



Practice Manual

Chapter 3: Referral, Intake and Evaluation

Missouri Department of Elementary and Secondary Education
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3 REFERRAL, INTAKE AND EVALUATION

The System Points of Entry (SPOE) ensures every child and family has equal access to early intervention services regardless of where the family lives in Missouri.

Processing a child’s referral to First Steps is the first “service” a family receives from the program. The referral, intake and evaluation processes involve numerous activities related to gathering information on the child and family which lead to the determination of the child’s eligibility for First Steps. These activities include: introducing the family to the program, explaining parental rights, obtaining parental consent, collecting pertinent records, conducting any necessary evaluations of the child and reviewing all collected information.

SECTION I: REFERRAL

Missouri Part C State Plan Section IX. (34 CFR 303.303)

Timeliness is critical when referring children for early intervention services; therefore, children suspected of a developmental delay or disability must be referred to First Steps by appropriate referral sources within seven days after identification. Building a strong network between the SPOE and referral sources in a community assists in the early identification and referral of potentially eligible children.

A. Referral Sources

The state regulations outline which individuals and agencies may refer a child to First Steps. These identified individuals and agencies are called “primary referral sources.” Primary referral sources are informed about the referral process and procedures through public awareness and child find activities.

1. Primary Referral Sources

The First Steps primary referral sources include:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Parents;

- Child-care programs and early learning programs;
- Local educational agencies (including special education and Parents as Teachers) and schools;
- Public health facilities;
- Other public health or social service agencies;
- Other clinics and health care providers;
- Public agencies and staff in the child welfare system, including child protective service and foster care;
- Homeless family shelters; and
- Domestic violence shelters and agencies.

A primary referral source who suspects a child has a developmental delay or disability does not need parental permission prior to referral to First Steps. However, primary referral sources are encouraged to talk with families about First Steps before making the referral.

a) Child Abuse Prevention and Treatment Act

The Department of Social Services, Children’s Division is required to make a referral to First Steps for any child under the age of three who has been involved in a documented case of child abuse or neglect (i.e., a Preponderance of Evidence). This requirement comes from the Child Abuse Prevention and Treatment Act (CAPTA). As a primary referral source, Children’s Division is not required to obtain parental permission prior to making the referral to First Steps.

The purpose of the CAPTA requirement is to promote early identification of children with a high probability of developmental delays, including social/emotional/mental health delays, and encourage collaboration between the Children’s Division and First Steps.

In some cases, a child referred under CAPTA may already be enrolled in First Steps or in the evaluation process. If not, the SPOE proceeds with the referral. The SPOE cannot refuse a CAPTA referral. The Service Coordinator contacts the parent, or in some cases the foster parent, to determine if the parent wants to proceed with an evaluation to determine if the child is eligible for First Steps services. Since CAPTA referrals often involve concerns with a child’s social emotional or mental health, with parent permission, the Service Coordinator is encouraged to schedule a home visit to gather more information about the child’s development and conduct a parent interview to determine if there are concerns with development.

b) Prenatal Drug Exposure

State regulations require a primary referral source (i.e., NICU, physician) to refer a child

under the age of three who has been affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure. As a primary referral source, the individual making the referral is not required to obtain parental permission prior to making the referral to First Steps.

In some cases, the child referred may already be enrolled in First Steps or in the evaluation process. If not, the SPOE addresses referrals for prenatal drug exposure in the same manner as all other referrals received by First Steps.

2. Non-Primary Referral Sources

Individuals who are not primary referral sources are other family members, friends and neighbors. Non-primary referral sources cannot make referrals to First Steps on behalf of a parent or child. If a referral is received from any other source than a primary referral source, the Service Coordinator refers the source to the parents so the parents can make the referral directly to the SPOE.

B. Initial Contact with First Steps

An individual or agency may contact the SPOE to obtain more information about the First Steps program or to provide information about a young child. The SPOE must determine how to proceed based on the information shared with the SPOE.

When contacted by an individual or agency, the SPOE must distinguish if the information shared in the initial contact is an inquiry about the program or a referral. The procedures for each process include the following:

1. Inquiry

An inquiry occurs when the individual contacting the SPOE wants general information about the First Steps program, such as questions about a child who is over three years of age, the purpose of First Steps or eligibility criteria.

If sufficient information (e.g., contact information, child name, age of the child, etc.) is provided by the individual, the SPOE enters the inquiry into WebSPOE and inactivates the child's record with the reason: "Inquiry Only." This contact is stored as inquiry data and not referral data. The SPOE sends an ***Inquiry Letter*** (see Chapter 3 Letters) to the individual thanking them for his or her interest in early intervention through First Steps.

If sufficient information was not provided by the individual, the SPOE cannot enter the contact in WebSPOE. The SPOE may choose to maintain a record of the incomplete information received from the inquiry, but this is not required.

2. Referral

A referral occurs when a primary referral source contacts the SPOE with developmental concerns or medical information about a child who is birth to three years old. To make a referral, primary referral sources may call the local SPOE office or send a referral form via fax, mail or email. Two referral forms are available: the standard *First Steps Referral Form* for use by all primary referral sources, and the *Neonatal Intensive Care Unit (NICU) First Steps Referral Form* (see Chapter 3 Forms) for use by the NICU only. Once completed, referral forms are sent directly to the local SPOE office. First Steps operates a toll-free number which is available statewide at 1-866-583-2392 to assist primary referral sources in making a referral by phone. Additionally, primary referral sources may make online referrals to First Steps at www.mofirststeps.com.

C. Referral Procedures

Once the SPOE determines the initial contact is a referral, the following steps are taken:

1. Receipt of Referral

When the SPOE receives a referral, the referral date is the date the SPOE is made aware of the referral in any manner (e.g., online referral is retrieved, phone call is taken or mail is opened). If a referral is received after SPOE business hours, the date of referral is the next business day.

Once a referral is received, the SPOE is responsible for ensuring an *Acknowledgment of Referral Letter* (see Chapter 3 Letters) is sent to the primary referral source in a timely manner. This letter acknowledges the receipt of the referral only. The SPOE cannot share any additional information with the primary referral source, including whether contact with the family has occurred. Any information regarding contacts with the family, evaluation/assessment results or early intervention services are considered confidential. For more information on confidentiality, see Chapter 2.

2. Review of Referral

The SPOE is responsible for completing a preliminary review of referral information to determine if the child:

- Is younger than three years of age;
- Is diagnosed with a medical or newborn condition specifically listed in the Missouri First Steps Eligibility Criteria (see Chapter 4 Documents);
- Is diagnosed with a medical condition not specifically listed, but potentially associated with developmental delays or disabilities;

- Is referred with information indicating a half-age developmental delay in at least one domain (cognitive, communication, physical, social-emotional, or adaptive); or
- Is referred due to concerns about the child’s development.

After the preliminary review of referral information, the SPOE conducts any follow-up conversations with the referral source to acquire any additional information necessary to determine the reason for the referral. This additional information may include discussions about the child’s development; however, the SPOE cannot conduct phone screenings or use screening tools that lead to a decision about the child’s level of delay or disability. This means informal (e.g., checklists, questionnaires) or formal (e.g., ASQ) screening procedures cannot be used. The SPOE may collect information about the parent’s concerns for the child but this information cannot lead to a decision to proceed with or refuse the referral. The SPOE may use existing screening information that was conducted outside of First Steps (e.g., Parents As Teachers or Early Head Start screening activities) to determine whether or not to proceed with or refuse the referral.

Once the SPOE reviews all referral information, if the SPOE:

- Suspects the child may potentially meet medical or newborn condition for eligibility, then the SPOE proceeds with the referral.
- Suspects any level of developmental delay, then the SPOE proceeds with the referral.
- Does not suspect a developmental delay or disability, then the SPOE refuses the referral.

Before proceeding with the referral, the SPOE must determine if the child needs an educational surrogate. For more information on Educational Surrogates, see Chapter 2.

3. Proceeding with the Referral

The SPOE is responsible for assigning a Service Coordinator as soon as possible once a referral is received. If the referral was made by a primary referral source other than the parent, an initial contact with the parent is made to explain the reason for the referral. This initial contact with the parent occurs within two business days of the referral. Generally the initial contact to the parent is made by phone but a letter may be sent in lieu of a phone call to the parent.

The purpose of the initial call is to:

- Introduce the program, briefly,
- Share eligibility criteria,
- Discuss the reason for the referral, and

- Schedule the intake visit. If time permits, the Service Coordinator may send the *Meeting Notification Generic Letter* (see Chapter 3 Letters) to the parent but this letter is not required.

4. Refusing the Referral

Refusing a referral should not be a common practice of the SPOE and only occurs when there is no reason to suspect a developmental delay, newborn or medical condition. If there is any uncertainty about the child’s developmental status or insufficient evidence to determine if the child has a developmental delay or newborn/medical condition, the SPOE must proceed with the referral.

The SPOE may refuse a referral at any time prior to obtaining parental consent for evaluation of the child to determine eligibility. When refusing a referral, the SPOE:

- Contacts the parent to discuss the refusal;
- Sends the *SPOE Refuse Initial Evaluation Letter* (see Chapter 3 Letters) to the parent indicating the SPOE refused the referral;
- Encloses a completed copy of the Notice of Action (NOA) – Evaluation of the Child Refused by SPOE (see Chapter 2 Forms);
- Encloses a copy of the Parental Rights Statement (see Chapter 2 Documents); and
- Sends the parent information about other community programs.

D. Late Referrals

Sometimes children are referred to First Steps shortly before their third birthday. In these situations, the SPOE discusses the timelines associated with the First Steps eligibility process with the parent.

1. Child Referred 45 Days or More from Third Birthday

In general, if the child is referred 45 days or more from his or her third birthday and the SPOE has reason to suspect the child has a disability or developmental delay, then the SPOE must proceed with the referral. The SPOE enters the referral in WebSPOE and proceeds with intake activities. Depending on how close the referral date is to child’s third birthday, the Service Coordinator may have additional transition activities to complete with the parent. For more information about Transition, see Chapter 10.

2. Child Referred Less Than 45 Days from Third Birthday

If the child is referred less than 45 days from his or her third birthday, then the SPOE is not required to proceed with the referral and may follow the procedures for refusing a referral.

However, the SPOE should give consideration to proceeding with a late referral if the child's third birthday falls between April 1 and August 15 (i.e., summer third birthday) because children with summer third birthdays who are eligible for First Steps and pursuing Early Childhood Special Education (ECSE) may continue to receive First Steps services throughout the summer. For more information on Summer Third Birthdays, see Chapter 10.

If the SPOE decides to move forward with the late referral, the SPOE enters the referral in WebSPOE and proceeds with intake activities.

Regardless of whether the SPOE proceeds with or refuses the late referral, the Service Coordinator should provide the parent with information about other early childhood programs available in the community, such as Head Start or ECSE services.

SECTION II: TIMELINES

Missouri Part C State Plan Section IX. (34 CFR 303.303)

In accordance with federal and state requirements, the SPOE must follow specific timelines throughout the referral process in order to provide timely, consistent services to all children and families referred to First Steps.

A. 45-Day Timeline

The SPOE is responsible for completing a variety of activities within the first 45 days from the date of referral. The Service Coordinator is involved in most activities, such as conducting the intake visit, determining eligibility, scheduling assessments and developing an Initial Individualized Family Service Plan (IFSP). A description of the required activities is outlined in the *Checklist for 45-Day Timeline Activities* (see Chapter 3 Documents).

Documentation throughout the 45-day timeline is critical. Case notes are updated regularly (weekly, if applicable) to document the activities related to the 45-day timeline, including conversations with or attempts to contact the family or providers. Case notes need to provide a description of the activities that occurred throughout the 45-day timeline. For more information on completing the 45-day timeline, see Chapter 6.

B. Unable to Locate Prior to the Initial Individualized Family Service Plan

During the referral process before an Initial IFSP meeting, if the Service Coordinator or provider is unable to locate a family or if the family repeatedly does not respond to the Service Coordinator or provider, the Service Coordinator is responsible for documenting all dates and times of attempted contacts in case notes. When the SPOE is unable to contact the family shortly after the referral was made, the SPOE should send a letter, *No Contact Two Days After Referral Letter* (see Chapter 3 Letters), to attempt to contact the family. This letter states the Service Coordinator is trying to contact the family to discuss the referral to First Steps.

After documenting three good faith attempts to contact the family with no response, the SPOE sends a certified letter, *Inactivate Record Prior to IFSP Letter* (see Chapter 3 Letters), stating the child's referral record will be closed if contact is not made within five calendar days from receipt of the letter. This letter must contain detailed descriptions of how the family can re-establish contact with First Steps if they choose to do so in the future. A copy of the Parental Rights Statement must accompany this letter.

No more than 30 days from the date of the first unsuccessful contact should pass during this process.

SECTION III: INTAKE VISIT

Missouri Part C State Plan Section XI. (34 CFR 303.321)

The purpose of the intake visit is to introduce the parents to the First Steps program, including the philosophy of First Steps, the method of service delivery and parent rights in the program so the parents may decide if the program is appropriate for their family. At the intake visit, the Service Coordinator obtains parental consent to begin the evaluation of the child and collects the child and family's demographic and enrollment information.

A. Introduction to First Steps

As part of the introduction to First Steps, the Service Coordinator provides an overview of the program to the parent using the *Missouri First Steps Program* brochure (see Chapter 3 Resources), as well as an explanation of the parental rights.

1. First Steps Program

When the Service Coordinator explains the First Steps program to families, it is important to talk about the philosophy of the program, which includes three primary components: the First Steps Mission Statement, the Belief Statements, and the model of service delivery.

a) Mission Statement

The First Steps Mission Statement guides early intervention practices. The statement is as follows:

First Steps is a support and service system designed to improve family capacity to enhance their child's development and learning and to increase the child's participation in family and community life.

b) Belief Statements

The First Steps Belief Statements represent the key principles of the program. The eight Belief Statements are:

Belief #1: Families are decision makers and the child's first teacher;

Belief #2: Effective services are designed around and promote family strengths;

Belief #3: Effective services are culturally competent;

Belief #4: Effective services are provided in the context of the child's and family's natural routines;

Belief #5: Effective services are provided in natural environments;

Belief #6: Services and supports are individualized;

Belief #7: Competent providers focus on family competence; and

Belief #8: Early identification and family engagement are critical to early intervention.

The *First Steps Belief Statements* document (see Chapter 3 Documents) explains each belief in detail.

c) **Model of Service Delivery**

Early Intervention Teams (EITs) is the First Steps model for service delivery. The Service Coordinator reviews with the parent how services are provided in the context of EITs. The Service Coordinator shares with the parent the *Early Intervention Teams & Families* brochure (see Chapter 3 Resources). For more information on EITs, see Chapter 7.

The Service Coordinator should introduce family cost participation (FCP) to the parent by mentioning if the child is eligible for First Steps, then the parent may have a monthly participation fee that is based on the household size and income. The collection of required FCP information is not completed until the Initial IFSP meeting.

d) **Voluntary Participation**

First Steps is a voluntary program, which means it is the parent's decision whether or not to participate in the program.

If the parent does not want to participate in First Steps, the Service Coordinator sends the family any applicable resources available in the community along with the *Parent Withdraw Prior to IFSP Letter* (see Chapter 3 Letters).

If the parent decides to participate, the Service Coordinator is responsible for explaining that parent participation in all activities, including the evaluation of the child to determine eligibility, home visits and any other First Steps services, is critical to the child's development and progress towards goals. The Service Coordinator is also responsible for explaining the parental rights.

2. **Parental Rights**

The Service Coordinator must provide the parent with a copy of the Parental Rights Statement (see Chapter 2 Documents) and explain each parental right before obtaining consent to proceed with the evaluation of the child and eligibility determination. As appropriate, the Service Coordinator may introduce the parent to the First Steps System of

Payments Policy as it relates to explaining the Parental Rights Statement. For more information on the System of Payments, see Chapter 5.

B. Parental Consent

If the Service Coordinator proposes to proceed with an evaluation of the child to determine eligibility, the Service Coordinator presents the parent with the Notice of Action/Consent (NOA/C) - Evaluation/Initial Assessment of the Child (see Chapter 2 Forms) with the following reason for the action:

*“To conduct an evaluation of the child to determine eligibility for First Steps, unless medical or other records confirm eligibility, and
For an eligible child, to conduct an initial assessment of the child to prepare for an Individualized Family Service Plan (IFSP).”*

The Service Coordinator explains the NOA/C to the parent, including the implications of declining or consenting to the proposed action. After the explanation, there are three possible actions the parent may take: consent, request more time or decline.

1. Parent Signs Consent

When presented with the NOA/C - Evaluation/Initial Assessment of the Child, the parent may be ready to sign the form and to begin the evaluation process to determine the child’s eligibility for First Steps. The parent checks the “accept” box, signs and dates the consent form.

2. Parent Requests More Time

When presented with the NOA/C - Evaluation/Initial Assessment of the Child, the parent may need additional time to review the proposed activities before making a decision to give consent. The parent may want to talk with other family members or friends who offer guidance and support. The parent may also need time to consider the information, research, ask questions, and think about the options in order to make an informed decision.

The Service Coordinator allows the parent as much time as needed; however, the Service Coordinator must remember the evaluation of the child cannot begin until the parent signs consent. The Service Coordinator must conduct regular follow ups with the family, as appropriate, and attempt to meet the 45-day timeline even if the parent requests additional time.

3. Parent Declines Consent

When presented with the NOA/C - Evaluation/Initial Assessment of the Child, the parent may choose not to provide consent for evaluation. In this case, the Service Coordinator

makes reasonable efforts to ensure the parent is aware of the evaluation, assessment or services available to the child, and understands the child will not receive such services unless consent is given.

In addition, the Service Coordinator provides the parent with NOA/C – Evaluation/Initial Assessment of the Child (see Chapter 2 Forms) and a copy of the Parental Rights Statement. The parent checks the “decline” box to document the decision to decline. When a parent declines to participate, the Service Coordinator shares other community resources with the parent, such as the Parents as Teachers program or Early Head Start.

The Service Coordinator updates the child’s record with any new information obtained, and inactivates the child’s record with the reason “Withdrawn.” For more information on exit procedures, see Chapter 12.

C. Enrollment Information

After the parent consents to the evaluation/initial assessment of the child, the Service Coordinator collects basic child and parent information to complete the enrollment process.

The required enrollment information includes:

- Parent contact information (i.e., address, phone, and email);
- Parent’s language;
- Determination of head of household and primary contact;
- Determination of the child’s educational decision maker(s);
- Child’s gender/race/ethnicity; and
- County and school district in which the child resides.

At the intake visit, the Service Coordinator must verify the child’s legal name. There are several documents the parent may use to confirm the child’s legal name, including the child’s birth certificate, social security card, private insurance card, etc. It is critical that the child’s legal name is entered in the electronic record in order to ensure Medicaid and private insurance can match the child with their records. For more information about billing and payments, see Chapter 5.

The ***Intake Information Worksheet*** (see Chapter 3 Documents) is the preferred document for the Service Coordinator to collect enrollment, medical and developmental information about the child.

D. Eco Map

The Eco Map is a family-charting diagram which uses circles and lines drawn by the Service Coordinator to depict the family's system of supports. Creating an Eco Map allows the Service Coordinator to learn more about the family's resources while building rapport and establishing a relationship with the family. Using the Eco Map is a way to collect information about the family's supports and resources as an alternative to using generic checklists. The Eco Map may be used alone during the intake visit or in conjunction with the Routines-Based Interview™ during IFSP planning.

The Eco Map is an emerging practice in First Steps. For more information on the Routines-Based Interview™, see Chapter 6.

E. Discussion of Development, including Vision and Hearing

After the parent signs the NOA/C - Evaluation/Initial Assessment of the Child, the Service Coordinator collects information regarding the child's development and current abilities through an interview with the parent and observations of the child. This interview is referred to as a discussion of development. The discussion of the child's development helps the Service Coordinator understand the child's strengths and needs, identify the areas of development needing further evaluation or assessment, and learn about the parent's concerns for the child. The discussion of development may include birth history, developmental milestones, present level of abilities, the child's strengths and challenges.

As part of the discussion of development, the Service Coordinator must obtain basic information related to the status of a child's vision and hearing, regardless of the referral reason. This allows ample time to allow for any necessary evaluation or assessment to be completed prior to eligibility determination.

1. Vision

As part of the parent interview about the child's history, the Service Coordinator must ask the parent about any vision tests the child may have had, including:

- Has the child had a vision test?
 - If yes, date of exam, doctor's name and address/phone.
 - If yes, results of test (pass, fail, follow up needed) or unsure of the results.
- Is there a family history of vision problems?
- Does the parent have concerns with the child's vision?

If the parent indicates the child failed a vision test or has a concern with the child's vision, then the Service Coordinator ensures the child's vision is evaluated either by a First Steps provider or outside resource, such as the child's pediatrician or eye doctor. At a minimum, a professional must complete a vision screening to rule out vision concerns.

2. Hearing, including Newborn Hearing Screening

Effective January 1, 2002, state law mandates all infants born in Missouri are screened for hearing, generally prior to discharge from the hospital. The Department of Health and Senior Services operates Missouri's Newborn Hearing Screening Program. The purpose of the newborn hearing program is to identify infants with hearing loss and link them with services, such as First Steps, by six months of age.

The Service Coordinator must ask the parent about any hearing tests the child may have had, including:

- What was the result of the child's newborn hearing screening (pass, fail, follow up needed or unsure of the results)?
- Has the child had any other hearing tests?
 - If yes, date of exam, doctor's name and address/phone.
 - If yes, results of test (pass, fail, follow up needed) or unsure of the results.
- Is there a family history of hearing problems?
- Does the parent have concerns with the child's hearing?

If the parent indicates the child failed a hearing test or has a concern with the child's hearing, then the Service Coordinator ensures the child's hearing is evaluated either by a First Steps provider or outside resource, such as the child's pediatrician, Ear, Nose and Throat (ENT) specialist or audiologist. At a minimum, a professional must complete a hearing screening to rule out hearing concerns.

F. Obtain Release(s) of Information

Through the discussion of development at the intake visit, the Service Coordinator may learn of outside services or programs in which the family is involved (e.g., Parents As Teachers, primary physician or pediatrician, etc.). These individuals outside of First Steps may have valuable information regarding the child's health or development that may be important in determining the child's current level of development.

The Service Coordinator and parent discuss which information from outside sources would be relevant in determining the child's eligibility. The parent decides which outside individuals the Service Coordinator may contact by providing written consent on the Release of Information (ROI) form (see Chapter 2 Forms). For more information on ROI, see Chapter 2.

SECTION IV: EVALUATION OF THE CHILD

Missouri Part C State Plan Section XI. (34 CFR 303.321)

During the intake visit (i.e., after the parent signs consent for evaluation/initial assessment), the Service Coordinator begins the collection of records to build a comprehensive picture of the child in order to determine eligibility. Some of the information obtained during the intake visit is used in the collection of records while other information is obtained after the intake visit. This collection of information comes from observations, discussions with the family, and records from outside sources, as permitted.

A. Records Confirm Eligibility

If the Service Coordinator obtains information that indicates the child has a condition or developmental delay that meets eligibility criteria, then the next step is eligibility determination. For evaluation reports, the Service Coordinator must review the length of time since the evaluation occurred, compare to the child's chronological age, and determine if the evaluation results can be used for eligibility.

If a medical record or evaluation report confirms eligibility, then the five requirements for the evaluation of the child are not required to be completed. For more information on eligibility determination, see Chapter 4.

B. Records Do Not Confirm Eligibility

If the Service Coordinator does not obtain information that indicates the child has a condition or developmental delay that meets eligibility criteria, the five requirements for the evaluation of the child are necessary to determine the child's eligibility for First Steps.

The five requirements for evaluation of the child include:

- **Taking the Child's History.** The Service Coordinator obtains the child's history (including interviewing the parent);
- **Gathering Information.** The Service Coordinator collects information from other sources such as family members, other caregivers, medical providers, social workers and educator, when necessary, to understand the child's unique strengths and needs;
- **Reviewing Records.** The Service Coordinator reviews medical, educational or other records;
- **Administering an Instrument.** The provider administers an evaluation instrument; and

- **Identifying the Child’s Level of Functioning.** The provider identifies the child’s level of functioning in each of the five developmental areas:
 - Adaptive development,
 - Cognitive development,
 - Communication development,
 - Physical development, including vision and hearing, and
 - Social or emotional development.

In order to complete the five requirements for the evaluation of the child, the Service Coordinator and First Steps providers must work together to collect all necessary information. Parents are not expected to repeat their “story” multiple times throughout the evaluation process. To reduce duplication, the Service Coordinator shares pertinent information about the child collected during the intake visit with the First Steps providers.

In order to ensure an evaluation of the child is multidisciplinary, a Service Coordinator and at least one First Steps provider must be part of every evaluation of the child. While the parent may provide information about the child’s developmental or health history, the parent is not considered one of the sources used to meet the requirement for a multidisciplinary evaluation of the child.

1. Service Coordinator Activities

During the evaluation process, the Service Coordinator is primarily responsible for:

- Taking the child’s history, which includes an interview with the parent;
- Gathering information from other sources, including family members, medical providers, etc.; and
- Reviewing medical or other records, such as a hospital discharge record or a health summary.

During the intake visit, the Service Coordinator obtains information about the child’s history and gathers information from the parent or family members. If the parent wants information outside of First Steps to be shared with First Steps to assist with eligibility determination, the parent must sign a ROI form (see Chapter 2 Forms).

After the intake visit, the Service Coordinator requests any records per any signed ROI form. The Service Coordinator sends the signed ROI form and the ***Release of Information Letter/Request Records for Eligibility*** (see Chapter 3 Letters) to the individual/agency outside of First Steps to obtain the requested information.

a) Health Summary

The Service Coordinator is required to request health and medical information from the child's primary care physician, with a signed ROI form. To complete this requirement, the Service Coordinator sends the *Health Summary* form (see Chapter 3 Forms) along with the *Release of Information Letter/Request Records for Eligibility* (see Chapter 3 Letters) and a copy of the signed ROI to the physician for completion.

The Health Summary contains information regarding the child's health and developmental status identified by the primary care physician. The Service Coordinator should make two requests to the child's physician to obtain a completed Health Summary. The Service Coordinator documents each request in case notes, as well as, the date the completed Health Summary or any health records are received.

First Steps encourages all children, regardless of insurance coverage, to have a primary care physician (or medical home) in the community. A primary care physician may provide health screenings to identify additional medical or developmental concerns that may be important to consider in the child's eligibility determination.

If a referred child has not had a recent medical health screening or well-baby check-up, the Service Coordinator encourages and assists the family in obtaining appropriate screening(s) or check-ups from a physician or the local health department.

b) Other Records

In addition to health and medical records, other reports and documentation from the previously conducted assessments or treatments may serve as valuable sources of information to consider. This is especially true of a child who may have been admitted to a NICU but did not meet a qualifying newborn condition, or a child who participated in a hospital program or specialty physician visits but did not meet a qualifying medical condition.

c) Documentation of the Evaluation of the Child - Service Coordinator

The Service Coordinator is responsible for documenting the child's history and any medical or developmental information collected from other sources, such as Parents As Teachers, Early Head Start, physicians, hospitals, etc.

To document the child's history, the Service Coordinator enters a summary of information collected during the intake visit in the Intake tab of the child's electronic record. If applicable, any information collected from observing the child during the intake visit may be summarized in the Intake tab of the child's electronic record.

To document information collected from other sources, the Service Coordinator enters a summary of other medical or developmental information in the Intake or

Health tabs of the child's electronic record. The Service Coordinator must ensure a copy of the written documentation is placed in the child's paper record, such as the Health Summary completed by the child's physician.

Though the Service Coordinator is primarily responsible for these three activities required for the evaluation of the child, the Service Coordinator must initiate the provider activities as described below, including the selection and authorization of a provider to administer an evaluation.

2. Provider Activities

During the evaluation process, the First Steps provider is primarily responsible for:

- Administering an evaluation instrument; and
- Identifying the child's level of functioning in each of the developmental areas:
 - Adaptive development,
 - Cognitive development,
 - Communication development,
 - Physical development, including vision and hearing, and
 - Social or emotional development.

a) Administering an Evaluation Instrument

DESE has identified the Developmental Assessment of Young Children - Second Edition (DAYC-2) as the uniform evaluation instrument to assist in eligibility determination. The DAYC-2 evaluates all five developmental areas. While the DAYC-2 does not specifically evaluate vision and hearing as part of the physical domain, the provider considers the child's vision and hearing during the evaluation process.

A variety of disciplines may administer the DAYC-2 as the qualifications are not specific to a particular degree or professional license; however, a professional must be knowledgeable of and follow any related licensing requirements. To administer the DAYC-2 for First Steps, a provider must be selected by the SPOE to complete a DESE-sponsored training on the First Steps requirements for DAYC-2 administration. After completing the DESE-sponsored training, a provider is assigned the specialty of an Early Intervention (EI) Examiner which allows the provider to administer the DAYC-2 for First Steps. The SPOE office provides a set of protocols to each EI Examiner to be used exclusively as the First Steps evaluation instrument.

To administer the DAYC-2 for a child, the Service Coordinator selects the appropriate EI Examiner from the Early Intervention Team (EIT) serving the area in which the child resides. The Service Coordinator considers the provider's skill set and experience, as well as the provider's ability to build rapport, when choosing the

appropriate EI Examiner. Once an EI Examiner is selected, the Service Coordinator completes a DAYC-2 request and generates an authorization in the child's electronic record. The provider is responsible for scheduling and completing the evaluation with the child and family.

For more information on administering the DAYC-2, as well as, training presentations and documents, see Chapter 3 Links.

b) Documentation of the Evaluation of the Child – Provider

After administering the DAYC-2, the EI Examiner must write a report that summarizes the child's current functioning, emerging skills, and skills not yet developed which influence the child's daily functioning in natural routines. The report should not contain recommendations for frequency or types of services.

The EI Examiner must return the written report to the Service Coordinator as soon as possible in order to assist the Service Coordinator with eligibility determination. If the Service Coordinator completed a DAYC-2 request in the child's electronic record, the EI Examiner uploads the written report to the child's electronic record.

The provider may discuss the results of the DAYC-2 with the parent; however, the provider cannot indicate if the child is eligible for First Steps.

Once the report is received by the Service Coordinator, it is the official evaluation report. It is the responsibility of the SPOE to provide a copy of the official report to the parent within a reasonable time.

All EI Examiners are required to return the completed DAYC-2 protocols to the SPOE. Each SPOE develops a process for obtaining completed protocols from examiners in a timely manner.

SECTION V: FREQUENTLY ASKED QUESTIONS

Question 1: If a parent or other primary referral source calls and leaves a message wanting general information, or if the intention to make a referral is unclear, does the SPOE record this as a referral?

Answer: No. A request for general information is coded as an inquiry. If the intent of a phone message is unclear, the SPOE contacts the caller to clarify the information. If the call results in a referral, then the referral date is the date the SPOE confirms the primary referral source would like to make a referral to First Steps.

Question 2: Should EI Examiners take additional considerations when administering the evaluation instrument (DAYC-2) to a non-English speaking child?

Answer: Many evaluation instruments are designed and normed on the English speaking population from the American culture. Often the publisher does not have any research data to determine how children with modifications, such as translation, would perform. Therefore, evaluation tools may be administered to a non-English speaking child/family with the assistance of a translator; however, in these situations, the need for utilizing additional approaches may be examined. The Service Coordinator and evaluator(s) discuss the individual child and family circumstances to determine if additional considerations and evaluation methods are appropriate.

Question 3: If a primary referral source does not give complete information on the child or family, is it considered a referral?

Answer: At minimum, a referral must contain the child's name (first and last), the child's date of birth, a parent's name (first and last), parent contact information and reason for the referral. If this information is not present with the referral, the SPOE should contact the referral source to obtain the complete information.

Question 4: Does First Steps require the provider to administer the evaluation instrument in the natural environment?

Answer: While it is recommended practice for the evaluation to be administered in the natural environment, it is not a requirement under state or federal regulations.