Form 2 ECSE: Early Childhood Special Education Evaluation Plan and Report - Developmental Delay

# Cover Page

Child’s Name:        Child Count ID:

Date of Birth:      /     /      Town of Residence:

School District/Supervisory Union/Local Education Agency (LEA):

School/Placement:       Grade Level:

Case Manager:

Name of Parent/Guardian/Educational Surrogate:

Reason for Referral:

# General File Information

Access Log is included [ ]  **yes** [ ]  **no** [ ]  **n/a**

Educational Surrogate appointed and a letter is in the file [ ]  **yes** [ ]  **no** [ ]  **n/a**

# Evaluation Timelines

A. Initial Evaluation (age three (3) up to age six (6))

B. Transition from Early Intervention to Part B at age three (3) **(Required Form 6B must be used and referenced.)**

C. Re-evaluation (age three (3) up to age six (6)

**A. Initial Evaluation into Part B**

* Triennial after C to B Transition      /     /      **OR**
* New Referral to SU/SD/LEA for Part B      /     /

**Check which applies and include the date:**

[ ]  Parental Consent (for new testing/information) received in

SU/SD/LEA      /     /

[ ]  Initial Evaluation Plan Meeting (for record reviews)       /     /

[ ]  Consent received by LEA (if filled in)      /     /

* Was the initial evaluation completed within 60 days? [ ]  **yes** [ ]  **no**

# of days

* + If no, was an appropriate Notice of Delay documented?

[ ]  **yes** [ ]  **no**

* + Notice of Delay sent to the parent/guardian/surrogate      /     /
* Report completed      /     /
* Delivered through (check all that apply):

[ ]  Postal Mail [ ]  Secure Email [ ]  In-Person

* Report issued to Parent/Guardian/Education Surrogate      /     /

Delivered through (check all that apply):

[ ]  Postal Mail [ ]  Secure Email [ ]  In-Person

* Eligibility Decision was made      /     /

**B. Transition from Early Intervention to Part B at age three (3)**

This section applies to children who received Early Intervention services (IFSP/One Plan) prior to age three (3) and were found potentially eligible for early childhood special education (Part B) services within six (6) months of their third birthday.

[**Form 6B**](http://education.vermont.gov/documents/edu-form-6b-idea-part-c-to-part-b-transition) **is a required form for transition from CIS/EI to Part B.**

* Date “notification of transition” sent to family and LEA from CIS/EI (Part C)      /     /
* Transition meeting date (held at least ninety (90) days, but no more than six (6) months prior to the child’s third birthday). If the transition meeting was held over several dates, add the first date.      /     /
* Date the LEA determined that the child is eligible to receive special education at age three (3) based on the review of evidence provided by CIS/EI (Part C).      /     /
* Required Form 6B was completed with family’s input

[ ]  **yes** [ ]  **no** [ ]  **n/a**

* Parent Consent for the *placement* under IDEA Part B ECSE services given

[ ]  **yes** [ ]  **no** [ ]  **(n/a)**

* Parent Consent for *the initial provision of special education services* given

[ ]  **yes** [ ]  **no** [ ]  **(n/a)**

* + Date parental consent was received by the LEA      /     /
	+ Consent was received: [ ]  in person [ ]  email [ ]  verbal
* IEP was completed and implemented by the child’s third birthday.

[ ]  **yes** [ ]  **no** [ ]  **(n/a)**

* Date the child was determined eligible under Part C. This date is typically noted on the first page of the IFSP/OnePlan as Part C eligibility meeting date.      /     /

**This date becomes the three (3) year/triennial evaluation date for Part B services.**

# C. Re-evaluation

* Was the most recent re-evaluation conducted within a three (3) year span?

[ ]  **yes** [ ]  **no** [ ]  **(n/a)**

* Most Recent report date      /     /
* Previous triennial date      /     /

# Evaluation and Planning Team (EPT) Members

| **Name** | **Role** | **Involved in Plan** | **Agreed with Decision** |
| --- | --- | --- | --- |
|       | [ ]  Parent/Guardian[ ]  Education Surrogate  | [ ]  Yes[ ]  No | [ ]  Agree[ ]  DisagreeInitial:       |
|       | Local Education Agency Representative (LEA) | [ ]  Yes[ ]  No | [ ]  Agree[ ]  DisagreeInitial:       |
|       | Special Education Teacher or Service Provider | [ ]  Yes[ ]  No | [ ]  Agree[ ]  DisagreeInitial:       |
|       | General Education Teacher (SU/SD Teacher or private UPK/childcare/ Head Start teacher) | [ ]  Yes[ ]  No | [ ]  Agree[ ]  DisagreeInitial:       |
|       | Individual who can interpret instructional implications | [ ]  Yes[ ]  No | [ ]  Agree[ ]  DisagreeInitial:       |
|       | Other (describe)       | [ ]  Yes[ ]  No | [ ]  Agree[ ]  DisagreeInitial:       |
|       | Other (describe)       | [ ]  Yes[ ]  No | [ ]  Agree[ ]  DisagreeInitial:       |

# Developmental Delay Determination

The EPT is developing this plan (or developed this plan) to assess the following suspected domain area(s) of Developmental Delay. Please check all that apply:

[ ]  Speech and language development (including receptive and/or expressive communication, articulation, fluency, and/or voice)

[ ]  Adaptive development (self-help skills)

[ ]  Social or emotional development

[ ]  Physical development including gross or fine motor skills

[ ]  Cognitive skills such as perception, memory, processing, and reasoning

* The child was on an IFSP/OnePlan prior to their third birthday and continues to demonstrate at least a 25% delay. [ ]  **yes** [ ]  **no**
* The child has a medical condition diagnosed by a licensed physician which may result in significant delays by the child’s sixth birthday and the child is in need of early childhood special education services; [ ]  **yes** [ ]  **no**

**OR**

* The child demonstrated a:

40% delay in one or more of the above developmental domains;

25% delay in two or more of the above developmental domains; or

2.0 standard deviation at, or below the mean (2nd percentile) in one or more of the above developmental domains; or

1.5 standard deviation at, or below the mean (7th percentile) in two or more of the above developmental domains in the following areas

* Speech and language development (including receptive and/or expressive communication, articulation, fluency, and/or voice) [ ]  **yes** [ ]  **no**
* Adaptive development [ ]  **yes** [ ]  **no**
* Social and emotional development [ ]  **yes** [ ]  **no**
* Physical development including gross or fine motor skills

[ ]  **yes** [ ]  **no**

* Cognitive skills such as perception, memory, processing, and reasoning

[ ]  **yes** [ ]  **no**

Developmental Delay was determined using at least two assessment procedures, at least one being a norm referenced tool. [ ]  **yes** [ ]  **no**

* List norm referenced assessment(s) used.
* List other assessment(s)/evaluations used (may include, but not limited to, observation of a child’s function across daily routines and settings, interviews with teachers, family, and/or caregivers, review of ongoing assessment, and, if warranted, a functional behavior assessment)
* Additional information provided by the family of the child or documentation of the LEA’s attempts to obtain parental input:

If the assessment(s) is/are not conducted under standard conditions, describe the extent to which it varied from standard conditions (e.g. the assessment was given remotely, the assessment was given in the child’s native language, other modes of communication: Other evaluations and information provided by the family of the child or documentation of the LEA’s attempts to obtain parental input:

**Summary of findings/interpretation of evaluation results**, including consideration of all available evaluation data, and the team’s analyses of the child’s functioning levels:

# Present Levels

MedicalHistory**:** (physical, hearing, vision, CDC report, etc.) Include a brief description of how the child’s disability or medical condition affects their **access to and participation in** age-appropriate activities):

Strengths**:** Consider the child’s strengths across the three functional early childhood outcome areas.

A. Positive social and emotional skills and relationships:

B. Acquisition and use of knowledge and skills:

C. Taking appropriate actions to meet needs:

Concerns**:** Consider the child’s concerns across the three functional early childhood outcome areas:

A. Positive social and emotional skills and relationships: \*If behavior is a concern, indicate if a functional behavior assessment (FBA) has been/will be performed and include the results of collected data*.*

B. Acquisition and use of knowledge and skills:

C. Taking appropriate actions to meet needs:

**Other Considerations:**

This may include, for example, safety/health; Universal PreK; FBA; private early childhood programs; home-visiting; community-based child and family resources from CIS; transportation; disability awareness; advocacy needs, etc*.*

Does the Evaluation and Planning Team conclude that the student met the disability determination in the area(s) of      ? [ ]  **yes** [ ]  **no**

# Need for Special Education Services

Did the team document the child’s need for special education services in order to benefit from their educational program which could not be provided within the school’s educational support system, standard instructional conditions, or supplementary aids and services provided in the school/ regular education setting?

[ ]  **yes** [ ]  **no**

**OR**

Does the child have a documented medical condition diagnosed by a licensed physician which may result in significant delays by the child’s sixth birthday?

[ ]  **yes** [ ]  **no**

* In what functional eco areas does the child require specially designed instruction that cannot be provided through the educational support system, or through the standard instructional conditions, supplementary aids and services *in order for the child to* ***access and participate in age appropriate activities*** *within a regular early childhood setting, with their same-age peers, and/or within the child’s home environment across the three functional eco areas.*

A. Positive social and emotional skills and relationships:

 B. Acquisition and use of knowledge and skills:

 C. Taking appropriate actions to meet needs:

* What **accommodations and modifications**, if any, are necessary for the child to demonstrate progress within a regular early childhood setting, with their same-age peers, and/or within the child’s home environment across the three functional early childhood outcome areas?
* If the child is experiencing difficulty in an early child outcome area, but does not qualify for special education under developmental delay criteria, what additional information needs to be provided as part of the referral to the Section 504 or Educational Support Team?
	+ Identify additional areas of concern that may need to be addressed:

[ ]  Speech and language development (including receptive and/or expressive communication, articulation, fluency, and/or voice)

[ ]  Adaptive development (self-help skills)

[ ]  Social or emotional development

[ ]  Physical development including gross or fine motor skills

[ ]  Cognitive skills such as perception, memory, processing, and reasoning

[ ]  Medical condition (please describe)

* Summarize the EPT’s decision regarding the need for special education services
* Does the EPT conclude that the child has a need for special education services?

[ ]  **yes** [ ]  **no**

# Decision of the Evaluation and Planning Team Regarding Eligibility

Based upon the results of this Evaluation Plan and Report, the Evaluation Planning Team has determined that       (child’s name):

**Meets of continues to meet the** early childhood special education eligibility requirements under the disability category/categories**:**

[ ]  Speech and language development (including receptive and/or expressive communication, articulation, fluency, and/or voice)

[ ]  Adaptive development (self-help skills)

[ ]  Social or emotional development

[ ]  Physical development including gross or fine motor skills

[ ]  Cognitive skills such as perception, memory, processing, and reasoning

[ ]  Medical condition (please describe)

**OR**

**Did not meet or did not continue to meet** the early childhood special education eligibility requirements. The reason(s) for determining this ineligibility is/are:

**Enclosures:**

Once the evaluation is completed, **if you agree with the eligibility decision**, *please initial in the last column where your name is listed* (Page three (3) of this document). **If you disagree**, *please complete the next page,* where information about parental rights and disagreement is located.

# Report of Disagreement

To be completed if you disagree with the eligibility decision.

If a child/student has a documented disability but does not demonstrate a need for special education services, they must be referred to the LEA building principal/ administrator who then ensures that the Section 504 Team reviews the student/child’s eligibility and supports.

If you do not agree with the evaluations used to make this decision, you may request an Independent Educational Evaluation. The criteria for selecting an evaluator for an Independent Educational Evaluation, including the location and qualification of the evaluator, must meet the same standard as used by the school district. If you cannot find an evaluator, ask the school district to provide you with information about where you can get such an evaluation. The Independent Education Evaluation must be done at public expense, unless the school district asks for a due process hearing to prove their evaluation was appropriate. If the hearing officer agrees with the school district, the Independent Education Evaluation would be completed at your own expense.

Both the State and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the proposed actions or decisions the school wishes to take regarding your child and you being a part of the educational planning team for your child with a disability, are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and are afforded the opportunity to exercise those rights. You received a copy of these rights when your child was referred to Part B.

Name:

Role:       Date:

Reasons for Disagreement:

Conclusion:

Signature:

Read carefully and, if you have any questions regarding your rights, please contact:

School Staff:

Phone:

Written Address for Mail:

Email Address: