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Component: 3.0 First Contacts/Evaluation/Assessment for Eligibility

Related Policy Component	Guidance/Procedures	Reference/Related Documents
	3.1.0 IDEA, Part C Eligibility	
3.1.1	A. Early Steps does not prohibit services due to alien or citizenship status and there is no financial eligibility requirement. All children who are in the state and meet Florida's eligibility criteria may be served by Early Steps. This includes children who are: 1. Homeless, 2. Wards of the state, 3. Living on Native American reservations, 4. Displaced due to a catastrophic event, and 5. Highly mobile such as children of migrant farm workers. B. Local Early Steps (LES) are not required to provide services to children who: 1. Are temporarily visiting the State; or 2. Have a permanent residence outside of Florida where they are receiving early intervention services.	
3.1.2	A. The referenced criteria are to be used to determine infants and toddlers who would be appropriate to refer to Early Steps due to vision and/or hearing impairment. B. All children who weighed less than 1,200 grams at birth are eligible for IDEA, Part C due to established condition, even if they are not determined eligible until months after their birth. C. Conditions that are shown on the *Established Conditions* list will make a child eligible for IDEA, Part C; however, this is not an exhaustive list. D. If an established condition is suspected but a child does not have a written confirmation from a physician or appropriate healthcare practitioner, then the LES will identify for the family at least one accessible local	IDEA, Part C Criteria for Determining Significant Visual Impairment IDEA, Part C Criteria for Determining Significant Hearing Loss

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	diagnostic resource, either within the LES or in the local community. E. When a child has both an established condition and developmental delay, the established condition takes precedence as the reason for eligibility. F. A child eligible based on an established condition can later be closed if the following criteria is met: 1. There is documentation the child no longer has the established condition and 2. Does not meet the eligibility criteria in 3.1.3 and 3.1.5. G. Eligibility is determined on the date the LES obtained written confirmation of the Established Condition.	
3.1.3	~~A.~~ Eligibility will be based on criteria on the date eligibility is determined for Early Steps. ~~B.~~ A standard score of 78 or below in two or more domains equates to -1.5 standard deviations below the mean. ~~C.~~ A standard score of 70 or below when the delay is only in one domain equates to -2.0 standard deviations below the mean. ~~D.~~ A low score in a single subdomain is not sufficient documentation of initial and/or continuing eligibility.	
3.1.4	In addition to the required procedures listed in 3.1.4 policy, verification of eligibility may include the following: A. Observational assessments B. Developmental inventories C. Behavioral checklists D. Adaptive behavior scales E. Reports from caregivers, medical providers, social workers and educators.	

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3.1.5	A. Infants and toddlers are eligible for the at-risk eligibility category based on an At-Risk Condition and not a social or environmental risk. B. Eligibility is determined on the date the LES received the written confirmation of the At-Risk Condition. C. The purpose of developmental surveillance is: 1. A first-level review of the developmental status of the child, and 2. To identify a child who has developmental concerns that warrant developmental screening. D. Screening is a more formal second-level review of a child's developmental status and may be conducted for some children with At-Risk Conditions. E. Results from screening that are conducted by community partners such as, the child's pediatrician, the Maternal Infant Early Childhood Home Visiting program, Early Head Start, or other early care and education settings, can be used for informed decision-making regarding the appropriate action to take related to the child's development, so the LES does not need to conduct the screening for the child with an At-Risk condition. F. Developmental surveillance or screening should be conducted in accordance with: 1. American Academy of Pediatrics Periodicity Bright Futures Schedule, 2. A schedule used by community partner(s), or 3. Age-appropriate developmental screening tools. G. A child eligible based on an At-Risk Condition must be closed if there is documentation the child no longer has the At-Risk condition. H. A child eligible based on an At-Risk Condition can be closed if determined by the IFSP team and one of the following occur: 1. There is no developmental concern or need for supplemental screening or evaluation after two consecutive	https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

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	episodes of developmental surveillance/monitoring, or 2. The child is functioning within normal limits in all domains on at least two consecutive developmental screenings using the same tool and at recommended screening schedules, for example, Bright Futures/American Academy of Pediatrics Periodicity Schedule or other schedules specified for developmental and age-appropriate developmental screening tools, and I. In addition to determining when to close a child to Early Steps, screening results for children eligible in the At-Risk category can also be used to identify a child: 1. Who needs further evaluation/assessment to determine eligibility under the developmental delay eligibility category, or 2. For whom an established condition with high probability of developmental delay is suspected and medical confirmation should be pursued. J. Children referred based on an At-Risk Condition should not receive an evaluation unless a potential developmental delay is identified during first contacts, screening, or developmental surveillance. If a developmental delay is suspected during the first contact process, an evaluation /assessment and IFSP must be completed within 45 days of referral. K. If a child has been determined eligible for an At-Risk Condition, has an At-Risk IFSP, and is later identified for a potential developmental delay, an evaluation to determine the child's developmental status and IFSP should be completed within 30 days of the identified need.	
3.1.7	A. When a family moves to Florida and wishes to refer their child from an IDEA, Part C program in another state, the following should be done to assist with the process:	

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	1. The LES should have the family sign the Authorization to Disclose Confidential Information form in order to obtain any available records that will assist in determining eligibility, 2. The LES office should contact the family and make arrangements for first contacts and a new evaluation (if necessary) once the family moves, and 3. If the family brings a current IFSP with them, the child will still need to be evaluated unless the child has met the criteria set forth in 3.1.2, 3.1.3, 3.1.5 or 3.5.1. B. If a child relocates to Florida due to a natural disaster and the child's record cannot be located or the office is closed, the LES should develop an interim IFSP until such time when the records can be located. If the records are no longer available, an evaluation and assessment should be completed to determine eligibility. C. Relocation within Florida does not require re-determination of eligibility.	
3.1.8	Informed clinical opinion is always the consensus of the evaluation and assessment team and not the judgment of only one member of the team.	Refer also to: Lucas, A. & Shaw, E. (Aug. 2012) *"Informed Clinical Opinion"* (NECTAC Notes No. 28). Chapel Hill: The University of North Carolina.
3.1.9	Information related to eligibility is documented on the IFSP.	
3.1.10	A. The family of a child determined ineligible is given a copy of the results as documented on the IFSP. B. The service coordinator should also determine if referrals to other appropriate programs can be provided. For example, a child showing a mild delay that results primarily from economic disadvantage, but not meeting IDEA, Part C eligibility criteria, should be referred to Early Head Start.	

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	C. The family should also be given information about how to refer to Early Steps if additional concerns arise. D. After being provided prior notice, the child's record can then be closed. E. When a parent requests another evaluation on a previously referred child who has already been evaluated and determined ineligible, the evaluation and assessment team should decide on the course of action to be taken. F. The team may decide that a re-evaluation is warranted, giving consideration to any extenuating circumstances or existing conditions at the time of the evaluation that have made the evaluation results questionable. G. The team may determine that the results are valid, and no extenuating circumstances existed to make the decision of ineligibility questionable. If the team makes this decision and refuses to re-evaluate the child, it must inform the family of the reason and their procedural safeguard rights (in writing). H. A re-evaluation requested by the family after an extended period of time (i.e. 6 months or more), even if the same concerns are expressed, may be warranted since a young child's development changes rapidly. I. If there is not a new concern, Medicaid cannot be billed for a new evaluation.	
3.1.11	A. When developmental screening is used to determine continuing eligibility, the BDI-2 Screener is recommended and should be considered first as the screening instrument used at the annual review of the IFSP to assist with determining continuing eligibility. B. Progress monitoring data may be used in addition to or instead of the BDI-2 screener to determine whether the child continues to meet Early Steps eligibility criteria. Screening results and/or progress monitoring should document: 1. Any changes in the child's development, learning, or behavior, 2. Progress toward achieving outcomes on the IFSP. and	Policy Handbook 3.1.11 Operations Guide 3.3.1B Operations Guide 5.7.3

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	3. Whether intervention strategies have been effective. C. If it is determined by the IFSP team that the child should be closed to Early Steps based on their developmental progress in accordance with 3.1.11.D, the disposition reason would be "no longer eligible". D. Data reporting and billing for the eligibility re-determination process will be consistent with the process used, which could range from a review of progress monitoring data to a screening or evaluation. A complete multi-disciplinary evaluation would be an infrequent occurrence during the re-determination process. E. If the screening tool or the review of progress monitoring data indicates that the child now has additional areas of delay, these should be addressed by the IFSP team.	
3.2.0 First Contacts		
3.2.1	A. The purpose of first contacts is to: 1. Establish a relationship with the child and family and to gather information about them in preparation for the evaluation and assessment, 2. Orient the family to Early Steps, and 3. Conduct child screening if needed. B. During first contacts, families receive information about Early Steps and complete required paperwork.	Diagram – Entering the Early Steps System
3.2.2	A. In the case of a family that self-refers, the initial contact is made at the time of this first telephone contact with the family. B. A phone call is preferred for the initial contact with the family. C. At the time of initial contact, next steps in the first contacts process should be explained to the family. D. Initial contact attempts should also include attempts by mail if unable to reach the family by phone. If the family still cannot be contacted, updated contact information should be obtained from the referral source or a county health department, if possible. If updated contact information is obtained, attempts to contact the family	

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	should be repeated prior to closure of the child's Early Steps record.	
3.2.3	A. While a face-to-face meeting is not required as part of the first contacts process, it is still preferable and considered best practice. B. The appointment for first contacts should be scheduled in enough time to allow the IFSP to be developed within 45 days from the referral date.	
3.2.4	A. If the first contacts activities include a face-to-face meeting, the meeting must be in a location convenient to the family. B. It is best practice for a face-to-face meeting to take place in the natural environment if the family's circumstances allow.	
3.2.5	Information regarding the family's concerns, priorities, resources and everyday routines, activities and places is recorded on the IFSP.	
3.2.7	First contacts information is used to determine the formation of the evaluation and assessment team and the focus of the evaluation and assessment. First contact information is recorded on the IFSP.	
3.3.0 Developmental Screening		
3.3.1	A. Families should be given the Informed Notice and Consent form to indicate if they wish to provide or decline consent for their child to receive a screening, an evaluation or an assessment. If the family is provided notice of the screening and evaluation/ assessment and consents to both on the same day, they may sign one consent form. B. If a developmental screening is conducted, the screening tools that are recommended for use as general developmental screeners and should be considered first are: the *Ages and Stages Questionnaire Third Edition (ASQ-3*), *Birth to Three Screener*, *the Battelle Screening Tool* or the *Early Learning Accomplishment Profile (ELAP) Screener.* Screening may occur by:	Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review -English Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review-Spanish Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review-Creole

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	1. Conducting a developmental questionnaire or other appropriate parent report tool face-to-face or by telephone, or 2. Mailing a developmental questionnaire to families with instructions on how to check their child's development, or 3. A combination of a face-to-face visit using an approved tool, telephone contact and mailed questionnaire. C. For children who appear to have a specific area of developmental concern, the LES may choose a screening instrument developed for that specific area. D. For children who have social-emotional concerns, the ASQ-SE should be considered first as a screening instrument. E. For children suspected of having Autism Spectrum Disorder, the LES should obtain screening results from the child's medical home or other local community screening initiatives. When no community resources are available or the child does not have a medical home, the LES may provide at any time a screening for those children who are identified with communication or social/emotional concerns that may indicate Autism Spectrum Disorder. The Modified Checklist for Autism in Toddlers (M-CHAT) or the Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP) should be considered first. F. If a child suspected of having Autism Spectrum Disorder fails the first screening, Early Steps may conduct another screening to confirm the results of the first screening. The Modified Checklist for Autism in Toddlers (M-CHAT) Interview should be considered first. G. When screening is completed, the results are documented on the IFSP document. H. Screening records from other agencies, (e.g., Early Head Start, Healthy Start, the county health department, etc.), should be considered if they were conducted no earlier than thirty days prior to the time of referral and the screening tool addressed each of the five developmental domains.	

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3.3.2	A. A child who has an established condition or obvious developmental delay does not need a screening. However, a screening may be conducted for such a child if it is determined that developmental screening information would be helpful to the IFSP team. B. A screening also may be helpful when other less formal information gathering does not reveal specific domain deficits, when no specific developmental concerns are identified, or to determine those children who are functioning at an age appropriate level.	
3.3.4	A. If screening is conducted and the results indicate the child is at age level, the family may choose not to proceed with an evaluation/assessment. In such case, the family should be provided with developmental materials and referrals to appropriate community agencies. The family should also be provided with contact information for Early Steps and offered a re-screening in three to six months, as appropriate. B. If the family does not provide consent for their child to have an evaluation and assessment, the LES must explain to the family: 1. The child will not be able to receive an evaluation or assessment unless consent is given, and 2. The nature of the evaluation, assessment, and other services that would be available if the child were to meet eligibility criteria.	Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review -English Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review-Spanish Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review-Creole
3.4.0 Evaluation/Assessment		
3.4.1	The LES may initiate procedures to challenge parental refusal to consent to an evaluation, and if successful, obtain the evaluation.	
3.4.2	A. In addition to sending the family the Prior Written Notice, the LES should use the *Eligibility Evaluation Appointment* letter to invite the family to the child's upcoming eligibility evaluation and prepare the family for what will take place. B. The evaluation and assessment should take place at a time and location convenient to the family.	Eligibility Evaluation Appointment letter – English Eligibility Evaluation Appointment letter – Spanish

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	C. The family should be involved in planning and con-ducting the evaluation/assessment. Examples of planning activities include providing input on the child's likes and dislikes, favorite toys, and times when most alert. The family may either play the role of observer or may choose a more active role during the actual evaluation/assessment. Examples of an active role include playing and engaging with the child as part of the evaluation/assessment; recording observations, or providing clarification when questions arise.	Eligibility Evaluation Appointment letter – Creole
3.4.3	A. A consistent, collaborative team that conducts the evaluation and assessment concurrently, in one encounter is strongly encouraged. Conducting the evaluation/assessment in this way: 1. Is more convenient to the family. 2. Allows for sufficient time to complete all activities within the 45 day timeframe between referral and development of the IFSP. B. If the evaluation and assessment cannot be conducted concurrently, it is still preferable that the team conducting the assessment be the same as the evaluation team. C. The eligibility process and IFSP development should not be delayed due to hospitalization, nor should they be postponed until discharge, unless the child is not medically stable enough for eligibility evaluation or the family is not ready for the eligibility determination process.	
3.4.5	A. The child's presenting concerns should drive the make-up of the evaluation and assessment team. B. The evaluators/assessors' signatures on the IFSP verify the evaluation and assessment information as the formal report(s).	Operations Guide 3.4.3
3.4.6	A. The family members or caregivers may need interpretation/translation services even though the child's native language is English. B. The LES should make a substantial good faith effort to find a translator professional, extended family member, or community resource person to assist with	

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	translation when English is not the family's primary language. C. Professional sign language interpreters should be used to provide accessibility to caregivers who are deaf.	
3.5.0 Evaluation		
3.5.1	A. The focus of the evaluation should be consistent with the area(s) of concern as indicated by the first contact information and/or developmental screening. B. The purpose of evaluation is to expeditiously confirm eligibility for Part C services by determining the child's level of functioning. C. An evaluation is not required for the annual review of the IFSP. D. The *Developmental Assessment of Young Children (DAYC)* or the *Battelle Developmental Inventory (BDI-2* should be considered first as the evaluation instrument, when appropriate for the child's presenting condition(s). E. Other norm-based, broad band assessment instruments of early childhood development with well-established psychometric properties may be considered. F. Neither the DAYC nor the BDI-2 may be appropriate for a child with a single area of concern. If necessary, additional evaluation instruments may be administered in specific discipline areas(s) to further determine a child's eligibility. This may especially be helpful when a child falls in the borderline area of eligibility. G. For children who have communication or motor skills as their only area of concern, one of the testing instruments should produce individual scores in the sub-domains of fine and gross motor or receptive and expressive language (such as the Preschool Language Scale 4 (PLS4) for communication domain). H. An infant or toddler suspected of a communication delay, whose hearing has not been tested and for whom an audiology evaluation is determined needed, should receive an audiology evaluation as part of their initial evaluation. I. For a child who fails the secondary screening for Autism Spectrum Disorder, the LES may make a referral to	Operations Guide 5.7.3 Policy Handbook 3.5.2 Operations Guide 3.3.1D Policy Handbook 3.1.8A

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	the child's medical home or other community resource, if available, for a diagnostic evaluation.	
3.5.2	The five required developmental domains are: A. Communication: includes expressive and receptive communication skills, both verbal and non-verbal. B. Self-Help/adaptive: refers to the ability to function independently within the environment and the child's competency with daily living activities such as sucking, eating, dressing, playing, etc., as appropriate to the child's gestational or chronological age. C. Cognitive: refers to the acquisition, organization and ability to process and use information. D. Physical: refers to vision and hearing as well as the abilities with tasks requiring large and small muscle coordination, strength, stamina, flexibility and motor development appropriate for the developmental age. E. Social/emotional: refers to interpersonal relationship abilities. This includes interaction and relationships with parent(s) and caregivers, other family members, adults and peers, as well as behavioral characteristics, e.g. passive, active, curious, calm, anxious and irritable.	Parent Interview Protocol for Child Hearing and Vision Skills Parent Interview Protocol for Child Hearing and Vision Skills - Creole Parent Interview Protocol for Child Hearing and Vision Skills - Spanish
3.5.5	The evaluation report is on the IFSP.	
3.5.6	Protocols and procedures for statewide uniformity to determine eligibility are established in Policy 3.1.2, 3.1.3, 3.1.4, and 3.1.5.	
3.6.0 Assessment		
3.6.1	A. One of the following instruments (or any portion thereof) should be considered first to conduct the initial assessment in an arena style, provide information for intervention planning, and track the child's progress: 1. Battelle Developmental Inventory (BDI-2), a norm and criterion based assessment,	

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	2. Hawaii Early Learning Profile for Infants and Toddlers (HELP) a curriculum-based assessment, 3. Early Learning Accomplishment Profile (ELAP), a criterion-referenced test, and 4. Assessment Evaluation and Programming System for Infants and Children (AEPS), a curriculum-based assessment. B. An additional specialized assessment instrument that is indicated by the child's established condition or developmental delay (for example, visual impairment or autism spectrum disorder) may be used. Examples of such instruments (not inclusive) are: Language Development Scale (LDS), Auditory Skills Checklist, Preschool Language Scale (PLS-4), Vineland Adaptive Behavior Scales, Assessment of Basic Language & Learning Skills (ABLLS-R), Transactional Supports (SCERTS), Individual Growth and Developmental Indicators (IGDI). C. Assessment should be conducted by those individuals who are likely to be involved in providing direct or consultative services to the child and family. D. If there is not sufficient information from reviewing collateral information to provide current levels of development in each of the domains for the annual review of the IFSP, then the IFSP team must determine how best to obtain this information. This may include a discipline specific assessment using one of the instruments in 3.6.1 A or B above. E. When a child has previously performed within normal limits, the IFSP team may use the ASQ-3 or other parent report method to confirm that the child is still performing within normal limits.	
3.6.3	The child's assessment information is documented on the IFSP.	