

VI. EVALUATION, ASSESSMENT AND NONDISCRIMINATORY PROCEDURES

A. Multidisciplinary Evaluation and Assessment

1. POLICIES

- a. The State Lead Agency (DMHMRSAS) ensures the performance of a *timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child.* (34 CFR 303.322(a)(1))
- b. The State Lead Agency ensures that evaluation and assessment requirements are implemented by all affected public agencies and/or other participating agencies/providers in Virginia. (34 CFR 303.322(a)(2))

- (1) In Virginia, "evaluation" means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under Part C consistent with the definition of "infants and toddlers with disabilities" for participation in early intervention supports and services including determining the status of the child in each of the developmental areas (listed below in A.1.c.(4)(b)). (34 CFR 303.322(b)(1))
- (2) In Virginia, "assessment" means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under Part C for early intervention supports and services to identify:
  - (a) The child's unique strengths and needs and the supports and services appropriate to meet those needs; and
  - (b) Resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler with a disability. (34 CFR 303.322(b)(2))

- c. The State Lead Agency ensures that *the evaluation and assessment of a child:*
  - (1) Are conducted only with prior written parental consent; (34 CFR 303.404(a)(1))
  - (2) Are conducted by personnel trained to use appropriate methods and procedures. (34 CFR 303.322(c)(1))
  - (3) Are based on informed clinical opinion (34 CFR 303.322(c)(2)) and are consistent with professional standards of competence; and

NOTE: In accordance with federal regulations, Virginia permits the use of informed clinical opinion as a separate basis on which to establish the eligibility of a child for early intervention supports and services. The use of informed clinical opinion is particularly important when standardized instruments are not available or appropriate due to the child's age, culture, language, and/or the nature of the developmental concern or problem. The quantitative and qualitative information used to arrive at an informed clinical opinion must be gathered through systematic observations, interviews, curriculum-based or functional assessments, and, where appropriate, the use of standardized assessment measures. Professionals must be familiar with the child, knowledgeable about the expected sequence of development across all domains and understand the broad range of individual variations that may be expected of peers who are developing typically in order to competently use informed clinical opinion. Informed clinical opinion is not a method of evaluation/assessment; rather, it is the outcome of using information gathered through evaluation/assessment methods combined with professional expertise and experience to determine the child's developmental status and eligibility under Part C. The methodology used (e.g., assessment tools, systematic observation, interviews, etc.) and the results that support the informed clinical opinion must be documented.

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<#>In Virginia, "multidisciplinary" means the involvement of two or more disciplines or professions in the provision of the integrated and coordinated services, including evaluation and assessment activities and participation in the three evaluation components identified in A.1.g.4, and development of the IFSP. (34 CFR 303.17)¶

Teams may include individuals from various agencies or professions, depending on the unique needs of each child and his or her family. Every child and family will not receive an evaluation and assessment from the same professional team members (e.g., every child evaluated does not need a physical therapy evaluation). Each team includes the family and providers from at least two disciplines or professions with suff... [1]

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Appropriate methods and procedures include a variety of team approaches to evaluation and assessment, among them:¶  
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- (4) *Include the following components:*
    - (a) *A review of pertinent records less than six months old related to the child's current health status and medical history (34 CFR 303.322(c)(3)(i)). Vision and hearing records must be included in this review.*
    - (b) *An evaluation of the child's level of functioning or review of existing evaluation data less than six months old in each of the following developmental areas: (34 CFR 303.322(c)(3)(ii))*
      - i) *Cognitive;*
      - ii) *Physical, including fine motor, gross motor, vision and hearing;*
      - iii) *Communication;*
      - iv) *Social or emotional development; and*
      - v) *Adaptive development.*
    - (c) *An assessment of the unique strengths and needs of the child in terms of each of the developmental areas in (b) above, including the identification of supports and services appropriate to meet those needs. (34 CFR 303.322(c)(3)(iii))*
  - d. *The State Lead Agency ensures that family assessment:*
    - (1) *Must be family-directed and designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. (34 CFR 303.322(d)(1))*
    - (2) *Is voluntary on the part of the family. (34 CFR 303.322(d)(2))*
  - e. *The State Lead Agency ensures that if an assessment of the family is carried out, the assessment must:*
    - (1) *Be conducted by personnel trained to use appropriate methods and procedures; (34 CFR 303.322(d)(3)(i))*
    - (2) *Be based on information provided by the family through a personal interview; and (34 CFR 303.322(d)(3)(ii))*
    - (3) *Incorporate the family's description of its resources, priorities and concerns related to enhancing the child's development. (34 CFR 303.322(d)(3)(iii))*
  - f. *The State Lead Agency ensures that:*
    - (1) *The evaluation and initial assessment of each child (including the family assessment) is completed within the 45 (calendar) day timeline period required in Sec. 303.321(e) (34 CFR 303.322(e)(1))*
    - (2) *In the event of exceptional circumstances that make it impossible to complete evaluation and assessment in 45 days, local participating agencies/providers:*
      - (a) *Document those circumstances; and (34 CFR 303.322(e)(2)(i))*
      - (b) *Develop and implement an interim IFSP, to the extent appropriate and consistent with 34 CFR 303.345(b)(1) and(b)(2) (34 CFR 303.322(e)(2)(ii)).*
  - g. *The State Lead Agency ensures that evaluation and assessment are required functions that must be carried out at public expense and for which no fees may be charged to parents. (34 CFR 303.521(b)(2))*
2. PROCEDURES
- a. *Local lead agencies facilitate the development of interagency agreements and contracts that specify provider responsibilities related to evaluation and assessment.*
  - b. *The service coordinator is responsible for ensuring that:*

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**Deleted:** <#>Are completed for the purposes of determining eligibility.¶ <#>The Lead Agency ensures that the rights of the child and family are protected as follows:¶ <#>Written parental consent is obtained before conducting the initial evaluation and assessment of a child. . . . . (34 CFR 303.404(a)(1))¶ <#>Families have the right to inspect and review records related to evaluations and assessments.¶ <#>The family is given the option to participate at the level they desire in all evaluations and assessments and in meetings where resulting information is discussed or interpreted. The family, however, must always be present at IFSP meetings.¶ <#>In Virginia, "family assessment" means identification of family resources, priorities and concerns relative to enhancing the development of the child. Identification of family resources, priorities and concerns is based on the family's determination of which aspects are relevant to the development of the child.¶

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- (1) The family receives a copy and explanation of The Notice and Consent for Initial Evaluation form, Notice of Child and Family Safeguards in the Infant and Toddler Connection of Virginia Part C Early Intervention System and Strengthening Partnerships: A Guide to Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System as part of the evaluation and assessment planning process.
- (2) The team responsible for evaluation and assessment includes the family. Each family determines for itself the extent of its participation and which family members will participate on the team for the purposes of evaluation and assessment.
- (3) The professionals selected for each evaluation and assessment team are based on the identified resources, priorities and concerns of each individual child and family. Each team includes the family and professionals from at least two disciplines or professions with sufficient disciplinary expertise to assess the child's status in the developmental areas listed in these policies. Each team member is responsible for explaining medical, technical, or discipline-specific terms in everyday language
- (4) Evaluation and assessment planning activities are in accordance with family preferences.
  - (a) Individual families and participating family members are informed before any formal or informal process to identify family resources, priorities and concerns begins, that participation in such activities is strictly voluntary on the part of the family, that the process will be family directed, and that a family's decision not to participate in this process will not affect the child's eligibility for early intervention supports and services.
  - (b) Each family is offered multiple and continuing opportunities to identify its own resources, priorities and concerns in those areas of family life that the individual family feels are relevant to its ability to enhance the child's development.
  - (c) The method of obtaining information from the family is directed by the family and may include, but is not limited to, a face-to-face discussion or informal conversation, including discussion of daily family routines and activities and the families perceptions of their child's abilities and needs in the context of daily activities. No one method is recommended for all families.
- (5) Any and all circumstances that result in required initial evaluations and assessments not being completed within the required timelines are documented in the child's record.
- (6) The determination of eligibility for Part C supports and services is documented in the child's IFSP.
- (7) Ineligible children are referred to other resources that may be available, if appropriate, with the permission of the parent(s). These resources may include other State agencies responsible for administering the various educational, health, and social service programs relevant to these children such as Head Start or Early Head Start, Medicaid's Early Periodic Screening Diagnosis and Treatment Program (EPSDT), and also includes local public and private agencies and places of business.
- c. For the purposes of determining initial eligibility, the multidisciplinary team must, with parental consent:
  - (1) Review pertinent records less than six (6) months old from the primary care physician and other sources related to the child's current health status, physical development (including vision and hearing), and medical history, or arrange for participation by primary health care provider(s). Other records pertinent to evaluation and assessment, such as birth records, newborn screening results and early medical history, must also be reviewed by the team (with parent consent), even if those records are more than six (6) months old. It must be documented in the child's

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<#>The perceived resources, priorities and concerns of the child and family; and¶  
<#>The suggestions of the family, including the family members they choose to participate, the providers they suggest to participate, and any other persons they believe could provide useful input.¶  
<#>Provider members of the evaluation or assessment team are responsible for facilitating family participation by at least:¶  
<#>Scheduling meetings in advance and at times during which it is possible for families to attend;¶  
<#>Explaining medical, technical, or discipline-specific terms in everyday language as a matter of course, rather than assuming that the family will request an explanation; and¶  
<#>Openly acknowledging differences in provider perspectives and opinions so that the family can make an informed decision. This is essential since meaningful participation of families in evaluations and assessments and in meetings where resulting information is discussed is likely only when other ... [8]

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- record if the parent(s) choose not to consent to a review of records.
- (2) Consider the results of an independent evaluation when such consideration is requested by the family. The multidisciplinary team is responsible for documenting its review of each independent evaluation to ensure that it includes all information required and may choose to conduct partial evaluations to supplement the information provided by the independent evaluation. Independent evaluations must have been conducted no more than six (6) months prior to determining eligibility because child development changes so quickly at this age.
  - (3) Review any evaluation data less than six (6) months old to determine if they are appropriate for inclusion in determining eligibility in order to prevent children and families from undergoing unnecessary evaluation and duplication of already existing evaluation information. However, given the rapid changes in growth and development in infancy, evaluation teams need to ensure that all information used to determine eligibility accurately reflects a child's current status.
- d. The multidisciplinary team determines the child's eligibility based on the results of the initial evaluation and assessment as follows:
- (1) Children whose development is delayed or atypical in one or more of the developmental areas identified in A.1.c(4)(b) must be determined eligible by determining the specific level of delay and/or the existence of atypical development, by qualified personnel using appropriate criterion-referenced, norm-referenced or standardized diagnostic instruments and procedures, information provided by the child's parents plus informed clinical opinion, as appropriate.
  - (2) In order for a child to be determined eligible based on a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay there must be documentation that the condition has been diagnosed by a professional qualified to make the diagnosis.
- e. For the purposes of determining child progress and outcomes as a result of participation in the Part C system as well as for service planning, all eligible children are assessed in all areas of development using the following procedures:
- (1) Development is assessed in all areas using an assessment instrument or multiple assessment instruments that assess in all five developmental domains. Assessments must incorporate parent input and team member observations and informed clinical opinion, in addition to information from the assessment instrument(s).
  - (2) A Time 1 assessment is conducted for each eligible child during the initial evaluation/assessment and IFSP planning process.
  - (3) A Time 2 assessment is conducted for each eligible child at the annual IFSP (and each subsequent annual IFSP) or at exit if the child has been in the Part C system for at least six months but will be leaving prior to the annual IFSP or exits more than 6 months after the most recent annual IFSP.
  - (4) At Time 1 and Time 2 a performance measurement scale is used to determine the child's functional status, based on the assessment information described in A.2.e(1), compared to same-aged peers.

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**Deleted:** <#>The service coordinator explains the purpose of identifying family resources, priorities and concerns to each family so that a family's decision to participate or not is an informed choice.¶ <#>Before any formal or informal process to identify family resources, priorities and concerns begins, the service coordinator or other designated person informs individual families and participating family members that participation in such activities is strictly voluntary on the part of the family, that the process will be family directed, and that a family's decision not to participate in this process will not affect the child's eligibility for early intervention services.¶ <#>The service coordinator is responsible for ensuring that each family is offered multiple and continuing opportunities to identify its own resources, priorities and concerns in those areas of family life that the individual family feels are relevant to its ability to enhance the child's development. A family's choice about their level of participation may change over time. The boundaries of this process are set by the family and individual family members.¶ <#>The service coordinator and the family are responsible for choosing the most appropriate person and the best methods and procedures for the process of identifying family resources, priorities and concerns relative to enhancing the child's development depending on the family's preferred methods of sharing information and on which areas of family life that it identifies as relevant to its ability to enhance the child's development.¶ <#>The service coordinator is responsible for ensuring that the method of obtaining information from the family is directed by the family and may include, but is not limited to, a face-to-face discussion, an informal conversation, or the completion of a checklist or inventory by the family. No one method is recommended for all families.¶ <#>The service coordinator is required to document in the child's records any and all circumstances that result in required initial evaluations and assessments not being completed within the require [9]

B. Nondiscriminatory Procedures

1. POLICIES

- a. The State Lead Agency has *adopted nondiscriminatory evaluation and assessment procedures. The procedures provide that public agencies and/or other participating agencies/providers responsible for the evaluation and assessment of children and families under Part C ensure that at a minimum:*
  - (1) *Tests and other evaluation materials and procedures are administered, conducted,*

- and interpreted in the native language of the family or other modes of communication and with cultural sensitivity, unless it is clearly not feasible to do so;*
- (2) *Any assessment/evaluation procedures and materials used are selected and administered so as not to be racially or culturally discriminatory;*
  - (3) *No single procedure is used as the sole criterion for determining a child's eligibility under Part C; and*
  - (4) *Evaluations and assessments are conducted by qualified personnel.* (34 CFR 303.323)

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<#>LICCs develop and implement policies and procedures (including mechanisms) that reflect implementation of nondiscriminatory evaluation and assessment procedures.¶  
The Lead Agency assists service providers in obtaining access to evaluations and assessments that meet the requirements of Part C related to nondiscriminatory procedures.

In Virginia, "family" is defined according to each family's definition of itself. This is essential for the purpose of the family's participation in their child's evaluation and assessment and in the identification of their resources, priorities and concerns relative to enhancing the development of their child. A child's parent(s) determine who will be considered family and, therefore, participate in the identification of family resources, priorities and concerns. Such inclusive definitions of family are an acknowledgment of the many family structures and patterns present in the diverse racial, ethnic, and cultural groups in Virginia.

In Virginia, "multidisciplinary" *means the involvement of two or more disciplines or professions in the provision of the integrated and coordinated services, including evaluation and assessment activities and participation in the three evaluation components identified in A.1.g.4, and development of the IFSP.* (34 CFR 303.17)

Teams may include individuals from various agencies or professions, depending on the unique needs of each child and his or her family. Every child and family will not receive an evaluation and assessment from the same professional team members (e.g., every child evaluated does not need a physical therapy evaluation). Each team includes the family and providers from at least two disciplines or professions with sufficient disciplinary expertise to assess the child's level of functioning in the required developmental areas. The method of team interaction used, such as multidisciplinary, interdisciplinary or transdisciplinary is left to the discretion of the team.

Appropriate methods and procedures include a variety of team approaches to evaluation and assessment, among them:

The use of standardized measures of child health and development;

Interviews and discussions with families;

Observations of the child in natural settings;

Play-based assessment;

Transdisciplinary arena assessment; and

A variety of other methods and procedures.

"Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming an eligibility determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Use of informed clinical opinion as a separate basis for establishing eligibility helps assure that children needing early intervention services will be appropriately identified at the earliest possible age. Evaluators may use any or all of the following to reach an informed clinical opinion about the development of a particular child; clinical interviews with the parent(s), evaluation of the child at play, observation of parent-child interaction, information from teachers or child care providers, and neurodevelopmental or other physical examinations

NOTE: This policy should not be interpreted as a requirement or recommendation that any particular discipline or profession is the most appropriate choice for the process of identifying family resources, priorities and concerns relative to enhancing the child's development.

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NOTE: The process of identifying family resources, priorities and concerns under Part C relative to enhancing the development of the child is different from psychological or traditional family assessment. Therefore, psychological instruments designed to assess constructs such as stress, depression, locus of control, and similar characteristics of the family or of individual family members are not appropriate for the identification of family resources, priorities and concerns under Part C, unless assistance with such matters is specifically requested by a particular family relative to enhancing the development of the child.

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The Lead Agency ensures that if the family of a child previously found to be ineligible believes the child's status has changed, the family may re-refer the child for a multidisciplinary/interdisciplinary/transdisciplinary team evaluation and assessment.

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to enhance the availability of staff to participate in evaluations and assessments.

Each participating agency is responsible for ensuring implementation of these interagency agreements. Participating agencies will use informal and formal channels to resolve implementation problems. Unresolved problems will be brought to the local interagency coordinating council for resolution

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It is the responsibility of the service coordinator to determine with the parents who participates on the multidisciplinary/interdisciplinary/transdisciplinary team that will be conducting evaluations for the purposes of determining initial or continuing eligibility. The composition of the team may differ depending on a variety of factors such as:

The perceived resources, priorities and concerns of the child and family; and  
The suggestions of the family, including the family members they choose to participate, the providers they suggest to participate, and any other persons they believe could provide useful input.

Provider members of the evaluation or assessment team are responsible for facilitating family participation by at least:

Scheduling meetings in advance and at times during which it is possible for families to attend;

Explaining medical, technical, or discipline-specific terms in everyday language as a matter of course, rather than assuming that the family will request an explanation; and

Openly acknowledging differences in provider perspectives and opinions so that the family can make an informed decision. This is essential since meaningful

participation of families in evaluations and assessments and in meetings where resulting information is discussed is likely only when other team members recognize the value of family participation.

- The service coordinator explains the purpose of identifying family resources, priorities and concerns to each family so that a family's decision to participate or not is an informed choice.
- Before any formal or informal process to identify family resources, priorities and concerns begins, the service coordinator or other designated person informs individual families and participating family members that participation in such activities is strictly voluntary on the part of the family, that the process will be family directed, and that a family's decision not to participate in this process will not affect the child's eligibility for early intervention services.
- The service coordinator is responsible for ensuring that each family is offered multiple and continuing opportunities to identify its own resources, priorities and concerns in those areas of family life that the individual family feels are relevant to its ability to enhance the child's development. A family's choice about their level of participation may change over time. The boundaries of this process are set by the family and individual family members.
- The service coordinator and the family are responsible for choosing the most appropriate person and the best methods and procedures for the process of identifying family resources, priorities and concerns relative to enhancing the child's development depending on the family's preferred methods of sharing information and on which areas of family life that it identifies as relevant to its ability to enhance the child's development.
- The service coordinator is responsible for ensuring that the method of obtaining information from the family is directed by the family and may include, but is not limited to, a face-to-face discussion, an informal conversation, or the completion of a checklist or inventory by the family. No one method is recommended for all families.
- The service coordinator is required to document in the child's records any and all circumstances that result in required initial evaluations and assessments not being completed within the required timelines.
- The multidisciplinary/interdisciplinary/transdisciplinary team determines the child's eligibility based on the results of the initial evaluation and assessment. If the child is determined to be eligible, the family decides whether to accept early intervention services. Eligible children whose families choose to accept services participate in establishing an IFSP. Children who are determined to be ineligible for Part C services are referred to appropriate resources.
- The service coordinator is responsible for ensuring that the appropriate multidisciplinary/ interdisciplinary/transdisciplinary team members have an opportunity to participate through the recommendation of outcomes and strategies if the multidisciplinary/ interdisciplinary/transdisciplinary team and the IFSP team are not the same.
- The service coordinator is responsible for ensuring that ineligible children are referred to other resources that may be available, if appropriate, with the permission of the parent(s). These resources may include other State agencies responsible for administering the various educational, health, and social service programs relevant to these children such as Head Start, Medicaid's Early

Periodic Screening Diagnosis and Treatment Program (EPSDT), and also includes local public and private agencies and places of business. The Lead Agency ensures the provision of training on topics relevant to service coordination based on parent/provider partnership and family-centered approaches for service delivery.