



Questions and Answers  
January 4, 2012

## Assessments and Administering the DAYC

The following information is intended to provide clarification on the issues of determining when evaluations/assessments are required by the First Steps program and when to administer the Developmental Assessment of Young Children (DAYC).

### PART I: ASSESSMENT

**Question 1: What is the difference between an evaluation and an assessment?** When a child is referred under developmental delay, First Steps requires an **evaluation** to determine eligibility (within the first 45 days after referral) based on the child's level of functioning in the five developmental areas. In Missouri, the Developmental Assessment of Young Children (DAYC) is used as the evaluation tool to assist with eligibility determination. Once eligibility has been determined, there are times when an **assessment** is needed to determine the unique needs of the child and to assist in the identification of services appropriate to meet those needs. A formal or informal assessment to plan for an Individualized Family Service Plan (IFSP) meeting may be conducted prior to the initial IFSP, or anytime following the initial IFSP, in order to obtain an accurate description of the child's level of functioning.

**Question 2: Are scores and percentages included in assessment reports?** If it is determined that a **formal assessment** is needed and the instrument utilizes a standard scoring procedure, then the written report should include scores, along with a detailed narrative. For example, if a child is eligible based on a medical condition and it is determined that a formal assessment using a specific instrument is needed (e.g., HELP® Birth-3, PLS-4, ELAP), then the provider should complete the entire protocol and submit the protocol, along with a report of the scores and narrative summary, to the System Point Of Entry (SPOE) office.

However, if the provider completes an **informal assessment** (e.g., parent interview, structured observation, a strand from an instrument), scores are not expected in the written report. For example, in preparation for an IFSP meeting, the provider is asked to observe a child and interview the family to get a better understanding of the concerns they have with their child's development. In this instance, the provider would submit a report describing observations and discussions with the family.

**Question 3: Who determines if a formal or informal assessment is needed?** Providers should collaborate with the Service Coordinator when receiving a request for an assessment in order to clarify the type of assessment needed: formal or informal. The Service Coordinator will then complete a "Provider Service Request Form" to document the type of assessment needed.

**Question 4: Is it appropriate to administer the DAYC along with another formal measure in the same First Steps visit?** No. Administering a complete, **formal assessment** in the same visit with the DAYC is not recommended since it generally takes 60-90 minutes for a provider to administer the DAYC. Combining the DAYC with another formal assessment may not be conducive to the child's and family's responsiveness because of attention span, fatigue, etc. However, it is acceptable for the evaluator to conduct an **informal assessment** following the administration of the DAYC, when the evaluator determines it necessary.

**Question 5: Do certain providers require a formal evaluation/assessment before starting ongoing services?** Providers such as Physical Therapists, Occupational Therapists and Speech-Language Pathologists must follow the discipline specific guidelines established by the Missouri licensing board. It is the responsibility of individual providers to know their licensure requirements and to ensure they have the correct evaluation/assessments completed prior to beginning ongoing, direct services with a child/family. Providers should communicate with Service Coordinators regarding the type of assessment needed to meet licensure requirements for specific disciplines.

**Question 6: What are First Steps guidelines for obtaining a physician's prescription to administer the DAYC?** Missouri utilizes the DAYC for initial evaluation to determine eligibility. The DAYC is NOT a discipline specific instrument and can be administered by a variety of professionals (teacher, OT, PT, SLP, etc.) who meet the qualifications outlined by the publisher. The SPOE, along with the Department of Elementary and Secondary Education, determine which First Steps providers are trained to administer the DAYC. For these reasons, the Missouri Board of Healing Arts has determined that a physician's prescription is NOT needed for any discipline to administer the DAYC for First Steps eligibility determination. Further information on the scope of work permitted by professionals licensed by the Division of Professional Registration can be found at Chapter 334.500-.685.RSMo. (Physical Therapists), Chapter 324.050-.089 RSMo. (Occupational Therapists), and Chapter 345 RSMo. (Speech-Language Pathologists).

**Question 7: Is it appropriate to use the first visit with a family to do an assessment?**

It depends. If a direct service authorization was intended for an initial visit with the family, then no, it is not appropriate to use the first visit with the family to conduct a formal assessment with the child. However, informal assessment may be a part of each visit with the child/family and is a common, acceptable practice which does not require a written report but would be documented in progress notes.

A note about the 45-day timeline: The assessments necessary for IFSP planning and development must be completed **before** the initial IFSP meeting. In general, it is not appropriate to schedule a formal assessment of the child **after** the initial IFSP as a way of extending the 45-day timeline. After assessments for IFSP planning are completed, the Service Coordinator schedules the initial IFSP meeting and the IFSP team identifies outcomes and determines if ongoing services are needed in order to accomplish the outcomes. In rare situations, the discussion at the initial IFSP meeting may indicate the need for a specific, formal assessment of the child.

## **PART II: ADMINISTERING AND SCORING THE DAYC**

**Question 8: Who can administer the DAYC?** A variety of professionals can administer the DAYC as the qualifications are not specific to a particular degree or professional license; however, professionals must be knowledgeable of and follow their licensing requirements. The DAYC is a battery of five subtests that measure different, but interrelated, developmental abilities and was constructed to measure the five areas of development mandated by IDEA (cognitive, social-emotional, physical, adaptive, and communication). For Missouri First Steps, a professional must attend a state-sponsored training and receive a certificate of attendance as an "EI Examiner" before an authorization for the DAYC can occur. Any evaluator trained in administering the DAYC may assess a child's developmental abilities in all areas of the DAYC.

**Question 9: Is it appropriate to administer the DAYC to children under the age of 12 months?** The DAYC is an appropriate tool to use with children birth through 5 years, 11 months; thus it is appropriate to use when determining First Steps eligibility for children

suspected to have a developmental delay. Some things to keep in mind when evaluating children under the age of 12 months:

- the evaluator may need to collect and rely more on supplemental information (e.g., observations, parent report, etc) to assist with determining eligibility, and
- the evaluator may discuss with the Service Coordinator the need to utilize additional instruments if necessary.

At the time of eligibility determination, the Service Coordinator considers the DAYC results in conjunction with any additional information gathered, including the reason for referral, parent interview, screening results, existing medical or other health information, etc.

NOTE: Most children under the age of 12 months are referred to First Steps with a newborn or medical condition.

**Question 10: Can the DAYC be administered to children whose native language is not English?** All evaluations for a child must be conducted by qualified personnel in a nondiscriminatory manner so as not to be racially or culturally discriminatory and must be administered in the native language of the child. The DAYC may be administered to non-English speaking children and families with the assistance of a translator; however, in these situations, utilizing additional methods should be considered since: 1) the DAYC was normed on an English speaking population from an American culture, and 2) the publisher does not have any research data or norms to determine how the children in the standardization sample would have performed with modifications to the administration, such as translation. The Service Coordinator and evaluator should discuss the child and family circumstances to determine the need to utilize additional methods.

When administering the DAYC with the use of a translator, the evaluator should address socio-cultural variables, which may include a conversation with the family about their daily routines and how routines impact their child's development. The evaluator must take the socio-cultural variables into consideration when determining the results of the test. It is expected that both information about routines and socio-cultural variables are documented in the DAYC Summary Report. Finally, when communicating test results to the family, every effort should be made to translate the results into language familiar to the person with whom the information is being shared. To ensure the family understands the results, translation may need to be verbal and/or written information.

**Question 11: Where are the evaluator's observations and concerns documented to help the Service Coordinator determine the use of Informed Clinical Opinion (ICO)?** Observations and statements are documented under the "Evaluator Observations" and/or "Summary" sections in the DAYC report. This information may include observations, findings from an informal assessment, or statements addressing the concerns (e.g., atypical behaviors, behaviors not easily captured by the evaluation tool, inconsistencies in child's abilities, regression of skills, or significance of delay when considering additional factors). Though the Service Coordinator is responsible for compiling information that supports ICO, the evaluator's statements in the DAYC report are essential to the ICO process. If there is additional information not included in the report, but helpful to ICO, the evaluator can provide this in an email message or fax sheet when the report is sent to the Service Coordinator.

**Question 12: What if the evaluator has concerns about reporting the scores or results of a particular section of the DAYC?** The evaluator should include specific concerns in the report write-up as appropriate. For example, if the evaluator has concerns that certain items were invalidated due to the administration of the test or the validity/reliability of the results are in question, the evaluator should document this in the Summary section of the DAYC report or, if necessary, a separate email to the Service Coordinator. This information is used in addition to

other documentation gathered on the child's developmental status or functioning level in order to determine eligibility, including the use of ICO.

**Question 13: When scoring the DAYC, is it appropriate to overlap the ceiling and basal?**

In general, the ceiling and basal would not overlap when administering the DAYC. However, if the child displays scattered abilities, then the ceiling and basal may overlap in order to establish the true basal. Evaluators need to carefully review items achieved or missed to determine if the child is lacking opportunity to achieve the skill (for example, the skill is scribbling with a crayon and parent reports they have not offered any crayons or pencils), or if the missing skill is an indicator of atypical development. *(See page 8 of the DAYC Examiner's Manual for more explanation on how to determine the ceiling and basal.)*

**Question 14: Does the DAYC give credit for items for emergent skills?** Yes. As indicated on the DAYC protocol, the child receives credit for "items that the child can do right now, is beginning to do, or did when s/he was younger." For example: when asked if a child can turn a door knob, the parent responds that the child was beginning to do this, and the family recently covered all the door knobs with a plastic cover so that the child would not open the door and go outside. The child would receive credit for this item and it would be scored as a "1."

Additionally, the DAYC gives credit for items that the child can complete, though the quality of the task may be questionable. For example: if an item on the DAYC states "walks without holding on" and the child is toe-walking around the room, then the child receives a score of "1" because s/he can walk. However, the evaluator would comment in the written report that there are concerns related to the child's manner of walking.

**Question 15: Is the completion of the *Profile/Examiner Summary Sheet* required?** No. The completion of the *Profile/Examiner Summary Sheet* is *not* required since the protocol for each of the five subtests includes a space for the Raw Score, Age Equivalent, Percentile and Standard Scores. The *DAYC Evaluation Summary Report*, however, is required to be completed for each child tested.

**Question 16: Who maintains the original copy of the DAYC report and protocol?** The original report and protocol is submitted to the SPOE to be included in the child's official record. Each SPOE should develop a process for obtaining protocols from evaluators in a timely manner. *Evaluation and assessment reports should be electronically uploaded into WebSPOE by the provider; however, the protocol still needs to be sent in paper form to the SPOE.* For referrals to First Steps for children over the age of 2 ½: it is expected that the original protocol be sent to the SPOE office as soon as possible after the testing session in order to facilitate a successful transition at the age of 3.

**NOTE:** There should only be one **original** copy of the DAYC Summary Report. When a provider has completed the report, it is submitted to the SPOE. When the SPOE accepts the report, this is the official report. In order for all copies of the written report to contain the same information whether received by the family, the SPOE or the provider agency; there should be no modifications or revisions made to the report once it is submitted to the SPOE.