

Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures

Introduction

Once the Service Coordinator has explained Early ACCESS, reviewed procedural safeguards and obtained signed *Consent for Early ACCESS Evaluation with Prior Written Notice*, the Service Coordinator coordinates the comprehensive multidisciplinary evaluation. The comprehensive multidisciplinary evaluation includes both family assessment and multidisciplinary child evaluation activities.

Family assessment purpose

A requirement of the comprehensive identification procedures is to identify the resources, priorities, and concerns of the family as part of the evaluation process [281 - 120.27(5)].

In addition, the family assessment facilitates team members learning what is important to the family, their concerns and identifies the supports and services needed to best enhance their child's health and development. It is NOT an evaluation of the family.

- The family assessment, conducted by interview or conversation, must be voluntary on the part of the family.
- Parents can choose to decline the assessment.
- The Service Coordinator explains the need to learn about the family's resources, priorities and concerns and asks their permission to record responses on the *Family Statement* page. The following table provides guidance on next steps, depending on the parent's decision.

If the family...	Then...
agrees to an assessment of the family's resources, priorities, and concerns	<p>The following requirements must be met:</p> <ul style="list-style-type: none"> • Conducted by personnel trained to utilize appropriate methods and procedures; • Based on information provided by the family through personal interview; and • Documented as to the family's identified resources, priorities, and concerns related to enhancing their child's development on <i>Family Statement</i>.

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**Family
assessment
purpose
(continued)**

If the family...	Then...
Declines to a family assessment at this time	<ul style="list-style-type: none"> • Indicate declines on <i>Family Statement</i> page • Do not record any family resources, priorities or concerns.

**Purpose of
multi-
disciplinary
child evaluation**

A comprehensive multidisciplinary evaluation is conducted to determine a child's initial and continuing eligibility for Early ACCESS and to gather information about planning to address the needs of the child and child's family [281 – 120.27(4)].

The evaluation results are used to:

- fulfill the requirement to evaluate a child with a known condition (child automatically eligible for Early ACCESS) in specific areas of development;
- OR

- determine initial eligibility and substantiate or confirm if a child has a 25% or greater delay in one or more areas of development;

AND

- assess the child's strengths and concerns to assist in developing an Individualized Family Service Plan to address needs of the child and the child's family.

The following areas are required to be evaluated regarding the child's:

- Physical-Fine motor development
- Physical-Gross motor development
- Cognitive development
- Communication development
- Social/Emotional development
- Adaptive development
- Current health status and medical history
- Vision
- Hearing
- Nutrition

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Comprehensive Evaluation definition A comprehensive evaluation means to:

- use appropriate methods or procedures to determine a child’s initial and continuing eligibility for Early ACCESS consistent with the definition of “eligible children”; and
- determine the status of the child in each of the development areas (281-120.4).

Multi-disciplinary team definition A multidisciplinary team must conduct the comprehensive evaluation.

Multidisciplinary team means the involvement of two or more qualified disciplines of different professional backgrounds who complete the evaluation activities and development of the IFSP (281 - 120.4).

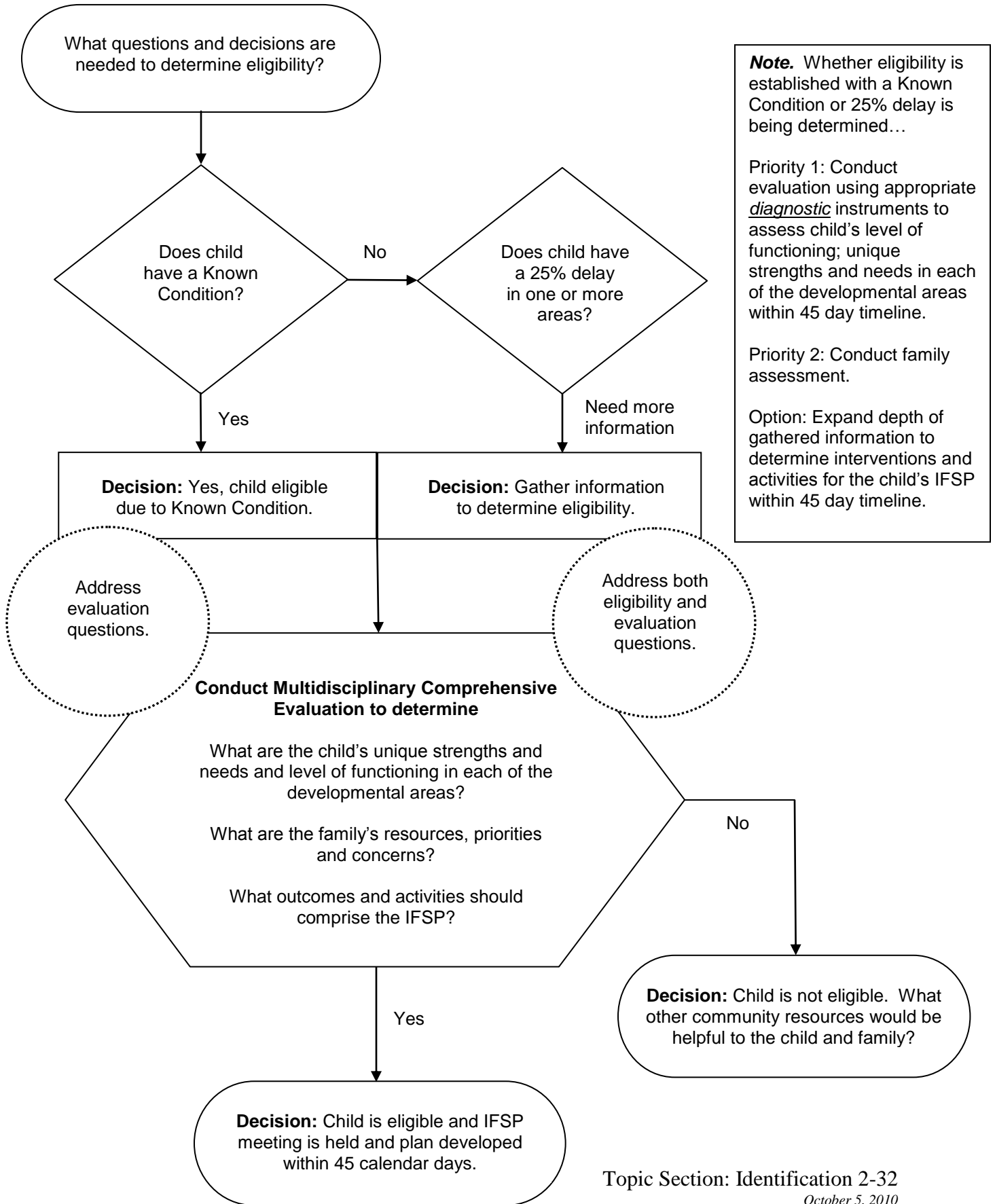
Multidisciplinary team members must be *actively participating* in the data gathering and decision-making process for both the evaluation and development of the IFSP.

Actively participating means the qualified professional is participating within the timeframe of the evaluation process and development of the IFSP since needs of an infant and/or toddler change so rapidly.

Multi-disciplinary comprehensive evaluation decision making model The comprehensive multidisciplinary evaluation process is illustrated in the following decision-making model. Decision steps are provided for corresponding action to take for each question.

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Multidisciplinary Comprehensive Evaluation Process



Note. Whether eligibility is established with a Known Condition or 25% delay is being determined...

Priority 1: Conduct evaluation using appropriate *diagnostic* instruments to assess child's level of functioning; unique strengths and needs in each of the developmental areas within 45 day timeline.

Priority 2: Conduct family assessment.

Option: Expand depth of gathered information to determine interventions and activities for the child's IFSP within 45 day timeline.

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Introduction to decision-making model

The Multi-Disciplinary Comprehensive Evaluation Process model shows the basic evaluation decisions and actions needed to provide information to determine eligibility and to develop an IFSP for eligible children and their families.

While the model shows the basic questions and decisions that need to be made, it does not show all the multiple questions and decisions that the multidisciplinary comprehensive evaluation team considers.

Assess eligibility status

The process begins with the initial question:

What questions and decisions are needed to determine eligibility?

If ...	Then ...
the child has a condition known to cause later delays,	<ul style="list-style-type: none"> the child is automatically eligible for Early ACCESS, and the team completes a multidisciplinary comprehensive evaluation in all [10] required developmental areas to provide information about the child's current level of functioning
the child does not have a known condition,	<ul style="list-style-type: none"> the child is not automatically eligible for Early ACCESS, and the team needs information to determine if the child has a 25% delay in one or more developmental areas the team completes a multidisciplinary comprehensive evaluation in all [10] required developmental areas to provide information about the child's current level of functioning
the child does not have a known condition or a 25% delay in one or more developmental areas	<ul style="list-style-type: none"> the child is not eligible for Early ACCESS, and child/family is referred to other community agencies for services or resources

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Conduct the evaluation

Whether the child has a known condition or a suspected 25% delay in one or more developmental areas, the team conducting the multidisciplinary comprehensive evaluation seeks information to determine the child's unique needs and level of functioning in each of the developmental areas.

- The first priority of the multidisciplinary comprehensive evaluation is to evaluate the child's unique strengths and needs and level of functioning in all developmental areas using appropriate diagnostic instruments within the 45-day timeline.
- The second priority is to identify the family resources, priorities and concerns.

Option: Expand depth of gathered information to determine intervention and activities for child's IFSP within 45 day timeline.

Evaluation results for writing IFSP outcomes

Teams are required to gather enough information before the initial IFSP meeting so that an appropriate IFSP can be written. However, additional evaluation information may be needed to enhance IFSP outcomes. The activities and services and this additional information can be gathered after the initial IFSP meeting. In other words, enough assessment data needs to be gathered to write a meaningful IFSP at the initial IFSP meeting within the 45-day timeline.

If the team does not collect the depth of assessment data needed in an area of development, (e.g. reason for referral) the team cannot delay meeting the 45-day timeline for the purpose of gathering additional assessment information. The team would recommend, as an IFSP outcome, further assessment data be collected in the area of need.

Note. The multidisciplinary comprehensive team has the option of expanding the evaluation process in further depth to gather information and determine interventions and activities for the child's IFSP within the 45 day timeline. At this point, the team would use a variety of assessment instruments that identify the child's unique strengths and needs.

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Evaluation questions

The multidisciplinary comprehensive team evaluation seeks to answer several questions:

- What are the family's resources, priorities and concerns?
- What are the unique strengths and early intervention needs of the child and family in all required areas of development?
- What factors impact this child's development and opportunities for learning, and could be addressed to promote the infant/toddler's growth?
- How does the child's performance of skills and knowledge compare to age appropriate expectations?
- What areas need further evaluation?
- Are there additional sources to gather needed information to develop program plans for the child?
- Is the child eligible for early intervention services?

Note. This list is not meant to be an exhaustive representation of the questions a team may ask.

Multi-disciplinary evaluation requirements

There are a number of requirements that must be met during the comprehensive multidisciplinary evaluation process. Public agencies responsible for the evaluation of children and families shall ensure, at a minimum:

- No cost to parents;
 - Timelines are met for completing the evaluation and IFSP meeting within 45 calendar days;
 - Tests and other evaluation materials and procedures are administered in the native language of a parent or child, or other mode of communication, unless it is clearly not feasible to do so;
 - Any assessment and evaluation procedures and materials used are selected and administered so as not to be racially or culturally discriminatory;
 - No single procedure is used as the sole criterion for determining a child's eligibility for Early ACCESS;
 - Evaluations and assessments are conducted by qualified personnel; and
 - Must be conducted by a multidisciplinary team.
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RIOT framework

Within the state of Iowa, the multidisciplinary evaluation teams conduct an evaluation and assessment using a systematic means of collecting and recording information about young children through a framework referred to as RIOT.

RIOT is an acronym for:

- **Review**
- **Interview**
- **Observe**
- **Test**

The purpose of the RIOT framework is to consider information needed for decision-making in an accurate and efficient way.

It is important to note that the RIOT process may vary with the needs of the child and family, and the process is unique for each child.

Each component of the RIOT framework is provided in the blocks below.

Review

A member of the multidisciplinary evaluation team reviews relevant documents available for the infant/toddler and determines through professional judgment the information relevant to the evaluation. Records that might be reviewed include:

- pertinent records related to the child's current health status and medical history; and
 - existing child evaluation, assessment, and prior screening reports.
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Interview

Members of the multidisciplinary evaluation team interview the parents and other individuals with direct knowledge and understanding of the child and family with respect to the specified developmental areas. The interview process may be used to evaluate the family's resources, priorities and concerns. Should the family choose to participate in the family assessment, it is conducted through the interview process.

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Observe

Team members may observe the infant or toddler in his/her natural environment and through interactions for daily activities such as eating, playing, talking, laughing, crawling, rolling, etc. Other observations may include:

- observations following adaptations or modifications suggested by the evaluator,
- the child's interaction with family, friends and other professionals, and/or
- insight and information gathered through observations by family members or other providers.

It should be noted that observations can be used to seek answers to questions regarding the family's interactions, routines that can be used to infuse instructional opportunities, intervention ideas and intensity of support needed to effect a change in the infant/toddler's performance.

Test

Tests are a process of gathering direct information and providing a numeric measure of performance gathered through a variety of means. These means may include and are not limited to rubric assessments based on functional skills, functional behavioral assessments, curriculum based assessments, norm or criterion referenced assessments or performance assessments through the completion of specific tasks.

These tests or assessments assist with determining:

- initial functioning level in all required areas of development;
 - the gap between the child's current level and expected developmental or age referenced performance;
 - additional areas where more in depth evaluation is needed; and
 - other sources to gather needed information.
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Types of evaluation and assessment instruments

When the evaluation includes administration of tests, the selection of valid and reliable instruments is critical since decisions about the child's progress are based on the integrity of the initial evaluation. The following are descriptions of various types of evaluation and assessment instruments (tests).

Diagnostic instrument. Provides information about a child's developmental strengths and concerns compared to other children of the same age; provides a norm-referenced or a criterion-referenced score.

Norm-referenced. A standardized test in which the child's score is compared with other children's scores. Provides information on how a child is developing in relation to a larger group of children of the same chronological age. Items are chosen based on statistical criteria, such as percentage of children who master a particular skill at a certain age or whether the item correlates well with the total test (Losardo & Notari-Syverson, 2001, p. 18).

Criterion-referenced. A means of determining the level of a child's skills compared with a criterion or with a performance standard. Items are usually sequentially arranged within the developmental domains or subject areas. Numerical scores represent proportion of specific domain or subject area that a child has mastered (Losardo & Notari-Syverson, 2001, p. 18).

Curriculum-based. An assessment that is integrated as a part of the curriculum, and skills are assessed during daily teaching and instruction. Information is used as a direct means for identifying a child's entry point within an educational program and for refining and readjusting instruction. Assessment and curricular content are coordinated to address same skills and abilities. Repeated testing occurs over time to measure child's progress on these skills (Losardo & Notari-Syverson, 2001, p. 18).

Note. In selecting an assessment instrument, the qualifications of the evaluator needs to be considered. Evaluator qualifications are specified in the instructions of the instrument's manual.

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Minimum standards for comprehensive 45-day evaluation process

The comprehensive multi-disciplinary evaluation of the child's strengths and unique needs and the family assessment of priorities, resources and concerns are conducted within 45 days.

A diagnostic instrument containing multiple domains is acceptable to assess the child's developmental areas required for comprehensive evaluation (excluding health, nutrition, hearing or vision).

Required areas for the child's comprehensive evaluation include:

- Health
- Nutrition
- Vision
- Hearing
- Adaptive
- Cognitive
- Communication
- Physical-Fine Motor
- Physical-Gross Motor
- Social/Emotional

Multi-domain
diagnostic
instrument

Other instruments and procedures may be used to assist with the comprehensive evaluation of infants and toddlers, including health, nutrition, vision and hearing as well as areas of major concern, such as behavior checklists, structured interviews, play-based assessments, adaptive and developmental scales, and curriculum-based instruments.

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Criteria for selecting diagnostic tools evaluation and assessment

Individuals are responsible for selecting diagnostic instruments based on the following state selected criteria (Meisels, 1991).

- Purpose of instrument described and population for which it was designed validated;
- Data available to indicate the technical adequacy or psychometric properties is well described, and indicates that the instrument is valid (meaning) and reliable (consistent);
 - The validity of an instrument communicates whether it is measuring what it says it measures (e.g., a “language test” actually measures language development).
 - If an instrument is reliable, results across examiners, children and over time can be trusted. (McCormick, Missall, Woods & Samplers, 2007)
- Standardized administration with clear description of requirements necessary to administer the tool and training or education level of personnel needed;
- Norm referenced based on range of age from birth to three years;
- Multiple developmental domains;
- Provides opportunities to involve families in the evaluation process;
- Cost for use and ongoing data collection reasonable;
- Time to administer instrument reasonable;
- Yields a standard score;
- Provides the necessary information to answer the referral concern and the family/team questions; and
- Provides information to help make the decision about a child’s eligibility for Early ACCESS.

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The evaluation: In addition, as the evaluation occurs, the multidisciplinary team seeks information to make decisions and recommendations regarding the infant and/or toddler's age-appropriate functioning levels in the following three Early Childhood Outcomes (ECO) areas:

**Early
Childhood
Outcomes**

- Positive social emotional skills (including social relationships);
- Acquisition and use of knowledge and skills (including early language/communication and literacy); and
- Use of appropriate behaviors to meet needs (self-help and motor skills).

Note. A child's age-appropriate functioning in each of the ECO areas is agreed upon at the IFSP team meeting based on the data and information collected from the comprehensive multidisciplinary evaluation. See Early Childhood Outcomes Section.

Note. More information about team decisions in each of the ECO areas can be found in Section 4: ECO.
