RESource
RESPONSIVE EQUITABLE SUPPORT
Grounded in research for the Wisconsin Birth to 3 Program

Navigating Birth to 3 Program Evaluation and Assessment

Frequently Asked Questions

The questions represented in this document were gathered from members of the Birth to 3 Program workforce who participated in three separate Evaluation Exploration (EE) Events held across the state in October of 2023. Participants at the events were given the opportunity to share key takeaways, challenges, considerations and questions raised during discussion and exploration. Additionally, Birth to 3 Program leaders were presented with EE event data during Leadership Forums in January of 2024 and were given the opportunity to ask additional questions regarding evaluation process and tools. Questions on the following list are not intended to be inclusive of every question posed during these events but are representative of those that were frequently discussed. Additional input and ideas have been noted and will be considered for future professional development (PD) opportunities.

The requirements for a Part C early intervention evaluation and assessment are outlined in the federal Individuals with Disabilities Act (IDEA) Part C and in state Wisconsin Administrative Code DHS90. You can find information about operational implementation of these regulations in the Birth to 3 Program Operations Guide. All referenced materials and sources are linked in this document for ease of use. For complete reference information please contact resourceinfo@cesa5.org.

🧭 **Be alert to helpful resources** 🌟 **Watch for new PD opportunities**

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1. **What are the basic requirements for completing an evaluation?**
   Although there are many factors to consider when completing an initial evaluation for the Birth to 3 Program, two important things stand out in regard to the completion of the evaluation. The following is summarized from guidance in DHS 90.08.
   - **Multidisciplinary Team:** At least 2 qualified personnel from different disciplines in areas of suspected need, parent, and service coordinator (service coordinator may also be one of the qualified personnel).
   - **Multi-factored Assessment:** Multiple procedures including identifying the child's level of functioning in each of the 5 areas of development through use of an assessment tool; taking the child's history - including interviewing the parent; reviewing medical, educational, or other records; and gathering information from others that know the child (e.g., family members, caregivers, medical providers, social workers, educators) if necessary and with permission from the parent.

   Please note: All assessment procedures should be non-discriminatory and administered in the child's or family's native language or other mode of communication. Additionally, early intervention (EI) teams have 45 calendar days from the referral date to complete evaluation, child and family assessments, meet to determine eligibility, and develop an Individualized Family Service Plan (IFSP) for eligible children.

 For additional information, please visit the Evaluation and Assessment Resources page on eiinwi.org - specifically the Early Intervention Evaluation Tip Sheet. Additional information can be found in the Operations Guide Chapter 6: Evaluations and Orientation to Wisconsin's Birth to 3 Program - Section 3: Evaluation, Eligibility, Child Assessment available on the RESource youtube channel.

2. **What is the importance of using one comprehensive evaluation tool for determining eligibility based on developmental delay? Are other tools required or recommended?**
At the EE event, two evaluation tools were provided for exploration - the Developmental Assessment of Young Children Second Edition (DAYC-2) and Developmental Profile 4 (DP-4). Support for these two evaluation tools promotes appropriate use of a quality, *comprehensive* (i.e. assessing all 5 areas of development) evaluation tool in order to ensure consistent access to services and to enhance team decision-making. The DAYC-2 and DP-4 provide a consistent way for ALL members of a multi-disciplinary EI team to determine eligibility based on developmental delay. **Additional discipline specific types of assessment tools *are not required* for eligibility purposes.** That said, use of an evaluation tool like the DAYC-2 or DP-4 is just a snapshot of a child's development for the purpose of eligibility and therefore, just one small part of an overall assessment process. EI teams should consider *all* sources of information about a child's development when assessing and planning for intervention. A team may decide that supplemental tools could add to this information gathering and should consider whether or not administering and scoring supplemental tools is useful.

 Please refer to The Approved Tool List which includes tools identified as "supplemental" based on purpose and on the general developmental domain assessed.

3. **Why are we moving toward using the score of a whole/total domain (vs. subdomains) for eligibility based on developmental delay?**
While it might appear to be a new recommendation, it actually reflects ongoing initiatives aimed at implementing consistent practices across Wisconsin to ensure equitable program access for families. Using total domains to determine eligibility, when considering developmental delay, is consistent with federal and state regulations. Per federal and state regulations, eligibility decisions regarding delay should be based on a child's total domain-level functioning in the five identified areas of development (5 areas of development). While subdomain results (e.g., fine/gross motor within the physical domain or expressive/receptive language within the communication domain) may provide more specific information regarding a child's developmental strengths and challenges, they should not be used in isolation to determine eligibility for the Birth to 3 Program.

 Information regarding eligibility criteria can be found in Operations Guide: Chapter 6.

4. **When should Informed Clinical Opinion be used to inform eligibility?**
   The early intervention team's knowledge and expertise must always be used as a part of the evaluation and assessment process. That said, Informed Clinical Opinion is critical in situations when traditional evaluation tools are not able to capture aspects of the child's development that are atypical and adversely affecting the child's overall development (i.e determining eligibility based on Atypical Development). At the EE event there was also discussion about how Informed Clinical Opinion can be used to consider large discrepancies between subdomain scores within a total domain (e.g., receptive and expressive language within the communication domain). The question of whole/total domain is answered in FAQ #3.
   Please note: Eligibility for atypical development is only considered if the child is *not* found eligible based on a diagnosed condition or developmental delay. There are no set numbers or predetermined percentages for determining eligibility of children based on Atypical Development in a county program. Decisions about eligibility should be based on all information gathered, be agreed upon by all EI team members, and be well documented. Informed Clinical Opinion should never be used to negate results of evaluation instruments used to establish eligibility.

   🧭 Additional information about how Informed Clinical Opinion guides eligibility decisions can be found in the Operations Guide: Chapter 4.3 and Eligibility Process flowchart. Please see the Informed Clinical Opinion Tip Sheet for additional considerations regarding use of Informed Clinical Opinion.

5. **What is the recommendation about using Standard Scores vs. Age Equivalents? Both options are available on the DAYC-2 and the DP-4.** DHS90.08(5)(a)3 allows for eligibility based on developmental delay to be established in 2 ways – either a 25% delay or 1.3 standard deviations below the mean (see eligibility criteria in the Operations Guide: Chapter 6.1). When interpreting evaluation results, percentage of delay is determined by using an age equivalent score and standard deviation is determined by using a standard score. These scoring options are available for many evaluation tools in addition to other measures such as percentiles and descriptive terms. Through review of research and examination of the manuals for both of the recommended evaluation tools, the DAYC-2 and the DP-4 (see Comparison Chart) use of standard scores is overwhelmingly recommended over age equivalents due to the limitations of age-equivalent scores and the potential for inadequate and misleading results (Alpern, 2020; Voress & Maddox, 2013).

   🧭 Additional information can be found on the Standard Score Tip Sheet.

6. **How do we explain evaluation results to families - especially Standard Scores?**
   It is important for all EI team members to understand how standard scores are achieved and interpreted in order to help explain evaluation results to families. This includes understanding and explaining how scores impact eligibility. Standard scores determine whether a child meets the 1.3 standard deviations below the mean criteria needed for eligibility based on developmental delay. This criteria is specifically determined by DHS90

for the Wisconsin Birth to 3 Program and may not align with other systems (e.g. eligibility for school special education services, descriptive terms on the evaluation tools, etc.). Use of a bell curve graphic may help to provide a visual representation of standard scores for families.

🧭 See the Standard Score Tip Sheet for additional information, a bell curve visual, and a mathematical way to determine 1.3 standard deviations below the mean.

7. **Will there be trainings on the DAYC-2 and DP-4 available through EI in WI?**
   Specific training for tools is not being provided at this time. However, the resources that were shared during the EE event are available to help programs implement use of the DAYC-2 and/or DP-4. Additionally, the RESource team is responding to individual questions about use of the DAYC-2 and DP-4 as they are submitted through the PD Request process. These requests are important as additional materials and support will be developed based on questions received. EI teams and individuals may also want to bring questions about use of tools to discuss with colleagues at Community of Practice meetings.

   🧭 Check out the EE event resources for additional support on the DAYC-2 and DP-4. To connect with others who are using a tool, register for a Community of Practice. For specific questions, submit a Request for PD and Support.

   🌟 Watch for additional PD resources related to implementation of the DAYC-2 and DP-4.

8. **Can we adapt test items from assessment tools to account for cultural differences (i.e. provide different prompts, skip items, etc.)?**
   It is always important to check administration guidelines for any assessment tool. This information can be found in the accompanying manual or by contacting the publisher. Generally speaking, there is rarely an allowance for “skipping” items within an assessment. Each assessment tool will provide guidelines for acceptable adaptations - either for overall administration and/or for specific test items. For the two tools explored at the EE event (DAYC-2 and DP-4) the following statements apply to adaptations to administration of test items based on cultural difference:
   - Response from DAYC-2 publisher “Skipping an item will definitely influence the scoring, but you have to enter something for each item in order for the scoring tables to be accurate. You could put in a 0, then clarify in your report that not all items were administered for whatever reason. Keep in mind, when it was normed, all items were administered, so your validity may be questionable."
   - The DP-4 manual (2020) on page 9 further describes administration ideas and specifically states “In some cases, the respondent may have difficulty giving a definitive *Yes* or *No* answer. They may not be sure whether the child has performed the task, may not understand the skill covered by the item, or may state that the child has not had the opportunity to exhibit the skill. In these cases, it will be important to use clinical skills to prompt the respondent into making an educated guess” (Alpern, 2020, p. 9).

9. **What considerations are important when evaluating children from families that speak a different language?**
   There are a few important requirements to keep in mind about assessing children and families that speak a different language. These include using testing instruments and other materials that are administered or provided in the child's or family's primary language or other mode of communication as well as assuring that assessment procedures not be racially or culturally discriminatory.

   🧭 Check out the Assessing English Language Learners (ELL) Tip Sheet.

   🌟 Watch for additional PD resources related to children and families who are ELL.

10. **Is it acceptable to bring toys or other materials when completing an evaluation?**
    Current practice discourages use of toy bags (i.e. bringing in outside toys or materials) when engaging in intervention with children and families. This is to support learning during daily routines using things that are accessible and familiar. However, in specific situations such as screening and evaluation, having certain items available might be necessary. If outside materials are warranted, families should be informed about their specific purpose. It is always important to check administration guidelines for assessment tools used. This information can be found in the accompanying manual or by contacting the publisher. For the two tools explored at the EE event (DAYC-2 and DP-4) the following statements apply to use of manipulatives in the evaluation process:
    - DAYC-2: "Have readily available all materials needed for administering the test. Some test items require specific items such as a book, small ball, crayons, or paper. The items are readily available in many homes and in most preschool or day care settings. Review the domains to be assessed and gather materials that may be needed before starting" (Voress & Maddox, 2013, p. 6).
    - DP-4: "The Parent/Caregiver Interview form is designed to be completed through an in-person interview" (Alpern, 2020, p. 8).

11. **The DAYC-2 kit includes a Developmental Chart - why can't we use this for ongoing assessment if we are using the DAYC-2 for evaluation? What other tools could we use?**
    The Early Childhood Developmental Chart (that accompanies the DAYC-2 kit) is *not* a formal assessment tool. This chart is simply a supplemental component that is useful for parents who would like more information about their child's development. Use of a *comprehensive* (i.e. assessing all 5 areas of development) curriculum-based assessment tool is recommended for the purpose of ongoing child assessment. The Approved Tool List, includes the top rated *comprehensive* tools for ongoing child assessment including: the Assessment, Evaluation and Programming System (AEPS3), the Hawaii Early Learning Profile (HELP), and the Portage Guide -3 (PG3).

    🧭 For additional considerations for child assessment, please visit eiinwi.org to find the Child Assessment Tip Sheet.

    🌟 Watch for additional PD resources related to ongoing child assessment.

12. **What are the key components for a good family assessment? How do we know if we are using the right tool/process?**

The family-directed assessment is an important part of the overall EI process. Although it is required, with parent consent, during initial evaluation and IFSP development, it is intended to be more than just a one-time event. Family assessment should:

- Identify a family's resources, priorities, concerns, and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.
- Be voluntary – family members may share details about themselves or share nothing at all.
- Include intentional, guided conversations about family routines, resources, and culture to assess how the child is participating within the context of their everyday experiences.

 For additional information about completing a family assessment, see the Operations Guide, Family-Directed Assessment Tip Sheet, Orientation to Wisconsin's Birth to 3 Program - Section 4: Family Assessment & Authentic Assessment Practices. To review tools for family assessment see The Approved Tool List.

 Watch for upcoming information about Family Assessment.

13. **What is the Routines-Based Interview?**

The Routines-Based Interview™ (RBI), developed by Dr. Robin McWilliam, is a semi-structured interview about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships. Its purposes are to create a strong relationship with the family, to obtain a rich and thick description of child and family functioning, and to result in a family-chosen list of functional family outcomes/goals. While the RBI is conversational in nature, it has a set of critical features that are intended to be a part of each interview. The RBI is one essential part of the Routines-Based Intervention model of service delivery for early intervention services. (McWilliam, 2010)

 See the The Approved Tool List for additional information about the RBI.

14. **What does a county mean when they talk about their "intake"? How is this different from a "screening"?**

Many participants at the EE events shared examples of what they called an "intake" or what some referred to as a "screen/screening" during the discussion about evaluation process. Participants described their "intake" or "screen" as the process of following up after a referral by gathering initial information about the child and family. "Intake" was reported by counties to happen in a variety of ways including phone interviews, virtual meetings, or in-person home visits. Perhaps the difference is semantics, however, there was general agreement about the importance of initial contacts with families as a way to share information about the Birth to 3 Program and to begin gathering information about the child and family. At times, counties reported doing a developmental screening during initial

visits. It is important to note that a developmental screening *could* be done during the "intake" process, but it is not required and is often not necessary.
Please note: If individuals from an EI team who are completing first visits or have initial contact with families are engaging in any formal assessment activities (e.g. screening, use of a formal evaluation tool, family assessment), appropriate consent must be obtained before proceeding. Please refer to the Operations Guide for guidance on parental rights and consents.

🧭Additional resources to support discussion about steps in the EI process are available at eiinwi.org including: A Walk Through the Birth to 3 Program video and Wisconsin Birth to 3 Program Orientation: Section 2 video. See considerations in the Developmental Screening Tip Sheet or the Birth to 3 Program Operations Guide: Chapter 5 for additional information .

15. **Is it OK to combine the initial evaluation, eligibility determination and IFSP development all in one visit?**
DHS90 is not specific about the pace of meetings/home visits during the initial steps of the EI process. It does, however, outline what is required for each step and sets a timeline of 45 calendar days from referral to development of the IFSP for eligible children. Generally speaking, combining all of these tasks in one home visit would *not* be considered best practice. They are best done when split into multiple meetings/visits in order to uphold child and family rights as well as to support meaningful family participation.
Please note: Each step of the process has specific requirements and procedural safeguards that uphold child and family rights.

🧭To review requirements for the steps of the initial evaluation, eligibility and IFSP process, as well as see the procedural safeguards, review Operations Guide - Chapters 6-8. Additional considerations can be found in the PD Request FAQ at https://www.eiinwi.org/faqs/. To connect with others regarding how different programs successfully schedule these tasks, register for a Community of Practice.

16. **What is really needed for an evaluation report? Is it different for Birth to 3 Program & insurance/MA requirements?**
The Operations Guide: Chapter 6 operationalizes requirements referenced in DHS 90.08. regarding the responsibility of the early intervention team to jointly discuss and prepare a document that captures evaluation findings and conclusions. The report should be signed by all of the members of the early intervention team and must include:
    - The results of the evaluation, including the child's level of functioning in each of the five areas of development and
    - A determination of either eligibility or non-eligibility. A determination of eligibility is accompanied by documentation of the child's developmental delay or diagnosed condition.

The Summary of Development Pages integrated with the EI Team Report/WI Early Intervention Eligibility Determination page, of the current Wisconsin IFSP form, meet the Birth to 3 Program requirements for an early intervention team report.

Please note: The evaluation report required to meet Birth to 3 Program criteria *may be* different from other reports necessary for billing purposes, such as a Plan of Care (POC).

 See the IFSP document and accompanying Instruction for Completing Wisconsin's Individualized Family Service Plan (IFSP).

17. **How does the school (Part B) qualify and determine services for children?**
The goal of Part B of IDEA is helping the child achieve success within the educational setting; therefore, aspects of the program look different than Part C. With regard to the evaluation, a team of professionals across disciplines complete an evaluation in the area(s) of suspected disability/concern. A child is found eligible using a 2-step process: Step 1) Determine if the child has a disability in 1 of the 12 educational disability categories; Step 2) Determine if the child needs Special Education services in order to be involved in & make progress in the general education curriculum or participate in age-appropriate activities. Part B Special Education is instructional in nature. Services (such as occupational therapy, physical therapy, or speech and language therapy) are provided when they are required in order to assist a child in benefiting from the Special Education program.

 See the Interactive Transition Toolkit for additional information.

18. **How can the Metastar program review process align better with actual practice?**
This is in process; The Bureau for Children's Services (BCS) and RESource have been collaborating with MetaStar in an effort to increase alignment. We are actively seeking ways to match what is being promoted with programs, through our professional development system, with the quality practices sought within files. Recently, we had the opportunity to share our professional development efforts, which included the Approved Tool List and the support offered for evaluation and assessment. This was aimed at empowering reviewers with a better understanding of the tools and processes, enabling them to provide more relevant feedback.

REFERENCES

Alpern, G.D. (2020). *Developmental Profile 4 (DP-4)* [Manual]. Torrence, CA: Western Psychological Services.

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Voress, J.K. & Maddox, T. (2013). *Developmental Assessment of Young Children, Second Edition (DAYC-2)* [Examiner's Manual]. Austin, TX: PRO-ED, Inc.