



Wyoming  
Department  
of Health

Behavioral Health Division

# Session 1: Diagnostic Evaluations for Eligibility

WAVE Conference 2019

# Welcome!

On behalf of the Wyoming Department of Health, Early Intervention and Education Program's (EIEP), AnLar is developing professional development trainings and resources to share best practices on the IFSP development process.



AnLar TA Providers:

**Kathi Gillaspy**

Director of Technical Assistance

**Sarah Geldart**

Senior Technical Assistance  
Specialist

# Professional Development Opportunities

---

- **Module Series**
  - Module 1: Diagnostic Evaluations for Eligibility
  - Module 2: IFSP Development
  - Module 3: Ongoing IFSP Progress Monitoring
- **Webinars**
  - 1-hour in duration
  - 3 tentative dates
- **In-Person Trainings**
  - Full day in duration
  - WAVE Conference Sessions and 2 additional tentative dates



# WAVE Conference Sessions Offered Today

---

- **Session 1: Diagnostic Evaluations for Eligibility**
- Session 2: IFSP Development
- Session 3: Transition and Ongoing Progress Monitoring
- Session 4: IFSP Development - Case Study



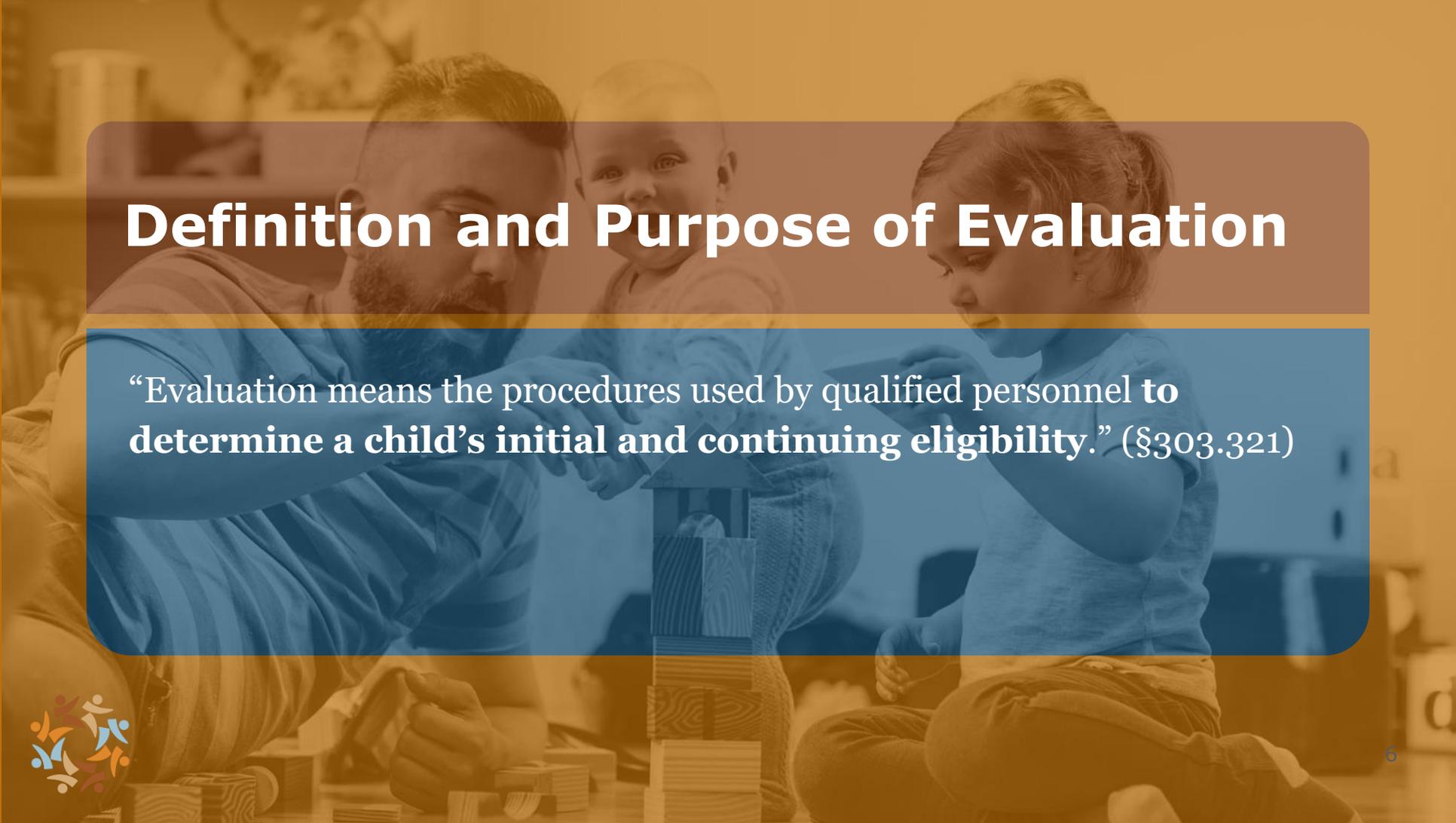
# Agenda For Today's Session

---

## Session 1: Diagnostic Evaluations for Eligibility

- Overview: IDEA Part C requirements for evaluation and assessment
- Best practices for the intake process from referral to evaluation
- Best practices in evaluation and assessment in early intervention
- Wyoming's eligibility criteria
- Making eligibility decisions as a team
- Documenting eligibility decisions and procedural safeguards
- Engaging families throughout the evaluation and assessment process



A photograph of a man with a beard and a young girl sitting on the floor, playing with wooden blocks. The man is on the left, looking at the blocks, and the girl is on the right, also looking at the blocks. They are in a playroom setting with various toys and furniture visible in the background. The image has a warm, orange-toned overlay.

# Definition and Purpose of Evaluation

“Evaluation means the procedures used by qualified personnel to **determine a child’s initial and continuing eligibility.**” (§303.321)

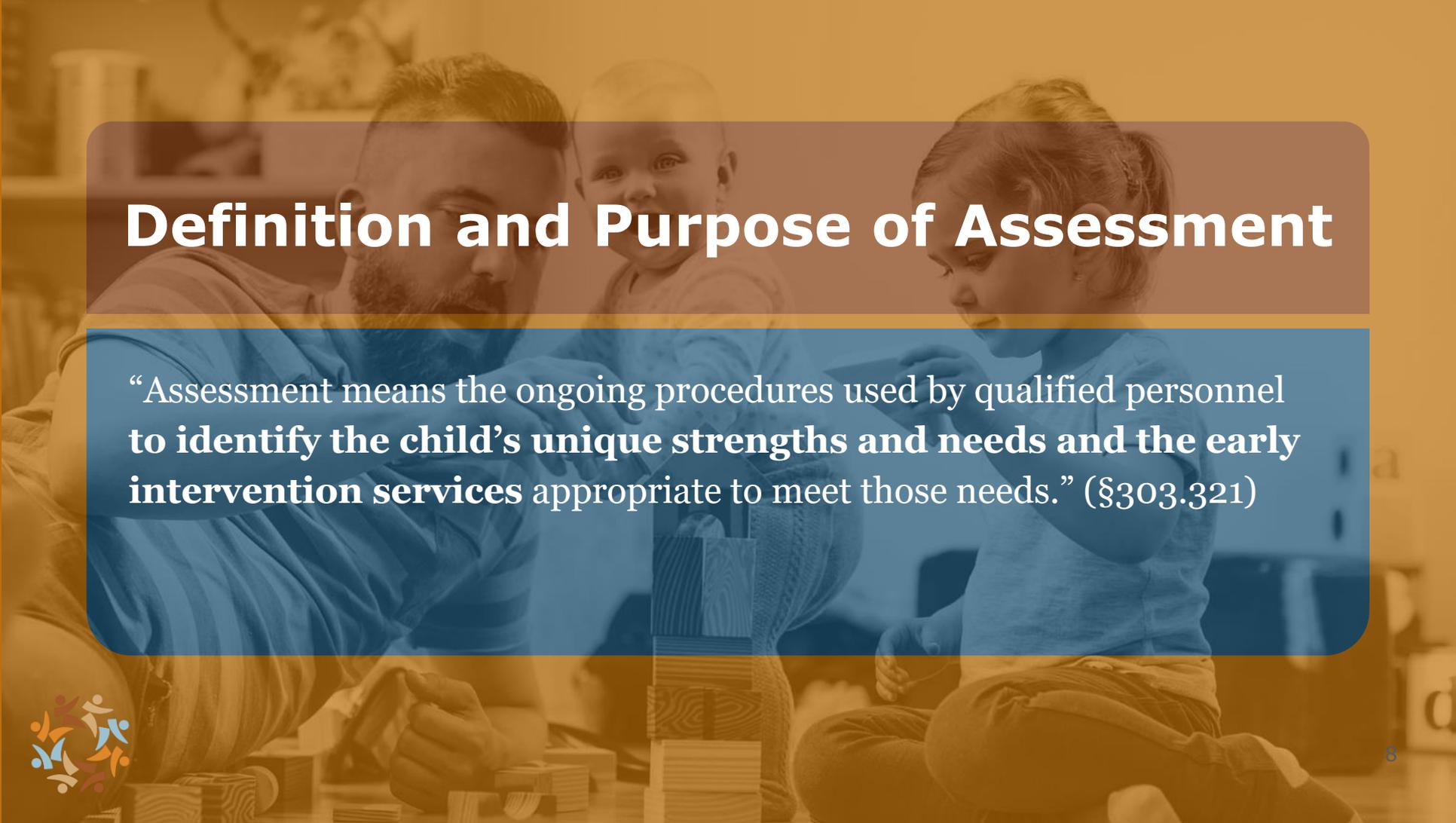


# Required Procedures for Evaluation

---

- Administration of an evaluation instrument to identify their functioning in cognitive, communication, motor, self-help and social-emotional development
- Taking the child's history
- Gathering information from other sources such as the family, care givers, medical providers, social workers and/or other educators
- Reviewing medical, educational or other records



A photograph of a man with a beard and a young girl sitting on the floor, playing with wooden blocks. The man is on the left, looking towards the girl on the right. They are both focused on the blocks. The background is a playroom with shelves and toys. The image has a warm, orange-toned overlay.

# Definition and Purpose of Assessment

“Assessment means the ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs.” (§303.321)



# Two Types of Assessment

---

- Multidisciplinary child assessment
- Family-directed assessment of resources, priorities, and concerns of the family and the identification of supports needed (§303.321)



# Required Procedures for Child Assessment

---

- Review of the evaluation results for status of cognitive, communication, motor, self-help and social-emotional development (including the information gathered from others, records, etc.)
- Observations of the child



# Required Procedures for Family Assessment

---

- Must be **voluntary** on the part of the family
- Be based on information gathered through an assessment tool and through an interview with family members **who elect to participate**
- Include a family's description of their resources, concerns, and priorities for their child



# How is screening different?

---

Screening includes procedures that help qualified professionals determine if additional evaluation and assessment are needed.



# Wyoming Eligibility Criteria

Eligibility Criteria	Procedure Used
<b>To be eligible, a child must...</b>	
Have a 25% delay or score 1.5 standard deviation below the mean in one or more of the developmental areas <b>OR</b>	Evaluation
Have a physical or mental condition, such as Down Syndrome, that has a high probability of resulting in delay <b>OR</b>	Assessment
Informed clinical opinion	Assessment



# How does this all fit together?

---

Developmental delay:

- Evaluation to determine if a child meets the eligibility criteria
- Assessment to learn more about the child's strengths and needs (child and family)



# How does this all fit together?

---

Established condition:

- Review of medical records
- Assessment to learn more about the child's strengths and needs (child and family)



# What is informed clinical opinion?

---

- The use of the clinical opinion of qualified personnel to determine the child's eligibility for services, even when evaluations don't indicate eligibility.
- It can never be used to negate evaluations to say that the child is eligible for early intervention services.



# Procedural Safeguards

---

- Written consent for all screening, evaluation and assessment processes
- Prior written notice of the eligibility decision (eligible or not eligible)



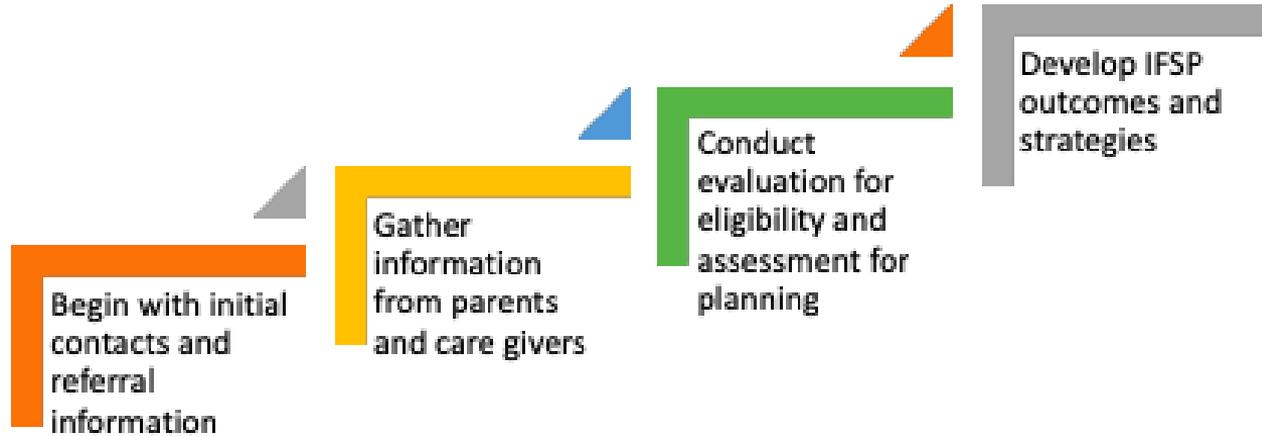


**Activity**

**Jack B. Nimble**



# Moving from intake to evaluation and assessment



# Keys to an efficient process

---

- Dedicated, trained intake staff
- Established procedures, including at least some consistent questions asked of all referral sources
- Processes for getting background information from others (drs, therapists, etc.)
- Processes for talking with families about the purpose of the program, what to expect, and gathering initial information
- Strong, purposeful connection between intake staff and evaluation/assessment staff





**Activity**

**Table Talk**





# Authentic Assessment



Wyoming  
Department  
of Health

Behavioral Health Division

# What is authentic assessment?

---

Assessment of the young child's skills in the **real life contexts** of family, culture, and community rather than discrete isolated tasks irrelevant to daily life

It is **not** “the science of the strange behavior of children, with strange adults, in strange settings for the briefest possible period of time.”



Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.

## Authentic assessment is...

- Contextually relevant information about the child's strengths and needs
- Individually focused
- Culturally sensitive

## Authentic assessment is not...

- Domain based and discipline specific
- Deficit driven
- Intimidating



# Authentic Assessment

From		To
Knows how to make eye contact, smile, and give a hug		Initiates affection toward caregivers and responds to others' affection
Knows how to imitate a gesture when prompted by others		Watches what a peer says or does and incorporates it into his/her own play
Uses finger in pointing motion		Points to indicate needs or wants
Shows a skill in a specific situation		Uses a skill in actions across settings and situations to accomplish something meaningful to the child



The more realistic or natural the task...

- The more motivated the child
- The more applicable it is to everyday events and situations

Authentic tasks and circumstances reinforce...

- Competency-based approach to the education of young children
- Assessment of all disciplines across complex skills and processes
- Generalization of learning across settings

Authentic tasks require the assessor to **make no inferences about a child's capabilities**, because the behaviors sampled are directly observable

# Usefulness of Conventional Assessment

---

- Distinguish typical from atypical performance
- Provide one more source of information

*“Everything that can be measured counts,  
but not everything that counts  
can be measured.”*



# Why is authentic assessment fundamental?

- Yields a real picture of the child
- Guides identification of **functional** individualized outcomes



# Who is involved in authentic assessment?

- Families and familiar, knowledgeable caregivers in the child's life
- Providers
- Teachers
- Others (who are less familiar) can also contribute



# When is authentic assessment performed?

Over time.

“One-time observations even in the natural context, are insufficient and often misleading.”



# Where is authentic assessment performed?

Only in the child's natural everyday settings, activities, and routines



# How is authentic assessment performed?

- Knowing the purpose of the assessment is important
- Observation is essential
  - Focus on being objective vs. subjective
- Record keeping is key
  - Qualitative
  - Quantitative
- Hearing from others who know the child is critical -- involve families!



# How to Involve Families

- Listen to the family story
- Observe and ask about the child's day-to-day routines and activities
- Ask parents to show or describe what they know about their child
- Observe how the parent engages the child
- Observe the child in play at home and in the community with their families and caregivers



# Interviews: Questions About Everyday Routines and Activities

---

- Can you tell me about your day?
- What happens most mornings? Afternoons? Nights? Weekends?
- Where do you and your child spend time?
- What activities do you and your child like to do together (e.g., hiking, going on picnics, playing games at home)?
- What do you and your child do on a regular basis (e.g., go to the store, give kids a bath, feed the horses, prepare meals, walk the dog)?
- What are your child's interests?
- What does your child enjoy and what holds your child's attention (e.g., people, places, things)?



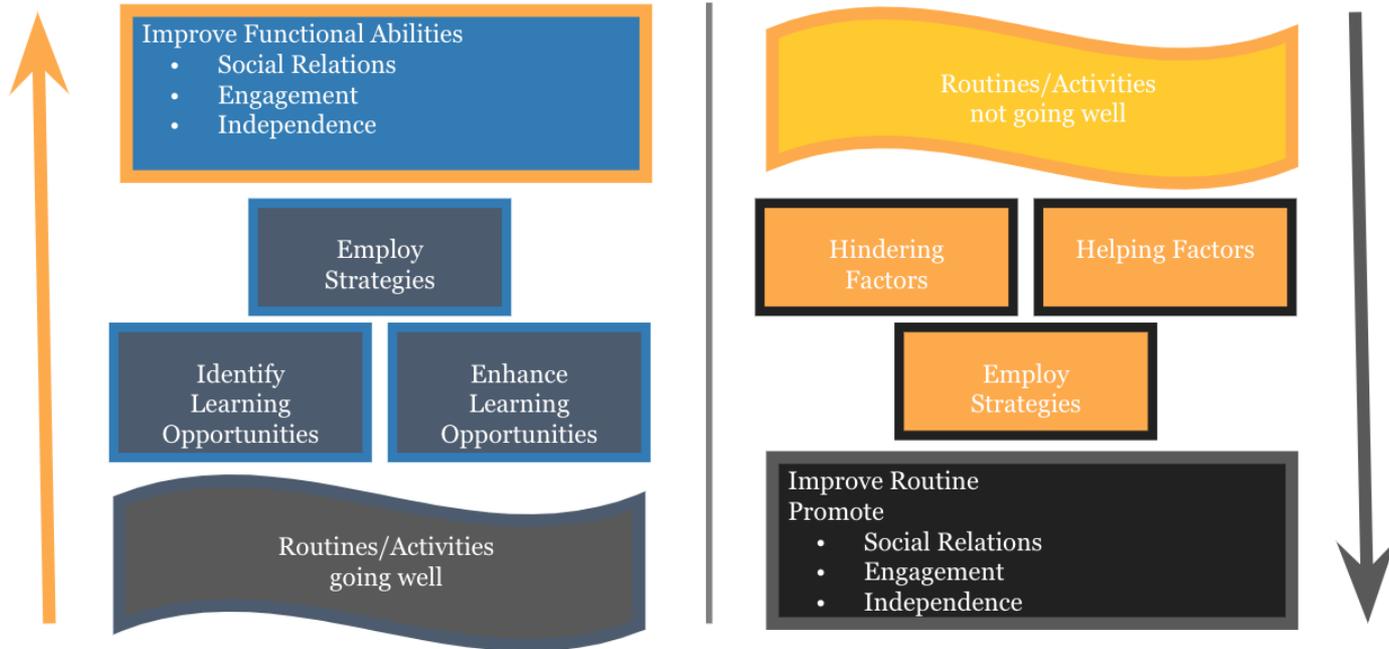
# Interviews: Questions About Everyday Routines and Activities (cont'd)

---

- What your child happy, laugh, and or/smile?
- What routines and/or activities does your child not like? What makes it difficult and uncomfortable for your child? What does your child usually do during the routine/activity?
- Who are key family members, other caregivers, or important people who spend time with your child and where?
- What activities do you do or places do you visit less frequently (e.g., doctor's appointments, visiting grandparents)?
- Are there activities that you used to do before your child was born that you would like to do again?
- Are there new activities that you and your child would like to try?



# What is relevant information?



Campbell, P. [n.d.]. Intervention Decision-Making Chart. Thomas Jefferson University. Retrieved September 2012 from <http://jeffline.tju.edu/cfsrp/pdfs/Intervention%20Decision%20Making%20Chart.pdf>.

A photograph of a man with a beard, a baby, and a young girl sitting on a floor and playing with wooden blocks. The man is on the left, the baby is in the middle, and the girl is on the right. They are all focused on their play. The image has a warm, golden-brown tint. Two semi-transparent colored boxes are overlaid on the image: a dark brown one at the top and a blue one in the middle. The text 'Activity' is in the top box, and 'Table Talk' is in the middle box. In the bottom left corner, there is a colorful logo of stylized human figures. In the bottom right corner, the number '37' is visible.

**Activity**

**Table Talk**



# Wyoming Eligibility Criteria

---

## To be eligible, a child must...

Have a 25% delay or score 1.5 standard deviation below the mean in one or more of the developmental areas  
**OR**

Have a physical or mental condition, such as Down Syndrome, that has a high probability of resulting in delay  
**OR**

Informed clinical opinion





# Making Eligibility Decisions as a Team



Wyoming  
Department  
of Health

Behavioral Health Division

# Teaming Practices (DEC)

---

Within the Assessment practices:

- A2 - Practitioners work as a team with the family and other professionals to gather assessment information



# Teaming Practices (DEC)

---

Within the Teaming and Collaboration practices:

- TC1 - Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services
- TC2 - Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan and implement interventions.



# Sample Team Process

Time	Agenda Topics	Person Responsible
5 minutes	Welcome and purpose of the meeting	Facilitator
40 minutes	Individual team members share the results of their portion of the assessment (5 minutes each) Questions and answers from other team members (5 minutes)	Facilitator Individual team members
10 minutes	Eligibility decision and documentation	Facilitator
5 minutes	Wrap up and next steps	Facilitator





**Activity**

**Self-Assessment**



# When can informed clinical opinion be used?

---

- It can be part of the evaluation and assessment process (as a form of assessment), or used independently to establish a child's eligibility.
- It may not be used to deem a child ineligible when evaluation and assessment indicates that a child is eligible.



# When can informed clinical opinion be used?

---

- When the issues to be evaluated don't have procedures or protocols.  
Examples include the following:
  - Developmental concerns about attachment, temperament, and self-regulation
  - Qualitative characteristics of the child, such as muscle tone or approaches to learning
  - Inconsistent or ambiguous developmental performance in areas of development
- When more specific, useful information will come from interviews, observations, or other qualitative measures



# Using Informed Clinical Opinion

---

Informed clinical opinion must have...

- Trained professionals in a team
- A structured process
- Multiple sources and settings
- Consensus on the eligibility decision



# Documenting Informed Clinical Opinion

---

- The name and role of each team member involved in gathering information during the process, including parents, other family members, and other caregivers.
- The dates and settings where information was gathered.
- A brief description of each procedure and/or instrument used to gather information in each setting.
- A summary of major findings in each developmental area.
- Identification of areas of disagreement or contradictions in team members' information or perspective.
- The consensus decision of the team relative to eligibility for Part C services.





**Activity**

**Self-Assessment**





Wyoming  
Department  
of Health

Behavioral Health Division

**Thank you for  
attending!**