PART C ADMINISTRATOR IMPLEMENTATION TECHNICAL ASSISTANCE GUIDE

EVALUATION AND ASSESSMENT

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA) requires States to evaluate infants and toddlers referred to the IDEA program for infants and toddlers with disabilities (Part C) if they are suspected of having a possible developmental delay or disability. States must conduct evaluations to determine eligibility for Part C, and for those children found eligible, conduct a child and family assessment to identify the unique strengths and needs of the child and family. The evaluation and assessment tools a State uses, and its policies and procedures to engage and support families through the evaluation and assessment process, play a critical role in determining which children and families receive services under Part C.

IDEA PART C STATUTORY AND REGULATORY KEY PRINCIPLES

- Comprehensive child find system

- Early and appropriate identification of all eligible children, including from underserved groups

- Coordination among agencies and early childhood programs

- Outreach to and engagement with families and primary referral sources

- Promoting development, learning, and school readiness

IDEA sections 632, 634, 635(a)(1)-(8), 636(a), and 637(a)(3)-(7) and 34 C.F.R. Part 303.

EVALUATION

IDEA requires that infants and toddlers suspected of having a disability receive a timely, comprehensive, multidisciplinary evaluation to determine their eligibility for Part C services. Subject to parental consent, States must conduct that evaluation within 45 days of a referral to the Part C system. IDEA mandates that the evaluation identify the child's level of functioning in five areas of development: cognitive, physical (including vision and hearing), communication, social or emotional, and adaptive (e.g., self-help and coping ability).

Multiple procedures can be used in determining eligibility for Part C. Standardized evaluation instruments are typically part of the evaluation process. In addition to standardized evaluation instruments, qualified providers should also observe the child and use authentic assessment within a child's daily routines.[1, 2] Providers must consider a child's history (including interviewing the parent) and medical or other records to determine eligibility. Depending on a States' eligibility criteria, such records (e.g., a diagnosis of a specific physical or mental condition that has a high probability of developmental delay) may establish eligibility without the need for an evaluation. Furthermore, children may also be found eligible based on the informed clinical opinion of qualified personnel conducting the evaluation, which can be based on a holistic consideration of a child's scores on standardized assessments, observations and authentic assessment, medical and developmental histories, a family's needs, and other pertinent quantitative and qualitative information. The Early Childhood Technical Assistance Center has a document that provides more information on informed clinical opinion as well as a checklist on using informed clinical opinion for eligibility determination.

INTRODUCTION

ASSESSMENT

IDEA requires both a child and family-directed assessment. A child assessment identifies a Part C-eligible child's unique strengths and needs and potential early intervention services. A family-directed assessment identifies the resources, priorities, concerns, and supports and services necessary to enhance the family's capacity to meet the needs of their child.

Evaluation and assessment procedures can contribute to inequities in access to Part C. There is an urgent need for all States to ensure that they have effective and equitable evaluation and assessment procedures in place, so that every child eligible for IDEA services receives services in a timely manner to support their ongoing development and learning. Appropriate early intervention services can decrease the likelihood children will need more costly special education services once they reach school age.[3] Evaluation and assessment practices can disproportionately affect certain populations of infants and toddlers, however. Provider biases and biases in evaluation and assessment tools can lead to both over- and under-identification of eligible children for Part C services, particularly among infants and toddlers of color, those experiencing poverty, or those facing adverse social determinants of health and development.[4, 5] Underserved families may face long wait times to meet with required specialists, which can extend the evaluation and assessment process and discourage families from completing the process or delay the provision of services. Logistical issues, such as obtaining signatures on paper forms, may delay or become a barrier to those needing alternative meeting times or remote services, or to non-English speaking families if the forms are not promptly available or translated or appropriate interpretation services are not timely provided. Effective and equitable evaluation and assessment procedures are critical to ensure that all infants and toddlers eligible for services under IDEA Part C receive appropriate services as early as possible.

CASE STUDY: A PHILADELPHIA PEDIATRIC CLINIC PROVIDED NAVIGATORS TO INCREASE EVALUATION COMPLETION RATES FOR PART C

A pediatric clinic in Philadelphia employed a patient navigation system, the Opening Doors to Early Intervention Program, for families of children suspected to have a developmental delay. The program helped families complete the eligibility process following a referral to Part C. Children served in the clinic are ethnically diverse: 21 percent Hispanic, 36 percent Black, 35 percent White, and 8 percent Asian; and nearly half speak a language other than English in the home.

During a pilot of the program, families interested in participating in the Opening Doors to Early Intervention Program were assigned a navigator. The navigator was trained in family navigation, early child development, and early intervention services. The navigator met with families post-referral to Part C to review children's and families' strengths and needs, explain the process for determining eligibility, and encourage families to complete necessary steps in the eligibility process. The navigator followed up with families by phone or text messaging at regular intervals to assess completion of each of the referral steps and provide assistance to address concerns or barriers.

Fifty-three families enrolled in the pilot of the Opening Doors to Early Intervention Program. Nearly half of the families had a primary language other than English. Two thirds of families reported they understood English very well. Most parents in the study (69 percent) had limited literacy. Children who participated in the study were primarily children of color, on public health insurance, and had a mean age of 18 months. Following a six-month period, data indicated that out of 53 families enrolled in the program, 42 families or almost 80 percent completed the process, including completion of the multidisciplinary evaluation, and 34 (or 64 percent) were found eligible for early-intervention services and an individualized family service plan was developed. Completion rates were substantially better than those found in a prior study conducted at the practice that did not involve a navigator.[6] In that study, only 51 percent of families completed the multidisciplinary evaluation.

Researchers attributed the increased rate of completion of the evaluation process to improved engagement with families, assistance with problem-solving, and the navigator's advocacy for early intervention services. This finding suggests that a family navigation program to facilitate early intervention referrals can be valuable to help families navigate the early intervention evaluation and assessment process.[7]

STRATEGIES IN ACTION: USING AUTHENTIC ASSESSMENT

The Workgroup on Universal Online Part C Early Intervention Curriculum, part of the Early Intervention-Early Childhood Professional Development Community of Practice, developed a module that provides an overview of authentic assessment in early intervention including what it is and why it is important. The Association on University Centers on Disabilities also hosted a webinar on authentic assessment in early childhood intervention.

STRATEGIES

State Part C administrators can promote high-quality evaluation and assessment practices that accurately and equitably identify infants and toddlers eligible for IDEA Part C services by implementing the following best practices:

PROMOTE COMPREHENSIVE, MULTIDISCIPLINARY EVALUATION AND ASSESSMENT PRACTICES

IDEA Part C programs should have procedures in place that promote multidisciplinary evaluation and assessment processes and practices that allow for various means of collecting and interpreting data.[8] This should include using different evaluation and assessment tools, conducting observations across natural environments and daily routines,[9] and involving multiple perspectives throughout the process,[10] including families, practitioners from different disciplines, and other care providers such as medical providers, early childhood providers, and case workers. The Early Childhood Technical Assistance Center has practice guides, checklists, and a module on the Division of Early Childhood recommended practices on assessment for young children with disabilities. Additionally, personnel conducting the evaluation and assessment should collect comprehensive medical and developmental histories and information on social determinants of health and development to gain a full understanding of a child's strengths and needs and any contributing factors to the child's developmental concerns.[11]

PROMOTE EVALUATION AND ASSESSMENT ACROSS DEVELOPMENTAL AREAS

IDEA Part C programs should promote evaluation and assessment procedures and practices that examine all areas of development that impact children's participation in daily activities and support their ongoing development and learning. IDEA requires examining children's competencies in developmental domains such as cognitive, motor, communication, social emotional, and adaptive. Providers should also consider examining children's skills that impact their ability to learn and develop, such as executive function; mastery motivation or persistence at mastering challenging tasks or activities; self-regulation; and self-determination.[12] This requires that IDEA Part C programs promote within their evaluation and assessment procedures both standardized assessments and authentic assessments conducted within a child's daily routines. The Strategies in Action box highlights resources on authentic assessment.

USE EVALUATIONS AND ASSESSMENTS SPECIFICALLY FOR SOCIAL EMOTIONAL DEVELOPMENT AND MENTAL HEALTH

The promotion of healthy development for very young children should include addressing their social emotional development and mental health. There are several tools for assessing social emotional development, and research demonstrates that these tools are more accurate in identifying social emotional delays than tools that only assess social emotional delays as part of a larger range of developmental outcomes.[13] States should also ensure that personnel with mental health backgrounds and fluency in using these tools are involved in their administration and interpretation.

STRATEGIES

PROVIDE MULTIPLE METHODS FOR ASSESSMENT, INCLUDING REMOTE OPTIONS

Families of young children living in rural or remote areas may benefit from remote evaluation or assessment options, particularly if personnel with specialized skills are needed. Virtual evaluation and assessment practice can also be a good alternative for families who may be hesitant to invite personnel into their homes or for children in early childhood programs that limit the number of adults in a classroom. Administrators should have procedures in place to determine when face-to-face evaluation or assessment may be a better approach to support accurate evaluation and assessment and to ensure that remote and face-to-face evaluations are offered equitably. The Early Childhood Technical Assistance Center offers resources and supports for conducting evaluation and assessment remotely.

ENGAGE FAMILIES IN POLICY AND PROGRAMMATIC DECISION-MAKING

It is important to involve families, including families that are typically underserved by the Part C system, as decision-makers on State policies and procedures around evaluation and assessment, including decisions on conditions for automatic eligibility; eligibility criteria for developmental delay; assessment tools approved by the States to use in eligibility determinations; and the State's analysis of its evaluation and assessment procedures. Part C programs should provide assistance to families to be members of State and local interagency coordinating councils, so that they can support the implementation of the Part C program, including around evaluation and assessment requirements. The Center for IDEA Early Childhood Data Systems has a webinar on engaging a broad range of partners on an ongoing basis. Part C programs should also involve families in developing and providing professional development for providers on how to conduct family assessments, talk to families about the eligibility and assessment process, and discuss results of the eligibility determination process (see Strategies In Action box for an example of professional development resources). Additional ways to involve families might include creating or reviewing forms and information that families receive during the evaluation and assessment process, to ensure that materials are family friendly and culturally and linguistically responsive.

ENGAGE FAMILIES IN THE EVALUATION AND ASSESSMENT PROCESS

Part C programs must ensure that policies and procedures support families' full engagement in the evaluation and assessment process. Families provide critical information that is useful in identifying their child's strengths and needs. States should have multiple ways to gather information from families (such as open-ended questions, interview templates, and checklists) and must provide family assessments in the family's native language unless that is clearly not feasible. States should have materials that explain the purpose of the evaluation and assessment process and how families will be involved. One example is the tipsheet for families on assessment in early intervention from the Illinois Early Intervention Clearinghouse. The Early Childhood Technical Assistance Center has a resource for families on how to partner with their child's assessment team. States should offer professional development to support practitioners in soliciting families' observations of their child's behavior, skills, and development, and priorities for their child's development and learning.

STRATEGIES

PROMOTE CURRENT KNOWLEDGE ABOUT EVIDENCE-BASED EVALUATION AND ASSESSMENT PRACTICE

As the knowledge base on evaluating infants and toddlers for eligibility determination and assessing their strengths and needs evolves, States' evaluation and assessment policies and practices should reflect current best practices. For instance, while autism screening has usually occurred at 18 months, current research indicates that symptoms of autism often appear even earlier than 18 months, and that children who receive intervention earlier have better outcomes.[14, 15] Administrators should follow the research and modify their States' processes for evaluation and assessment accordingly. The Early Childhood Technical Assistance Center offers checklists of practices to promote evidence-based evaluation and assessment.

LEVERAGE DATA TO EVALUATE AND IMPROVE PROCEDURES

IDEA Part C programs should establish procedures to evaluate and make continuous improvements within their evaluation and assessment processes. To support continuous improvement, State and local programs should identify the types of data that will help them determine how evaluation and assessment policies impact children's access to Part C, particularly children from historically underserved groups. Data could include: the demographics of children found eligible versus ineligible for IDEA Part C services, demographics of families that complete the process versus those with whom the system lost contact during the process, demographics of children who are found ineligible but then are re-referred and found eligible at a later time, and any inconsistencies in eligibility determinations across communities in the State. Part C programs should collect data from different groups involved in the evaluation and assessment process, including families and providers, to take into account various perspectives.

STRATEGIES IN ACTION: DEVELOPING PROFESSIONAL DEVELOPMENT TO REDUCE BIAS AND BARRIERS IN EVALUATIONS

The New York City early intervention program partnered with Teachers College at Columbia University to develop a 7-part module series on conducting high-quality early intervention evaluation. The modules provide information on relevant federal policies and state polices for evaluation in early intervention, strategies for reducing bias, tips for conducting bilingual evaluations, and potential challenges with many commonly used evaluation tools.

PUTTING THE STRATEGIES INTO PRACTICE

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HOW CAN ADMINISTRATORS PROMOTE HIGH-QUALITY EVALUATION AND ASSESSMENT PRACTICES?

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PROMOTE UNDERSTANDING ABOUT EVALUATION AND ASSESSMENT TOOLS

States can promote the use of evidence-based evaluations and assessments by providing a list of recommended or approved instruments within the eligibility determination and assessment process. Administrators should promote information for practitioners about approved tools in the State.[16] For example, the State of Nevada provides a web-based list of approved tools for screening, evaluation, and assessment, which can be adapted for use in other States. The State of Vermont has a framework for early childhood comprehensive assessment across their early childhood system.

PROMOTE CULTURALLY AND LINGUISTICALLY RESPONSIVE EVALUATION AND ASSESSMENT TOOLS

Administrators can promote the use of evidence-based tools that limit the introduction of cultural bias and are responsive to linguistic and other differences among children and their families. High quality evaluations use multiple measures and thereby reduces an inherent bias in any single criterion.[17] Evaluations and assessments must be administered in a child's native language unless clearly not feasible to do so, and translation services and language access planning is important to ensure that evaluations and assessments are accessible to all families. Administrators should also ensure that the qualified personnel conducting evaluation and assessments are trained in how to use the tools and interpret results appropriately.[18]

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RESOURCE FOR SUPPORT

The Early Childhood Technical Assistance Center compiled a list of evaluation measures to help States, programs, and early intervention providers identify tools that can be used to assist with eligibility determination if an evaluation needs to be conducted remotely.

PUTTING THE STRATEGIES INTO PRACTICE

WHAT PRACTICES CAN CONTRIBUTE TO GREATER ACCESS TO EQUITABLE EVALUATION AND ASSESSMENT?

RECRUIT DIVERSE PRACTITIONERS

Administrators should partner with institutions of higher education to support the recruitment and preparation of a more diverse early childhood practitioner workforce in their State so that practitioners more closely resemble the populations of the children and families that they serve.[19] Practitioners who more closely resemble families in the community, including those who speak families' native languages, can encourage trusting partnerships with families and reduce biases in evaluation and assessment procedures. Minnesota's early childhood strategic plan to increase a diverse workforce, for example, includes increasing funding for workforce development, increasing availability of scholarships, integrating mental well-being and trauma-responsive practices into training and support programs, and establishing collaborative career pathways in early childhood.

PROVIDE PROFESSIONAL DEVELOPMENT IN CULTURALLY AND LINGUISTICALLY RESPONSIVE PRACTICES

Administrators can promote professional development for practitioners to address and overcome biases in their practice. This professional development may include, for example, increasing practitioners' awareness of how culture influences families' perception of and expectations for their children's development; as well as how culture affects their own interpretation of children's behavior and development and the families' response to their children.[20] Such awareness can help when evaluating linguistically diverse young children by providing practitioners with the knowledge to differentiate between dual language development and language delay. Professional development should also support practitioners to incorporate regular introspection and adjustments to their evaluation and assessment practice to identify and reduce biases.

PUTTING THE STRATEGIES INTO PRACTICE

WHAT PRACTICES CAN CONTRIBUTE TO GREATER ACCESS TO EQUITABLE EVALUATION AND ASSESSMENT?	**IMPLEMENT INNOVATIVE STRATEGIES THAT PROMOTE EQUITY** Administrators can help remove logistical barriers to evaluations and assessments by, for instance, creating an online portal accessible by both providers and families to track progress of activities through the Part C eligibility process. Electronic tools that offer remote signing options or translation of agreements into other languages can increase access to evaluation and assessment for diverse populations. Administrators should also consider simplifying the language of agreements or waivers to help families understand the content. Administrators can also make the process more flexible for families by considering what parts of the process could be consolidated, removed, or made virtual to help all families access a comprehensive evaluation and assessment. **USE TRAINED FAMILY NAVIGATORS TO OVERCOME CULTURAL AND LINGUISTIC BARRIERS** Trained family navigators can provide culturally sensitive support with navigating and completing the early intervention evaluation and assessment process.[21] Navigation approaches can take many forms including training existing staff, such as service coordinators within Part C, or training family members and other professionals, such as community health outreach workers, case managers, social workers, and nurses in primary referral locations.[22]

ENDNOTES

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