

Office of Child Development and Early Learning



The Early Intervention Process: Evaluation Report – with Annotations

The Evaluation Report documents the strengths and needs of the child and family. It is used to determine eligibility, the need for supports and make recommendations that can assist the young child to develop, learn and grow.

Type of Evaluation:

Initial or Reevaluation:

Date Evaluation Completed:

Use for evaluation and reevaluation. An evaluation must be completed within 45 days of referral. If there are multiple evaluation dates, record most recent.

Date Evaluation Report sent to Parent/Guardian:

Use for evaluation and reevaluation. A written ER is provided to the parent within 30 calendar days of the evaluation.

I. Demographic Information

Child Information	
Child's Name:	Gender:
Date of Birth:	Age:
EIX00 #:	
Referral Date:	
Referral Source:	
Child's Address:	
City/State/Zip:	
Phone #:	
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
School District of Residence:	
County of Residence:	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

Family Information	
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
Interpreter Needed: <i>If the family declines an interpreter, indicate 'No' in this section and document in the Family Information section of the record.</i>	
School District of Residence:	
County of Residence:	

Child's Name:
Local Program :

Date of Birth:
Local ID# :

II. Participants in the Evaluation

Participation of the parent/guardian as an equal partner of the evaluation team is essential. In addition to the parent/guardian, other members of the Infant/Toddler Early Intervention evaluation team shall include a service coordinator, a qualified professional and other team members as appointed by the family.

Name	Title/Role
	Parent/Guardian
	Parent/Guardian
	Service Coordinator

Child's Name:
Local Program :

Date of Birth:
Local ID# :

III. Evaluation Background/History

Reason for Referral for Evaluation

Type of Evaluation:

Describe the reason(s) child is being referred for this evaluation.

For initial evaluations, include the reason the child was referred for evaluation and the source of the referral. For reevaluations, the reason for referral may include gathering additional information on the child's level of development in a specific area and whether the child continues to be eligible. For evaluations for children in the process of transitioning from Part C to Part B Early Intervention, the reasons for referral should include determining if the child is eligible for Part B special education services.

History

Brief account of previous EI program and services, this should also include any other evaluations or services outside the EI programs

The materials gathered in this section are based on information from the family and those familiar with the child: friends, caregivers, early learning practitioners, Early Interventionists, and others. Medical/health information may be included here if it is pertinent to the child's history. Be sure to include: (1) a statement explaining from where and from whom the information was obtained; (2) information on participation in early care and education programs such as Early Head Start or childcare, (including days and times attended, center name and address, director/teacher name and contact phone number, history of attendance); (3) a brief account of relevant programs and services with which the child has been involved, for example: ongoing therapies and treatments, specialized care, services received in other counties/states, Children, Youth & Families involvement, Behavioral Health Rehabilitative Services (including name and location of provider, type and amount of services), MH/ID case management, Medical Assistance programs, WIC, food stamps, subsidized child care, home visitation/family supports, or any other program or service. For children who are deaf or hard of hearing, document whether or not the parent(s) and sibling(s) are hearing, have some degree of hearing loss, identify as culturally Deaf, or their hearing status is unknown; (4) any available information about strategies that have been shown to be beneficial to the child.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

IV. Family Information

It is helpful to know the kinds of activities your child participates in, the people who your child spends time with, and the things your child enjoys doing. This information will be used to plan the Early Intervention services and supports that your child might need. Families have the option to participate and are welcome team members in the evaluation process. *There are resources available (ex. the Routines Based Interview) to provide examples of how to ask these questions and others to enhance the quality of the responses from parents and careivers. Gathering this information with families is integral to the evaluation and planning process. If you are unable to obtain information from the family, describe the efforts made to obtain information.*

1) Describe the child/family's typical day/routines. Also include the family's views of their child's strengths and activities that are challenging for the child and family.

Describe typical child/family routines that happen during the day. This should include all activities that the child/family participates in, including those that the child/family enjoy and those they, and other care providers, find difficult. This includes meals, bath time, bedtime, playtime, etc. It also includes community programs such as childcare, home visitation/family support programs, playground, family groups, library, etc. Describe the child's interests, strengths and abilities. What are characteristics, ways of interacting with others or things the child does that people who know the child best appreciate and enjoy? Describe what the family wants people to know about how their child's developmental needs are affecting the lives of the child and family. Also, include the child's strengths as seen by teachers or caregivers and other concerns they may have for the child in the early learning setting. Include the source(s) of the information; for example, the people who provided the information, such as friends, caregivers, early learning practitioners, Early Interventionists, and others; or from the results of questionnaires.

Describe current activities that are difficult for the child and/or family to participate fully. Describe those activities the family did in the past and would like to do again. Describe any new activities in which the family would like the child to participate, but the family needs assistance to successfully participate in the experience.

This information should be used to develop recommendations for intervention that are part of the typical routines and activities of the child and family. For eligible children, this information should assist in the identification of outcomes and potential locations for intervention.

2) Describe the family's resources, including extended family, friends, community groups, etc.

Who is involved with the child and family? How are they helpful and how do they support the child and family? How can personnel in Early Intervention show respect for the family's individual preferences; for example, family routines, relationships, traditions, communication styles, cultural preferences? Explain what the family wants people to know about the types of resources they have to meet their family's needs including family, friends, community groups, financial supports. What are the family's priorities for their child's future? Do they have thoughts on how they might address those priorities?

This information should be used to develop recommendations for intervention that are part of the child and family's typical routines and activities. For eligible children, this information should help to develop outcomes.

Child's Name:
Local Program :

Date of Birth:
Local ID# :

V. Health, Vision and Hearing Summary

Health Summary

Date of Most Recent Health Appraisal:

By Whom:

Summarize the child's medical/health history including any information that impacts current health status or the results of the evaluation. Include information on nutrition, eating or growth concerns, immunizations, etc.

This section should include developmental history; use of glasses, hearing aids, walkers, etc. This section may include information from the initial and annual health report:

- Brief birth history, if relevant
- Review of previous health history, including a physical exam & growth assessment
- Hospitalizations, surgical history
- Immunizations and screening tests
- Medications and information on how they impact on the child's activities & diet
- Recommendations for follow-up health care or treatment
- Information on the management of the child's health care needs, including any instructions for medical emergencies and ongoing treatment
- Allergies and secondary health issues/diagnoses

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Local Program :

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Hearing Summary

Summarize the results of hearing assessments, including the results of the newborn hearing screening as appropriate. Describe information that the team gathered during the evaluation about the child's hearing skills using observation, parent report, screening tools, etc.

Date of Most Recent/Any Hearing Screening/Assessment:

By Whom:

Screening Instrument (if known):

Hearing Summary

Summarize the results of recent hearing screenings and assessments. Include the results of the Newborn Hearing Screening as pass or refer. Include documentation of the date and hearing test results from the audiogram and audiologist report. Include the type of loss (sensorineural, conductive, mixed, or other) and any other screenings done in the past year (i.e. by pediatrician at well child visit). Describe information that the team gathered during the MDE about the child's hearing skills. If there is no medical documentation, ask the parent/caregiver about their observations of the child's hearing skills and discuss whether further hearing evaluation should be recommended. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities. When completing this section, the team should keep in mind the high risk indicators associated with permanent congenital, delayed-onset, progressive hearing loss or unilateral hearing loss. These indicators identify the need for hearing screening or subsequent in-depth testing to rule out the presence of a hearing loss. They are listed in the "Risk Indicators Associated with Permanent Congenital, Delayed-Onset, or Progressive Hearing Loss in Childhood" document, which includes an original and annotated version. You can find this document on the EITA Portal under Topics of Interest > Low Incidence > Hearing/Deafness > Documents section.

Vision Summary

Summarize the results of vision assessments. Describe information that the team gathered during the evaluation about the child's vision skills using observation, parent report, screening tools, etc.

Date of Most Recent Vision/Any Screening/Assessment:

By Whom:

Screening Instrument (if known):

Vision Summary

Summarize the results of recent vision screenings and assessments. Include results of any vision screening done in the past year (i.e. by pediatrician at well child visit). Describe information that the team gathered during the MDE about the child's vision through observation, parent report, screening tools, etc. Check local availability of Spot Visual Screeners as needed. This information should be used to develop recommendations for interventions and strategies that support the child's support the child's participation in typical routines and activities.

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VI. Evaluation of Developmental Domains

Each section may include a summary of standardized testing, parent/caregiver/early childhood educator information, and observation of the child. Each of the developmental sections should include descriptive statements about the child's present abilities, strengths, and their unique needs, as based on parent/caregiver/early childhood educator report, administration of evaluation instruments, observations, or review of recent evaluation information from other agencies/programs outside of early intervention. Be sure to include the functioning level of these skills, including academic information and progress in appropriate activities for Infants and Toddlers.

The evaluation instrument must be administered by qualified personnel and unless clearly not feasible to do so, all evaluations and assessments of an infant or toddler must be conducted in the native language of the child. When conducting the evaluation and assessment, gather information from sources such as family members, other caregivers, medical providers, social workers, home visitors, and educators, if necessary, to understand the full scope of the infant or toddler's unique strengths and needs. Consider any use of adaptations or assistive technology that the child/family currently uses. Observe the child and ask the parent/caregiver about any current use or potential need for any low tech or high tech assistive technology that would support the child to better demonstrate developmental skills in each domain of development. Please reference "Assistive Technology Devices and Services Defined" document for a clear definition and examples of AT (<https://www.specialedconnection.com/LrpSecStoryTool/printDoc.jspdocid=10004&chunkid=1000008966>).

A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child), if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay or that the child has a diagnosis which has a high probability of resulting in a developmental delay. If the child's eligibility is established through the use of medical or other records, the Infant/Toddler Program must conduct an assessment of the child and family to identify the child's unique strengths and needs and the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability.

In order to be complete, all sections should include the information above, as appropriate for an individual child.

The information below may be helpful for families to understand what developmental skills may be represented in each section. These skills can be demonstrated within the child's typical play and community activities. This information may help to develop recommendations for interventions, and for an eligible child, the development of outcomes or goals, teaching strategies, specially designed instruction, and/or the location of intervention.

Cognitive Development

This section refers to how the brain functions and includes the development of thinking, learning, awareness, judgment, and information processing.

Communication Development

This section includes early development of the communication and language children use to express themselves, including the child's ability to understand (receptive) and communicate (expressive) wants, needs, and ideas within everyday routines.

Social and Emotional Development

This section includes the child's ability to engage others including playing, responding to adults and other children, and expressing their emotions.

Physical Development

This section includes the child's ability to move their own body including control of muscles, ability to sit, stand, move from place to place, and manipulate toys using both large and small muscle development.

Adaptive Development

This section includes the child's self-help skills such as feeding, dressing, and toileting.

Other Information

This section may include additional evaluation/assessment information from other sources or information not covered in previous sections. It may also include how the information gathered, including cultural preferences, impacts on the child's typical routines and activities. This section might also include learning strengths and learning difficulties observed and experienced in evaluation and daily routines and assistive technology needs.

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Cognitive Development

This section includes play skills and early concept development, such as object permanence and related concepts. Also included are classification, spatial relationships, problem solving, attention to task and remembering skills and readiness activities, especially related to pre-academic skills/pre-literacy and pre-math skills. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.

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Communication Development

This section includes early development of communication and language, including the child's ability to understand (receptive) and communicate (expressive) wants, needs and ideas within everyday routines. Other information may include report of the child's status or progress in pragmatics, phonology, articulation, voice/fluency, oral mechanisms, etc. as developmentally appropriate, as well as the child's use of other communication opportunities, including American Sign Language, Listening and Spoken Language, Total Communication, or Cued Speech. This also includes the use of augmentative and alternative communication; both low tech (e.g. picture exchange) and high tech (e.g. tablet technology), and other forms of AT to support communication.

These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities. If the child has a delay in communication development, in order to rule out a hearing loss, a recommendation of a hearing screening/assessment should be considered. The Communication Plan is a tool that identifies considerations that must be addressed during the planning process. The team may choose to embed the Communication Plan components into the IFSP/IEP; or the team may elect to use the Communication Plan and append it to the printed IFSP/IEP. Both options should be explained to the parents/caregivers.

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Social And Emotional Development

This section includes the child's ability to engage others and interact in their environment. This section should also address the child's attachment/separation and autonomy; the ability to follow routines, directions, learn rules and expectations; interactions with other family members; behavioral concerns, responses to redirection, emotional responses to others, etc. These skills can be demonstrated within the child's interactions/relationships with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information will help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities. If a Functional Behavior Assessment (FBA) has been completed prior to writing the Evaluation Report, include the results of that assessment here. An FBA is very useful for determining strategies to teach appropriate behaviors. It does not determine if a child is eligible for Early Intervention services.

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Physical Development

This section includes the child's ability to sit, stand, move from place to place, and manipulate toys. It also includes looking at the child's pre-writing skills, and large and small muscle development and vision and hearing. The impact of hearing or vision loss on the child's participation in everyday routines and activities should be addressed in this section. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.

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Adaptive Development

This section includes the child's self-help skills such as feeding, dressing, toileting, etc. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information should help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.

Child's Name:
Local Program :

Date of Birth:
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Other Information

Include additional evaluation/assessment information from other sources or information not covered in previous sections. Remember to include how the information gathered, including cultural preferences, impacts the child's participation in typical routines and activities. This section should address assistive technology needs, if not addressed in other domains. This section should also include information on learning strengths and learning difficulties observed during the evaluation and experienced in the child's daily routines. This information should help to develop recommendations and interventions and, for an eligible child, the development of outcomes/goals, teaching strategies/specially designed instruction and/or the location of intervention. Evaluations conducted outside of Early Intervention can be included here. This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child.

Child's Name:
Local Program :

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VII. Summary of Evaluation Results

Date of Evaluation	Age at Evaluation	Evaluation Procedures (Standardized assessment, parent/caregiver/early childhood educator report, observation, etc.) Include the location of evaluation, i.e. observation at early care and education setting.	Results	Administered by: (name, title)
<i>Date this evaluation activity occurred.</i>		<i>Include the instruments, methods and modifications used for the evaluation.</i>	<i>For standardized tests, the results should include standard score and/or standard deviation.</i>	<i>Include the name and role of the person(s) completing the evaluation.</i>

VIII. Eligibility

Is the child eligible to receive Early Intervention Services?

To be eligible for Part C Early Intervention, the infant or toddler must meet one or more of the following criteria:

(1) Have 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; (2) have a developmental delay in one or more of the developmental areas as documented by test performance of 1.5 standard deviations below the mean on accepted or recognized standard tests for infants and toddlers; (3) have a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay, including a condition that is not accompanied by delays in a developmental area at the time of diagnosis; or (4) qualified personnel based on informed clinical opinion has determined that the child is eligible for Early Intervention services. "Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for Early Intervention.

Reason(s) Eligible:	<input type="checkbox"/> 25% delay or 1.5 standard deviations below the mean in or more areas of development <i>This should be used if a child is eligible as a result of developmental delay</i>
	<input type="checkbox"/> Informed clinical opinion of this multidisciplinary team <i>If informed clinical opinion was used to determine eligibility, then the appropriate developmental domain section(s) should include specific reasons why clinical opinion was used.</i>
	<input type="checkbox"/> Diagnosis which has a high probability of resulting in a developmental delay <i>When this reason is selected, the specific diagnosis or disability should be indicated on the diagnosis screen in PELICAN. This includes children who have a diagnosis which has a high probability of resulting in a developmental delay such as hearing loss, chromosomal abnormalities, genetic or congenital disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, severe attachment disorders, and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. The team may gather further information or consult with the child's physician to determine if a diagnosis will result in high probability for delay.</i>
	<input type="checkbox"/> Eligible for early intervention services, but family declined services and requested tracking <i>Select this reason if the child is eligible for Early Intervention services but the family is choosing to enroll their child only in tracking. A reason for at-risk tracking must be selected</i>
Reason(s) Ineligible:	<input type="checkbox"/> Demonstrating skills similar to children his/her age
	<input type="checkbox"/> Eligible for tracking only <i>Select this reason if the child is not eligible for Early Intervention services but is eligible for tracking. Reason for at-risk tracking must be selected. This reason would also be used if the family decides to enroll in tracking without an evaluation.</i>
Reason(s) for At-Risk Tracking:	<input type="checkbox"/> Affected by an elevated lead level
	<input type="checkbox"/> Affected by prenatal substance exposure, including alcohol
	<input type="checkbox"/> Birth weight was under 1500 grams
	<input type="checkbox"/> Cared for in a Neonatal Intensive Care Unit
	<input type="checkbox"/> Experiencing homelessness <i>See Announcement EI 14-#01 for definition of homelessness</i>
	<input type="checkbox"/> Referred by Children, Youth & Families
<input type="checkbox"/> County follow-up <i>County Programs may identify additional tracking categories.</i>	

Child's Name:
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IX. Recommendations

Recommendations for consideration by the team regarding early intervention and related services are needed to enable the child to be involved and make progress in typical routines, community or preschool educational activities. For informational purposes only include additional suggestions for the family, such as contact information for outside resources. Each recommendation should include a description of the appropriate natural environments or least restrictive environment, including community settings, and family activities and routines, in which early intervention services and/or community supports, may be provided.

*Recommendations should describe specific strategies the family can begin using while services are being determined. Recommendations should **not** list the specific therapy service, the amount of service or frequency. These are decisions made by the IFSP team during the development of the IFSP. Recommendations should include ideas to help the IFSP team develop an accurate, comprehensive plan based on family and team concerns. Reflect on information gathered throughout the process, such as family assessment information, health/vision/hearing information, and functional information from the developmental domains. Each question should be considered and addressed as appropriate to meet the individual needs of the child and family. If the child is not eligible for Early Intervention services, describe non-Early Intervention supports/services that may assist the family in addressing their concerns.*

As a result of the evaluation, how will concerns identified by the family and team be addressed?

Information to identify learning strategies to enhance the family's capacity to assist their child's development and promote the family's participation in everyday activities should be included here. This should build upon the family's strengths, priorities and preferences.

For eligible children, this should include what the family would like to see addressed first. This information will help develop strategies the family can begin using while services are being determined.

If the child is not eligible for Early Intervention services, describe non-Early Intervention supports/services that may assist the family in addressing their concerns

Are there referrals or linkages to people and community resources, that are not Early Intervention services, that will assist the child/family in expanding their opportunities for involvement in community activities?

These are resources and people that may be useful in supporting the child and family to begin or enhance their access to community activities. These resources should be considered as you develop IFSP outcomes/goals. This should also include specific referrals and linkages that the family can use to support successful participation in the community. Consider a referral to the local Early Learning Resource Center and other services or programs from which a family might benefit or enjoy, including local transportation options, libraries, museums, playgrounds/parks, recreational centers, cultural centers, faith/religious communities, etc.

Ask the family if they want to learn more about their child's diagnosis or talk to another parent who has a child with similar delays. Consider referrals to Parent to Parent of Pennsylvania for all families and Guide By Your Side for families of infants and toddlers who are deaf or hard of hearing. Consider asking the family if they would like to learn more about the Early Intervention system. If so, consider linking the family to the Local Interagency Coordinating Council (LICC), Parents as Partners in Professional Development (P3D), or Competence and Confidence Partners in Policy Making EI (C2P2 EI).

Other Recommendations

Because all social interactions either support or challenge a child's social development, encourage the parent/caregiver to share strategies they know to be effective in supporting their child's development and behavior across all settings. Consider referrals to programs such as Medical Assistance programs, CHIP, health/dental/vision clinics, housing programs, food/clothing banks, mental/behavioral health and substance use treatment programs, etc. For children who are deaf or hard of hearing, discuss the voluntary release of information with the Department of Health. This section can be used to capture any additional team recommendations that meet the child and family needs.