

## **Chapter 4: Intake, Screening and Evaluation**

The Department of Elementary and Secondary Education (DESE) ensures that the statewide system of early intervention includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child age birth to age three, referred for evaluation. This process involves activities related to the child and family, including intake, screening, and evaluation of the child. The System Points of Entry (SPOEs), acting on behalf of DESE, are responsible for ensuring that all requirements are implemented.



### **The Intake Visit**

It is during the intake visit that the families are thoroughly introduced to the First Steps program, and it is *critical* to have a quality discussion with the family so that they are fully informed and have accurate expectations. Therefore, taking time during the intake visit to explain the various components of First Steps is necessary.

The following information is shared at the intake visit with **every** family:

- Early intervention philosophy and parent participation;
- Detailed information about First Steps and the 45-day timeline;
- A copy of the Parental Rights Statement; AND
- Family Cost Participation (FCP) and Insurance mandates



There are materials available to the SPOE that will assist in this discussion, including the First Steps informational brochure, Parental Rights Statement (required), First Steps philosophy and beliefs handout, eligibility criteria, Family Cost Participation and Mandated Insurance Coverage Bulletins, etc. It is recommended that the SPOE gather all the necessary forms, brochures and handouts to create **intake packets**

for Service Coordinators to ensure that all the necessary information is reviewed during the intake visit.

For children referred for developmental delay: If screening information was not obtained prior to the intake visit, the Service Coordinator **may** conduct a screening to determine if developmental delays exist which warrant further evaluation. It is not required that a screening be conducted (see page 2 & 3 for more information on screening).

If proceeding with Eligibility Determination, the Service Coordinator will also:

- Provide parent with Notice of Action/Consent for Initial Evaluation and obtain written consent to proceed with the evaluation;
- Complete any applicable forms to collect information such as family demographics, child's medical history and child's developmental status;
- Complete Releases of Information (ROIs) to obtain existing medical and/or developmental records;
- Collect FCP/Insurance information; AND
- Discuss scheduling evaluation(s) and/or assessment(s), as appropriate.



Families may need time to review the activities proposed, and must give their consent in writing prior to proceeding with the activities. Families may want to talk with other family members or individuals, such as clergy or friends, who offer guidance and support to them. Families may need time to digest the information provided, research and ask questions, and think about the options in order to make informed decisions that will be meaningful for them.

## **I. Parents Decline to Participate**

There are parental rights that apply during intake which include obtaining their informed, written consent to proceed to eligibility determination.



If consent is not given by the family, the Service Coordinator shall make reasonable efforts to ensure that the parent is fully aware of their options and understands that the child will not be able to receive the evaluation, assessment or services unless consent is given.

Consideration should be given to talking with the family not only about the potential effects of not participating in First Steps, but also to alert them to the state's Parents as Teachers program as well as other available services. Linking parents to ongoing developmental services is important for all referrals, especially those who decline services at any point in time.

## **II. Parent Provides Consent**

If a parent signs consent to evaluate, the Service Coordinator then discusses the family's questions or concerns about their child's development by collecting information pertaining to family demographics, child's medical history and child's developmental status. Information from this interview may be used in the eligibility determination process.

**An important discussion to have with the family at this point would be regarding any information that may already exist about the child that could assist in the eligibility determination process.**

**Families should not be expected to repeat their "story" multiple times throughout the intake and IFSP process.** Parent reports and documentation from previously conducted assessments or treatment can serve as valuable sources of information. This is especially true for infants referred from Neonatal Intensive Care Units (NICU) or other hospital programs. These infants

generally have a wealth of diagnostic information that has been developed. For older children, information from childcare, Parents as Teachers, and/or Early Head Start programs may also contain important and relevant information. A Release of Information (ROI) form for each source must be signed by the family to obtain existing records. Families decide which information they want to share and with whom they want the information shared. Family members should have the opportunity to be involved in all discussions and to be equal partners throughout the process.



**Best Practice:** Documents are “date-stamped” as they are received at the SPOE office, including any medical records and screenings.

The Health Summary form should be sent to the child’s medical home/primary care physician. This document contains important information concerning the child’s immunization status, medications and developmental issues identified by the medical home provider. This information should be obtained, reviewed, and integrated into the overall evaluation planning activities. In the interest of time, the Service Coordinator may collect this information via telephone call and document it in a case note. However, the physician should also sign and return the Health Summary form to the SPOE.



**NOTE:** The child’s health summary should include a vision and hearing screening, if available. If vision and hearing screening information is not available, the Service Coordinator may assist the family in obtaining the screenings through their local health department, Parents As Teachers program or other community resource, if needed.

Upon referral to First Steps, it is the goal that all children, regardless of their insurance coverage, should be linked to a medical home in the community. All children enrolled with MO HealthNet (formerly Medicaid) should

be linked to a primary care physician who is a MO HealthNet provider for screening and ongoing medical care.

A medical health screening will indicate whether or not routine and periodic well-child care is in place, immunizations are current, or developmental concerns have been identified. If a child is referred and has not had a medical health screening or well-baby check-up according to the nationally approved periodic schedule, the family should be encouraged and assisted in obtaining an appropriate screening(s) from a physician or the local health department.

**REMINDER:** While these data may help to contribute to the determination of eligibility, the delay in receiving this information does not exempt the SPOE from meeting the 45-day timeline.

### **Screening**

Screening is the use of informal and formal methods to determine if developmental delays exist which warrant further evaluation/assessment.

Every situation needs to be individually considered before any screenings are planned or conducted.

Screening assists the family and Service Coordinator in the identification or confirmation of areas that need more focused attention during the eligibility determination period. The Service Coordinator must be trained in the administration of any developmental screening instrument that is used.

Essential components of the screening process are:<sup>1</sup>

- Sensitive attention to parental concerns,
- Thoughtful inquiry about parental observations,
- Observations of a wide variety of the child's behaviors,
- Examination of specific developmental attainments,

- Use of all encounters for observing and recording developmental status,
- Screening of vision and hearing to rule out sensory impairment as a cause of the delay, and
- Observation of parent-child interaction.

The Service Coordinator may refer the child to the local Parents as Teachers (PAT) program to provide this service as long as the timeline to accomplish the developmental screening does not interfere with the timelines for eligibility determination.

Results of a screening are used in conjunction with other information including the reason for referral, parent interview, existing medical or other information, etc., to make eligibility determinations.

Screening is a “snapshot”, not a diagnostic step; and may not solely be used to determine eligibility. Additionally, screening results are not valid for use in IFSP development.

A thorough effort must be made to obtain documentation on vision and hearing screening(s) early in the referral and eligibility determination process, as the documentation provides crucial information about what additional information may be necessary for eligibility determination.

#### **A) Vision Information**

Obtaining vision information with this age population may be through a combination of family/parent interview, observation and minimal screening. The family interview may include questions such as:

- 1) Is there a family history of eye conditions (other than wearing glasses)?
- 2) *Age 6 months and older*: Does your child. . . .
  - Respond to toys only with an accompanying sound?

- Hold objects unusually close to his or her face when trying to focus?
  - Eyes appear straight?
  - Stare at bright lights infrequently?
  - Consistently over or under reaches for an object?
  - See a dropped toy?
  - Tilt or turn head to one side while looking?
- 3) *Age 12 months and older:* Does your child . . . .
- Place an object within a few inches of eyes to look?
  - Trip on steps (if child is walking)?
  - Move hand or object back and forth in front of eye?
  - Not notice people or objects when placed in certain areas?
  - Squint or frown when looking at objects?

It is important to listen carefully to families who note that their child may have problems with their eyes or vision, because parent observations often prove correct. Relevant family histories regarding eye disorders or early use of glasses should always be explored.

When requesting records from the child's primary care physician, the Service Coordinator should determine if a vision screening has been conducted. Physicians may also have conducted an eye evaluation, which would include an external inspection of the eyes and age-appropriate visual acuity and ocular muscle motility and eye muscle imbalances, including an ophthalmoscopic examination.<sup>ii</sup>

## **B) Hearing Information**

Missouri has implemented statewide, universal newborn hearing screening, and very young children with a confirmed hearing loss are referred to First Steps. Although most hearing loss in children is present at birth, significant hearing loss may occur after birth.

Regardless of the age of onset, all children with hearing loss require prompt identification and intervention supports and services. <sup>iii</sup>

Subsequent hearing information can be obtained with this age population through a combination of family/parent interview, observation and minimal screening. The family interview may include questions such as:

- Did your child pass his/her newborn hearing screening?
- Has your child received a hearing screen or hearing test since birth?
- Is there a family history of permanent childhood hearing loss?
- Was your child born prematurely?
- Does your child have a medical history of infection (i.e., meningitis) or head trauma?
- Does your child have a history of recurrent ear infections or fluid in the ears?
- Does your child respond to his/her name when called?
- Does your child react to loud noises or respond to toys with sound?
- Does your child stand near objects (i.e., television, radio, electronic games) in order to hear the sound?

An audiological referral for hearing screening or evaluation should be considered for those children at risk for hearing loss (e.g., history of trauma, meningitis and for those demonstrating clinical signs of possible hearing loss).

Though “frequent ear infections” is not a medical condition for eligibility in First Steps, children who have had frequent ear infections may present with delays in language development and have a high probability of loss of hearing. At a minimum, there must be a hearing screen to rule out hearing loss.

Obtaining vision and hearing information should precede the administration of other domain tests. In the absence of this information, the administration, scoring and reporting of other domain tests can be compromised. For example, it would be important to consider an audiological referral for a child referred to First Steps with language and/or communication concerns where the family not only shares these concerns, but where there also exists a familial history of hearing loss or deafness or when the child was born prematurely.

### **Evaluation for Eligibility**

Evaluation is defined as the use of informal and formal methods to establish developmental age/degree of delay to assist with eligibility determination.

Federal and state regulations require “performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation.” Multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities.

Prior notice and written consent must be obtained from the parent for any and all initial evaluation and assessment activities. Service Coordinators are responsible for ensuring that the family understands the intent and purpose of any evaluation and assessment activity.

According to Part C of IDEA, the multidisciplinary evaluation must include the following:

- 1) a review of current health records and medical history;
- 2) an interview with the family regarding their child’s early development, including their observations and concerns;
- 3) an evaluation of the child's level of functioning in each of the following areas:
  - a) cognitive development,

- b) physical development, including vision and hearing,
  - c) communication development,
  - d) social/emotional development, and
  - e) adaptive development;
- 4) an assessment of the unique needs of the child in terms of each developmental area; and,
  - 5) the identification of services appropriate to meet those unique needs.

Every situation needs to be individually considered before any evaluations are planned or conducted. The Service Coordinator utilizes the materials collected through the intake process to describe the child's developmental status, diagnosis (if one exists) and recent evaluations that were performed. These materials are reviewed for eligibility determination.

If, upon initial review of these materials, eligibility is unable to be determined from the information at hand, evaluation(s) are authorized to provide additional information for eligibility determination. Missouri is utilizing the *Developmental Assessment of Young Children (DAYC)* as the uniform evaluation instrument to assist in eligibility determination. The DAYC can be administered by a variety of early interventionists and consists of five subtests:

- Cognition
- Communication
- Social-Emotional
- Physical Development
- Adaptive Behavior

Each of the subtests relates to the domains that are evaluated for early intervention eligibility and children's developmental performance in accordance with the Individuals with Disabilities Education Act (IDEA).

Once a provider has been selected to conduct an evaluation, the Service Coordinator will complete the authorization for evaluation/testing in WebSPOE and an electronic authorization will be generated for that provider.



The DAYC Evaluation Summary and any additional information from the evaluation session must be provided to the Service Coordinator in a timely manner so that the eligibility may be determined and the process can move forward to IFSP development within the 45-day timelines.



**Best Practice:** Provide the results of evaluation activities to the family verbally and in writing within a reasonable time.

---

<sup>i</sup> Excerpted from the American Academy of Pediatrics, Policy Statement dated May 1994, entitled “Screening Infants and Young Children for Developmental Disabilities” (RE9414)

<sup>ii</sup> Excerpted from the American Academy of Pediatrics, Policy Statement dated July 1996, entitled “Eye Examination and Vision Screening in Infants, Children and Young Adults” (RE9625)

<sup>iii</sup> Excerpted from the American Academy of Pediatrics, Policy Statement dated February 1999, entitled “Newborn and Infant Hearing Loss: Detection and Intervention” (RE9846)  
Taken from Kentucky Practice Manual