

Guidance on Eligibility Evaluation Practices Early Intervention Technical Assistance

Access to Pennsylvania's early intervention program starts with the determination of eligibility during the initial evaluation process. The evaluation team, including the family, works together to implement appropriate, individualized assessment activities that provide documentation to establish eligibility and address the concerns of the family about their child's development. A variety of assessment activities are used to gather comprehensive evaluation information including a review of the child's medical and other records, administration of a norm-referenced assessment tool or test to assist in identifying the child's level of developmental functioning, a family assessment, and observation of the child in typical routines and activities.

Eligibility is based on a synthesis of the data gathered from all assessment activities and an analysis of that data in relation to Pennsylvania's eligibility criteria. It is especially important that all data be considered when there are challenging circumstances or when there is inconclusive or conflicting information with regard to eligibility. When there are questions about eligibility, the team performing the initial evaluation should review all available information prior to making a decision about eligibility for early intervention services.

Diagnostic tools and standardized tests should be used for the purpose and population for which they are valid and reliable. These tests should be administered and the scores should be interpreted in accordance with the directions in the manual. Evaluators utilizing these tests should meet specified user qualifications and have appropriate training to administer the test. Remember that when a child does not appear to be eligible for early intervention services as a result of the score a child received on a test, other criterion must be examined before a determination can be made about a child's eligibility for early intervention services.

In addition, when evaluating the eligibility of infants and toddlers for early intervention services, federal and state law allow for the use of informed clinical opinion as an independent basis to establish eligibility. Informed clinical opinion can be used as the determining criteria for eligibility especially when norm-referenced evaluation instruments cannot be used to adequately identify the presence or absence of a developmental delay. Possible reasons for using informed clinical opinion to establish eligibility for early interventions services include:

- there is no test that can be used because of the child's young age
- the child has a significant health concern or illness that makes testing difficult
- the child has a limited arousal level or ability to participate at the time of the assessment
- using a norm-referenced evaluation instrument would require significant adaptations for the child to perform the required items, which would invalidate the results of the norm-referenced evaluation instrument
- cultural considerations might invalidate the results of any norm-referenced evaluation instrument

For more information on informed clinical opinion and how to appropriately document its use, please refer to the job aid listed at the end of this document.

The Bureau of Early Intervention Services does not endorse or recommend specific publisher's tests. The Bureau is committed to ensuring that all eligible children are offered appropriate early intervention supports and services.

Qualified professionals participating in the evaluation process should:

- 1) Understand the specific eligibility criteria (infant/toddler or preschool) applicable to the child being evaluated and keep up with any new regulations and OCDEL announcements.
- 2) Be able to appropriately document the results of the evaluation and assessment of a child, as well as be able to explain the evaluation and assessment process and results to families.
- 3) Be able to explain to families all procedural safeguards.
- 4) Have a solid understanding of child development.
- 5) Use individualized assessment activities for each child that provide for an appropriate determination of eligibility and address family concerns and child strengths and needs.
- 6) Administer and interpret diagnostic tools and standardized tests in accordance with instructions provided in the tool or test manual.
- 7) Provide the family/caregiver with opportunities for participation throughout the process.
- 8) Consider all information gathered during the evaluation process when making an eligibility determination.
- 9) Understand that eligibility for early intervention services can be established as a result of the overall score in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, and if not established by the overall score alone, with sufficient documentation, eligibility for early intervention services may be established based on other eligibility categories
- 10) Thoroughly understand test protocol and scores so that evaluation results and test scores can be accurately and sensitively communicated to the family.
- 11) Recognize that a child's test behavior is not always representative of a child's typical behavior in other settings, and, as a result, families or caregivers need to be asked whether the child's behavior during the administration of a test was representative of his or her typical behavior. This recognition may be of particular importance when evaluating a very young child or a child that scores close to the eligibility determination score.

Oversight of qualified professionals participating in the evaluation should be conducted by the early intervention program (infant/toddler and preschool). In addition, a providers' direct supervisor may also provide oversight. Oversight and supervision should include:

- 1) Ensuring that professionals performing evaluations demonstrate appropriate competency in evaluation practices including test administration and interpretation, observation of the child, and the ability to synthesize multiple sources of information prior to participating in eligibility determination activities.
- 2) Closely monitoring evaluation activities and documentation of those activities to ensure that children are being appropriately identified as eligible for early intervention services, assessment tools and other activities are being used correctly, and regulations are being followed.

- 3) Ensuring that the evaluation team receives supervisory guidance or oversight when challenging assessment situations are present, including when there is conflicting information around eligibility.
- 4) Informing evaluation teams how to get additional support or guidance if they are unable to reach consensus about a child's eligibility for early intervention services.
- 5) Examining evaluation practices to ensure that they are sensitive to individual family backgrounds; including but not limited to linguistic and cultural considerations, and being aware that diversity among families is often greater than among evaluators.
- 6) When appropriate including specific contract language to ensure quality monitoring of evaluation practices.

Resources/job aids www.eita-pa.org

- Purposes of Child Evaluation and Assessment in Early Intervention
- Understanding Norm Referenced and Criterion Referenced Assessments
- Informed Clinical Opinion for Infant/Toddler Eligibility
- Diagnosed Condition with High Probability of Developmental Delay for Infant/Toddler Eligibility
- Evaluation for Eligibility

Appendix A

The table below compares the eligibility criteria for infant and toddler early intervention services and for preschooler early intervention services. Note that both programs use the same definition of developmental delay when determining eligibility.

<u>Eligibility Criteria for Infant/Toddler Early Intervention</u>	<u>Eligibility Criteria for Preschool Early Intervention</u>
<p>Early intervention services are provided to infants or toddlers who meet one or more of the following eligibility criteria:</p> <ol style="list-style-type: none">(1) A developmental delay, as measured by appropriate diagnostic instruments and procedures, of 25% of the child's chronological age in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.(2) A developmental delay in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, as documented by test performance of 1.5 standard deviations below the mean on accepted or recognized standard tests for infants and toddlers.(3) A diagnosed physical or mental condition which has a high probability of resulting in a developmental delay, including a physical or mental condition that is not accompanied by delays in a developmental area at the time of diagnosis.(4) Informed clinical opinion has established a child's eligibility when other instruments do not establish eligibility. Informed clinical opinion may be used as an	<p>Early intervention services are provided to preschool aged children who meet the following eligibility criteria:</p> <ol style="list-style-type: none">1) Determined to be a child with a disability including:<ul style="list-style-type: none">• Autism• Visual impairments, including blindness• Hearing Impairments, including deafness• Intellectual Disability• Traumatic Brain Injury• Orthopedic Impairment• Other Health Impairment• Serious Emotional Disturbance• Specific Learning Disability• Speech or Language Impairments• Deaf-blindness• Multiple Disabilities[34 CFR §§ 300.8 and 300.111]<p>or</p>2) Found to have a developmental delay as result of one of the following:<ol style="list-style-type: none">(i) The child's score, on a developmental assessment device, on an assessment instrument which yields a score in months, indicates that the child is delayed by 25% of the child's chronological age in one or more developmental areas.(ii) The child is delayed in one or more of the developmental areas, as documented by

<p>independent basis for establishing eligibility. It may not be used to negate eligibility established through the use of other appropriate evaluation instruments.</p> <p>A child’s medical and other records may be used establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child’s level of functioning in one or more of the developmental areas identified above constitutes a developmental delay or that the infant or toddler otherwise meets the criteria for an infant or toddler with a disability</p> <p>[55 Pa. Code § 4226.22] and [34 CFR § 303.321(a)(3)(ii)]</p>	<p>test performance of 1.5 standard deviations below the mean on standardized tests. [55 Pa. Code § 14.101]</p> <p>AND</p> <p>In need of special education and related services. [34 CFR § 300.8]</p>
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Please refer to OCDEL Announcement Eligibility **for Infant/Toddler and Preschool Early Intervention** for policy directives.

Appendix B

Common Test Terminology

Evaluators should be trained in interpreting test statistics in addition to being trained in the specific evaluation tools. The terms used below are not mutually exclusive.

Tests

Standardized Test: A standardized test is a test administered and scored in a consistent or standard manner. A standardized test is administered under standardized or controlled conditions that specify where, when, how, and for how long children have to respond to the questions. In standardized tests, the questions, conditions for administering, scoring procedures, and interpretations are consistent.

Norm referenced tests: Norm referenced tests are designed to permit comparison of one child’s performance to that of a referent group by providing measures of relative standing (i.e., standard scores and percentile ranks) that correspond to locations on a normal distribution, often depicted as a bell-shaped curve. Norm referenced tests are sometimes also standardized (meaning all items are administered in a standard format). They may also use observation and interview which are not standardized approaches.

Criterion referenced tests: Criterion referenced tests are instruments that are designed to describe a child’s developmental functioning in relation to specified criteria for the purpose of indicating whether

the child is evidencing delay in development. The child's performance is compared to a criteria or performance standard not to the performance of other children. Criterion referenced tests determines if specific skills are mastered, they do not make comparisons to other children's performance.

Scores

Raw score: A raw score is the number of questions answered correctly on a test or subtest. For example, if a test has 59 items and the student gets 23 items correct, the raw score would be 23. Raw scores are converted to percentile ranks, standard scores, grade equivalent or age equivalent scores.

Age equivalent (AE): AE scores represent the chronological age of the children in the standardization sample for whom a specific raw score was the average (median or mean) score.

Standard score: The standard scores represent the degree to which a child's score deviates from the mean. Standard scores are especially useful because they allow for comparison between children and comparisons of one child over time.

Standard deviation (SD): A measure of the variability of a distribution of scores. The more the scores cluster around the mean, the smaller the standard deviation. In a normal distribution, 68% of the scores fall within one standard deviation above and one standard deviation below the mean.

Percentiles or percentile ranks (PR): Percentage of scores that fall below a point on a score distribution; for example, a score at the 75th percentile indicates that 75% of students obtained that score or lower.

Developmental age: A measure of a child's development (in body size or motor skill or psychological function) expressed in terms of age norms.

Normal distribution curve: A distribution of scores used to scale a test. Normal distribution curve is a bell-shaped curve with most scores in the middle and a small number of scores at the low and high ends.

Sources: Wrightslaw: From Emotions to Advocacy, 2nd Edition, Center for Research on Evaluation, Standards, and Student Testing (CRESST), Graduate School of Education & Information Studies, UCLA; American Guidance Service; Harcourt, Inc.; Office of Special Education and Rehabilitative Services, U. S. Department of Education.