, familiar adults			
5. Plays make believe with self and others			
6. Shows affection – may show concern for upset friend			
Area: Adaptive	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Attends to learning task/story in small group			
2. Focuses on one task with minimal distractions			
3. Uses napkin with reminder			
4. Uses Straw			
5. Indicates need for toilet			
6. Toilets and attempts to wipe self			
7. Attempts to put on simple clothing			

_____ _____ _____

Signature of Observer *Relationship to Child* *Dates of Observation(s)*

Age range – 4 years (48 months) – 4 years 11 months (59 months)

(Documentation in Natural environment by qualified professional)

Student _____ D.O.B. _____ Age _____ School _____ Grade ___

*Compare **target student** (whose name is above) with peer of same age (**control student**). Control student should have approximately age appropriate skills. **Mark Y (yes), N (no),** or **NK (not known)** for each behavior on both students. Some items can be completed by interview with caretaker/teacher.*

Area: Physical Development (Fine/Gross)	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Walks up and down steps, may hold on to rail			
2. Catches medium to small ball with hands			
3. Cuts paper into 2 pieces			
4. Draws a 3-part person			
5. Colors within lines			
6. Holds spoon/fork			
7. Begins to Hop, may be able to skip, gallop			
8. Climbs low furniture			
Area: Cognition	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Completes an open ended sentence			
2. Completes a puzzle from 2 to 12 pieces			
3. Understands concepts such as largest, highest, alike			
4. Plays board games or card games			
5. Remembers parts of a story			
6. Sorts object by 1 feature			
7. Identifies colors, red, blue, yellow			
8. Works toys with simple levers, buttons			
Area: Communication (Receptive/Expressive)	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Identifies crosses, triangles, circles and Squares			
2. Knows next month, next year (broad time)			
3. Has sentence length of 4 to 5 words			
4. Begins to use complex sentences			
5. Plays with language (word, sound substitutions)			
6. Asks and answers a variety of questions			
7. Asks who and why			
8. Identifies more colors and objects by name			
Area: Social/Emotional	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Asks for assistance			
2. Can attend and interesting task for 10-15 minutes			
3. Beginning of cooperative play			
4. Can generally cooperate for play purposes			
5. Interacts with adults more appropriately			
Area: Adaptive	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Puts on socks			
2. Dresses/undresses self except for fasteners			
3. Puts on shoes correctly, may need help fastening			
4. Zips			
5. Brushes teeth (may need to have verbal prompts)			

_____ _____ _____

Signature of Observer *Relationship to Child* *Dates of Observation(s)*

Age range – 5 years (60 months +)

(Documentation in Natural environment by qualified professional)

Student _____ D.O.B. _____ Age _____ School _____ Grade ___

*Compare **target student** (whose name is above) with peer of same age (**control student**). Control Student should have approximately age appropriate skills. **Mark Y (yes), N (no),** or **NK (not known)** for each behavior on both students. Some items can be completed by interview with caretaker/teacher.*

Area: Physical Development (Fine/Gross)	Target	Control	Examples of "N" Marked items for Target Student
1. Laces shoes			
2. Cuts along lines			
3. Skips			
4. Throws ball with close accuracy			
5. Stands on 1 foot for 10 seconds			
6. Hops, skips, gallops			
7. Swings and climbs well			
Area: Cognition	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Names most shapes			
2. Knows difference between daytime/nighttime activities			
3. Knows about everyday things (money, food, object use)			
4. Understands what a calendar is used for			
Area: Communication (Receptive/Expressive)	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Defines objects by use			
2. Knows address, basic personal info			
3. Identifies basic coins (penny, nickel, dime)			
4. Has sentence length of 5 to 6 words			
5. Knows common opposites (hot/cold)			
6. Uses future, present and past tenses			
7. Questions for information			
8. Identifies left and rights on self			
9. Shows interest in printed materials			
10. Counts 10 objects			
11. Uses all types of sentences			
Area: Social/Emotional	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Developing relationships with peers			
2. Plays cooperatively with others			
3. Has conversations with adults, family			
4. Play is constructive			
5. Has wide emotional swings (laughing to crying quickly)			
6. Has desire for Independence			
7. Exaggerates abilities and imaginative stories			
Area: Adaptive	**Target**	**Control**	**Examples of "N" Marked items for Target Student**
1. Washes and dries face			
2. Wipes self independently			
3. Uses fork, spook competently			
4. Ties shoes			
5. Brushes/combs hair			
6. Blows nose			
7. Brushes teeth without physical assistance			

_____ _____ _____

Signature of Observer *Relationship to Child* *Dates of Observation*

Appendix G: Assessment Documentation Form

Developmental Delay

Assessment Documentation

School System_____ School_____ Grade_____
Student_____ Date of Birth____/_____/_____ Age____

1. Definition		
• child is aged 3:0 (*by IEP begin date)* through 9:11. Delays measured in one or more of physical (fine and/or gross), cognitive, communication, social/emotional, or adaptive development adversely affect child's educational performance	❑ Yes	❑ No
• initial eligibility was made before child's 7th birthday	❑ Yes	❑ No
• development delay is most descriptive disability category of child's strengths and weaknesses	❑ Yes	❑ No
2. Evaluation Procedures		
• physical development (fine and gross motor skills)	❑ Yes	❑ No
• cognitive/intelligence development	❑ Yes	❑ No
• communication development (receptive and expressive language skills combined)	❑ Yes	❑ No
• social/emotional development	❑ Yes	❑ No
• adaptive development	❑ Yes	❑ No
• standard scores in 2 of the 5 individually administered measures are ≥1.5 standard deviations (SS= 77/78) below the mean of the test instrument with consideration of the standard error of measure *OR*	❑ Yes	❑ No
• standard scores in 1 of the 5 individually administered measures is ≥2.0 standard deviations (SS= 70 or less) below the mean of the test instrument with consideration of the standard error of measure *AND*	❑ Yes	❑ No
• when deficit is 2.0 standard deviations below test mean, the existence of *another disability* category *that is more descriptive* of the child's learning style has been ruled out	❑ Yes	❑ No
• documentation of atypical development	❑ Yes	❑ No
• observation of developmental strengths and needs	❑ Yes	❑ No
• observation to document delayed or atypical development in a natural environment by a qualified professional	❑ Yes	❑ No
• interview with child's parent to discuss and confirm child's noted developmental strengths and needs	❑ Yes	❑ No
• review of any existing records or data	❑ Yes	❑ No
• documentation (observation and/or assessment) of how developmental delay adversely impacts educational performance	❑ Yes	❑ No
• for initial eligibility *OR* re-evaluation past the child's 7th birthday, a comprehensive evaluation is completed to determine the most appropriate eligibility	❑ Yes	❑ No

_____ _____/_____/_____

Signature of Assessment Team Member Role Date

_____ _____/_____/_____

Signature of Assessment Team Member Role Date

_____ _____/_____/_____

Signature of Assessment Team Member Role Date

_____ _____/_____/_____

Signature of Assessment Team Member Role Date

_____ _____/_____/_____

Signature of Assessment Team Member Role Date

_____ _____/_____/_____

Signature of Assessment Team Member Role Date

Appendix H: Score Profile Sheet

Developmental Delay

Child's Name _____ **District/School** _____

DOB _____**CA** _____/_____ Initial evaluation and child is age **7-0 or less** ❑ Yes ❑ No

Years Months

	Physical	**Cognitive**	**Communication**	**Social/ Emotional**	**Adaptive**
Instrument Used					
Date Administered					
Standard Score	_____ SS ____ SDs above/below norm	_____ SS ____ SDs above/below norm	_____ SS ____ SDs above/below norm	_____ SS ____ SDs above/below norm	_____ SS ____ SDs above/below norm
OR					
Percentage Delay (if any)	_____ %	_____ %	_____ %	_____ %	_____ %

Documentation and assessment of how developmental delay adversely affects educational performance in the classroom or learning environment:

Explain: _____

_____

Assessment team decision (check one):

- ❑ Meets eligibility standards for developmental delay category
- ❑ Does not meet eligibility standards as developmentally delayed
- ❑ Another disability category is suspected. Consult/call meeting.

Assessment Team Members

(Name/Position) _____/_____

_____/_____

_____/_____