

<b>UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES POLICY AND PROCEDURES</b>		
<b>Baby Watch Early Intervention Program Policy: 1.B.7</b>	<b>Page 1 of 5</b>	
<b>TIMELY, COMPREHENSIVE, MULTIDISCIPLINARY EVALUATION AND ASSESSMENT</b>		
<p><b>RATIONALE:</b> For referred children to be evaluated and assessed fairly, accurately, and without delay</p> <p><i>Related Policies, Applicable Standards, Statutes:</i></p> <p>34 CFR §303.24 Multidisciplinary  34 CFR §303.321 Evaluation of the child and assessment of the child and family  34 CFR §303.340 Individualized family service plan – general  34 CFR §303.400 General responsibility of lead agency for procedural safeguards  34 CFR §303.420 Parental consent and ability to decline services  34 CFR §303.421 Prior written notice and procedural safeguards notice  Baby Watch Policy 1.B.3: IFSP Development, Implementation, and Review  Baby Watch Policy 1.B.6 Eligibility Criteria  Baby Watch Policy 1.B.10 Transition to Preschool and Other Programs</p>		
<b>Original Effective: 7/01/2013, 7/1/2019</b>	<b>Revision: February 2023</b>	<b>Next Review Due: 3 years after</b>

**I. DESCRIPTION**

Requirements for the timeline, process, personnel, and tools used to evaluate and assess each child referred to Part C early intervention

This policy supersedes any previous department policy governing this subject matter. It does not supplant any existing federal, state, or department laws/policies to which the department shall adhere.

**II. DEFINITIONS**

**Assessment:** As described in §303.321, the ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child’s eligibility.

**Consent:** As described in §303.7, consent means that: 1) A parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent’s native language, and; 2) The parent understands and agrees in writing to the carrying out of the activity for which the parent’s consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released, and a) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time, and b) If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

**DHHS or department:** Utah Department of Health and Human Services and collectively all its operational units.

**Evaluation:** As described in §303.321, the procedures used by qualified personnel to determine a child's initial and continuing eligibility.

**Health, Hearing, and Vision (HHV) Assessment:** The collection of information from the family about a referred child's general health and medical history, and conducts screenings of the child's vision and hearing prior to determining the child's eligibility for EI services.

**Individualized Family Service Plan (IFSP):** As described in §303.20, a written plan for providing early intervention services to an infant or toddler with a disability and their family.

**OU:** Operational units within DHHS, including divisions, offices, or standalone operations whose director reports to the executive director, a deputy director, an assistant deputy director, or a division director.

**Parent Rights:** As described in §303.401-421, the rights of parents and children related to the confidentiality of personally identifiable information and early intervention records, as well as the right to parental consent and notice.

**Prior Written Notice:** According to §303.421, the notice provided to parents a reasonable time before the lead agency or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family.

### III. POLICY

- A. Infants and toddlers referred to Part C early intervention whose families provide written consent shall receive a comprehensive, timely, multidisciplinary evaluation and assessment.
- B. All evaluations and assessments of the child and family shall be conducted in a nondiscriminatory manner, and selected and administered not to be racially or culturally discriminatory.
- C. All evaluations and assessments of a child and family assessments shall be conducted in the native language of the family members unless clearly not feasible to do so.

### III. PROCEDURE

- A. The initial evaluation and assessment of the child and family shall be completed within 45 days from the date the local EI program receives the referral of the child.
- B. Signed parental consent shall be obtained prior to conducting evaluations and assessments of a child.
  - 1. If a parent does not give consent, the local EI program shall make reasonable efforts to ensure that the parent understands:
    - a) The nature of the evaluation and assessment of the child that would be available.

- b) The child will not be able to receive the evaluation or assessment unless consent is given.
- C. Prior written notice shall be provided to parents a reasonable time before the local EI program proposes, or refuses, to initiate their child's evaluation and assessment.
- D. Prior written notice shall be in sufficient detail to inform parents about the action that is being proposed or refused, the reasons for taking the action, and all dispute resolution options that are available including written complaints, mediation, and due process hearings.
- E. Prior written notice shall be written in a language understandable to the general public and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the local EI program shall take steps to ensure that:
  - 1. The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication
  - 2. The parent understands the notice
  - 3. There is written evidence that these requirements have been met
- F. Each child under the age of three who is referred for evaluation shall receive a timely, comprehensive, multidisciplinary evaluation that is:
  - 1. Conducted by qualified personnel, which includes the involvement of two or more individuals from separate disciplines or professions
  - 2. Conducted in natural environments to the maximum extent appropriate
  - 3. Documented in the Baby and Toddler Online Tracking System (BTOTS)
- G. An evaluation for a child shall include:
  - 1. Administering the state-required standardized evaluation tool to determine a standard score, in fidelity with the publisher's instructions
  - 2. Collecting the child's history, including interviewing the parent
  - 3. Identifying the child's level of functioning in ALL developmental domains: cognitive, physical, communication, social-emotional and adaptive development.
  - 4. Conducting a Baby Watch Health, Hearing, and Vision (HHV) assessment
  - 5. Gathering information to understand the full scope of the child's unique strengths and needs from other sources such as family members, other caregivers, medical providers, social workers, and educators
  - 6. Reviewing medical, educational, or other records (if available)
- H. An assessment of a child may include:
  - 1. A review of evaluation results to determine eligibility
  - 2. Clinical observations of the child
  - 3. Identification of the child's needs ALL developmental domains: cognitive, physical (including health, hearing, and vision), communication, social-emotional, and adaptive development

- I. It is best practice that ALL children receive an assessment specific to social-emotional development, in addition to the social-emotional section of the state-required evaluation tool.
- J. Eligible children shall receive a family-directed assessment prior to the development of the IFSP which shall:
  - 1. Identify each family's concerns, priorities, and resources related to the child's development
  - 2. Identify the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child
  - 3. Be voluntary on the part of each participating family member
  - 4. Gather information using an assessment tool and family interview
  - 5. Include the family's description of concerns, priorities, and resources related to the child's development
- K. The assessments of the child and family may occur simultaneously with the evaluation, provided the evaluations and assessments are administered in alignment with this policy and publisher recommendations.
- L. All evaluations and assessments of a child and family assessments shall be conducted in the native language of the family members being assessed unless clearly not feasible to do so.
  - 1. The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, or
  - 2. The language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment
  - 3. Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (e.g., sign language, braille, or oral communication).

#### **IV. EXCEPTIONS**

- A. Children enrolled in the Utah Schools for the Deaf and the Blind (USDB) Parent Infant Program (PIP) for the Blind and Visually Impaired, the Deaf and Hard of Hearing, or Deaf-Blind Program are automatically eligible for early intervention.
- B. Local EI programs shall exercise professional judgment in deciding if the state required standardized evaluation tool is appropriate for determining eligibility for children who have already been found eligible for USDB programs.
- C. If a child is referred to a local EI program fewer than 45 days before that child's third birthday, the local EI program, with parent consent, shall refer the child to the SEA and LEA in a timely manner. The local EI program shall not conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances.

- D. If a child is re-referred to Baby Watch within a six-month timeframe, the state-required standardized evaluation tool and HHV assessment does NOT need to be re-administered. In this circumstance, the child's initial evaluation results can be used for eligibility purposes.
- E. Baby Watch and/or local EI programs may not use due process hearing procedures to challenge a parent's refusal to give consent for evaluation and assessment.