



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

Table for Evaluation Standards

1. The evaluation shall be conducted in a professional, objective manner. [Evaluation1](#)
2. The MDE shall be conducted in a professional, objective manner. [Evaluation2](#)
3. Families receive full and timely information about the results of the MDE. [Evaluation3](#)
4. MDE's are complete, follow best practices and reach defensible conclusions related to eligibility the MDEs. [Evaluation4](#)
5. Timelines related to evaluations and MDE's are met. [Evaluation5](#)



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM

1. The evaluation shall be conducted in a professional, objective manner. [Table for Evals](#)

New York State Law and Regulations

10 NYCRR 69-4.8 (a) (6) (i)

Evaluators shall, in conjunction with informed clinical opinion, utilize a standardized instrument or instruments approved by the Department to be used when conducting multidisciplinary evaluations. The evaluator shall provide written justification in the evaluation report why such instrument or instruments are not appropriate or if an instrument is not available for the child, if the evaluator does not utilize an instrument approved by the Department's as part of the multidisciplinary evaluation of a child.

New York State Memoranda

Addendum Memorandum 2005-02 (March 2011)

“Standardized instruments that are selected should be norm-referenced for the population being evaluated, including populations whose dominant language is not English. Evaluators are also responsible for ensuring that, if standardized tests are used, that they are scored, reported and interpreted as specified in the test manual, in a manner that does not violate the psychometric properties of the test or the purpose for which the test was designed. Instruments used as part of an evaluation must be reliable and valid, have appropriate levels of sensitivity and specificity; and, be sensitive to the child's and parent's culture and dominant language or other mode of communication. Evaluators should not use test scores alone to determine eligibility.”

Memorandum 2005-02, pg. 7-8:

“No single procedure or instrument may be used as the sole criterion or indicator of eligibility...When making a determination as to whether a child is eligible for the EIP, the multidisciplinary evaluation team must rely on information from a variety of appropriate sources which should include standardized instruments and procedures; when appropriate or possible, observations of the child; parent interviews; informed clinical opinion; and any other sources of information about the child's developmental status available to the team conducting the child's evaluation. This should not be interpreted as requiring that two or more standardized tests or instruments be used to evaluate the child, unless the child's developmental status clearly indicates the need for more than one standardized test (e.g., a hearing test to assess hearing loss and a standardized developmental test to assess the impact of the child's hearing loss on his/her development).”



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

Memorandum 2005-02, pg. 9:

“Subscores returned on standardized tests must be used in a manner consistent with the test manual, and are generally not averaged unless the manual provides explicit instructions for use of subscores in this manner.”

“When evaluation and assessment instruments are revised or re-normed and reissued by test developers, the most recent edition of the instrument should be used as soon as practicable (that is, when the new edition is available to professionals) to assure valid results.”

Memorandum 2005-02, pg. 10:

“Age equivalent or developmental age scores derived from standardized tests should not be used for eligibility determinations unless the test manual explicitly indicates that the test has been designed to calculate percentage of delay and the manual provides data to support the use of these scores as valid and reliable.”

Norm-referenced tests should be used, whenever possible and appropriate to the child’s individualized needs, as part of the eligibility determination process.

Memorandum 2005-2 p. 46 Q. 24

Are evaluators required to adjust for chronological age, when conducting an evaluation of a child with a history of prematurity, to determine initial or ongoing eligibility?

Decisions regarding the use of adjusted age for children with a history of prematurity should be made by clinicians on the evaluation team, as appropriate to the clinical situation and the test/diagnostic assessment instrument being used in the evaluation process. Evaluation reports should clearly state the amount and type of adjustment that was made during developmental assessments, if any.

Memorandum 2005-02, p 31:

“Consistent with federal requirements, which define eligibility for the Early Intervention Program -based on a delay in one or more developmental areas, the New York State definition of developmental delay uses the term “functional area” to mean a delay in the developmental area (i.e., domain).”

“No single measure or source of information may be used to establish the child’s eligibility. If a standardized test is used in combination with other procedures (diagnostic tests, observation, parent report, examination of medical records, etc.), any scores from the test must be used in combination with all other sources of information to determine eligibility.”

Memorandum 2005-02, pg. 32:

“Eligibility determinations cannot be made on the basis of isolated delays in specific skill areas. Rather, the evaluation team must, using their informed clinical opinion, decide whether composite evaluation findings, considered together, are consistent with eligibility criteria for the EIP.”



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

Clinical Practice Guidelines (1999) Communication Disorders pg. 102-104:

Specific Techniques for an In-Depth Assessment of Speech and Language “It is recommended that the in-depth assessment of young children with possible speech/language disorders include both standardized tests and alternative assessment approaches....(which includes) standardized tests of expressive and receptive language, samples of spontaneous speech, observations of communicative interactions, dynamic assessments (and analyzing spontaneous language samples”

Early Intervention Provider Contract

Section 3.14 (c)

In the event that the Department issues standards for Evaluation tools, the Provider shall use only such Evaluation tools as have been approved by the Department. Nothing herein shall authorize the Department to require that a particular tool be used for a particular child.

New York City Policy and Procedures as Amended

4-B-7-8



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM

2. The MDE shall be conducted in a professional, objective manner. [Table for Evals](#)

New York State Law and Regulations

10 NYCRR 69-4.8 (a) (6)

(6) The multidisciplinary evaluation shall be conducted in a professional, objective manner and shall: consider the unique characteristics of the child; employ appropriate instruments and procedures; include informed clinical opinion and observations; and use several sources and types of information about the child, including parent perceptions and observations about their child's development.

(i) Evaluators shall, in conjunction with informed clinical opinion, utilize a standardized instrument or instruments approved by the Department to be used when conducting multidisciplinary evaluations. The evaluator shall provide written justification in the evaluation report why such instrument or instruments are not appropriate or if an instrument is not available for the child, if the evaluator does not utilize an instrument approved by the Department's as part of the multidisciplinary evaluation of a child.

(ii) The evaluation procedures, including clinical observation, shall be conducted in an environment appropriate to the unique needs of the child and conducive to ensuring accuracy of results, with consideration given to the preference of the parent. Such settings may include structured (e.g., clinic or office), unstructured (e.g., play room), and natural settings (e.g., the child's home).

10 NYCRR 69-4.8 (a) (9) (iii)

(iii) The evaluation report and summary shall include a statement of the child's eligibility, including diagnosed condition with a high probability of delay, if any, and/or developmental delay in accordance with section 69-4.23(a) of this Subpart. Such statement shall describe the child's developmental status including objective and qualitative criteria in sufficient detail to demonstrate how the child meets the eligibility criteria for the program in accordance with criteria set forth in 69-4.23 of this subpart.

New York State Memoranda

Memorandum 2005-02, pg. 32:

“Eligibility determinations cannot be made on the basis of isolated delays in specific skill areas. Rather, the evaluation team must, using their informed clinical opinion, decide whether composite evaluation findings, considered together, are consistent with eligibility criteria for the EIP.”

Memorandum 2005-02, p.10

Age-equivalent or developmental age scores derived from standardized tests *should not be used*



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

for eligibility determinations unless the test manual explicitly indicates that the test has been designed to calculate percentage of delay and the manual provides data to support the use of these scores as valid and reliable.

Criterion-referenced tests are not designed to compare one child's performance to other children. Criterion-referenced instruments are helpful in assessing children's functionality, measuring progress, and linking assessment to intervention; however, these tests generally do not provide sufficient information to determine the extent to which a child is experiencing developmental delays. In addition, criterion-referenced tests can be helpful in evaluating children for whom norm-referenced tests are not available or appropriate due to the child's age, condition, language/culture, or other factors that influence test performance. Criterion-reference tests can be used in conjunction with other methods of gathering information about a child's development (e.g., parent report, observation, etc.) and informed clinical opinion to establish a child's eligibility based on level of developmental delay.

Norm-referenced test are known to have a higher degree of reliability and validity than criterion referenced tests, and are specifically designed for use in comparing the performance of an individual child to the performance of a referent group (for example, children of the same age). Norm-referenced tests should be used, whenever possible and appropriate to the child's individualized needs, as part of the eligibility determination process. Norm-referenced tested can be particularly helpful when evaluating children who are referred to the EIP based only on a concern about development and when no underlying condition with a high probability of resulting in developmental delay is suspected or confirmed.

See Andersson, LL. "Appropriate and Inappropriate Interpretation and Use of Test Scores in Early Intervention," *Journal of Early Intervention*, 2004, Vol. 27, No.1, pp. 55-68 for an excellent discussion on these issues.

A Special Note on Informed Clinical Opinion

In guidance issued by the Department in 1999 (EIP Memorandum 1999-2), it was emphasized that diagnostic instruments and informed clinical opinion must be used in combination to interpret results of the comprehensive evaluation, determine the degree of developmental delay, and formulate a statement of eligibility where the evaluator has determined that a child meets State eligibility criteria. **Informed clinical opinion** for purposes of the EIP is defined at 10 NYCRR §69-4.1(w) as "the best use of quantitative and qualitative information by qualified personnel regarding a child, and family if applicable. Such information includes, if applicable, the child's functional status, rate of change in development, and prognosis." Informed clinical opinion is more generally used to describe professionals' use of qualitative and quantitative information to assess a child's development. The use of informed clinical opinion and diagnostic procedures is particularly important when, due to the child's age, culture, language, and/or nature of the developmental problem or concern, standardized instruments are not available or appropriate.



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

In other words, it is possible for a child to have a developmental delay and not meet the eligibility criteria for the EIP. Children who appear to be experiencing a normal variation in development (e.g., “late talkers,” “late walkers”) may continue to receive screening and tracking, preferably through their primary health care providers, to monitor their developmental progress. The Department’s Clinical Practice Guidelines on the Assessment and Intervention with Young Children with Communication Disorders has explicit recommendations on developmental surveillance for children experiencing expressive language delays and for whom there are no other developmental problems (see Appendix G for recommendations on developmental surveillance reproduced from the guideline).

The multidisciplinary evaluation team is responsible for using the procedures described in this document to complete a comprehensive developmental evaluation for children referred with a suspected developmental delay, and using the information from the evaluation to *determine and document* the child’s eligibility based on the *five developmental domains*. Professionals are responsible for adhering to *recognized standards of practice* for their respective disciplines, and to use evidence-based practice recommendations when available, including the clinical practice guidelines issued by the Department, in the conduct of multidisciplinary evaluations and eligibility determinations under the EIP. The use of standardized testing can assist in clarifying eligibility determinations because resulting scores factor out normal variation in child development as opposed to delay. Eligibility determinations *cannot* be made on the basis of isolated delays in specific skill areas. Rather, the evaluation team must, using their informed clinical opinion, decide whether composite evaluation findings, *considered together*, are consistent with eligibility criteria for the EIP including:

- evaluation results, including testing data, physical findings, and data gathered through clinical procedures, etc., as appropriate;
- information gathered through review of child records, parental interviews, and other available sources of information about the child’s development; and,
- a preponderance of clinical clues/clinical indicators (i.e., the more clinical indicators or predictors of continued problems, the more serious the concern that a child will continue to experience developmental problems).

In cases where symptoms or problems do not occur alone, but may be secondary to other problems or conditions, it is incumbent upon the evaluation team to determine whether: the presenting symptom or problem represents a normal variation in development that *any* child and his/her family might experience (e.g., difficulties in regulating sleep-wake cycles, feeding problems, challenging behaviors, etc.); or, the child is experiencing significant developmental delays affecting one or more domains or a physical or mental condition with a high probability of resulting in developmental delay that qualify the child for the EIP.



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

The evaluation report and summary must include the following information:

- the names, titles, and qualifications of the persons performing the evaluation and assessment;
- a description of the assessment process;
- the child's responses to the procedures and instruments used as part of the evaluation process, and the family's belief about whether the responses were optimal;

- the developmental status of the child *in each of the five developmental domains*, including the unique strengths and needs in each area;
- documentation of how clinical opinion was used by the evaluation team in evaluating and assessing the child's developmental status and potential eligibility for the EIP; and,
- measures and/or scores that were used, if any; and, an explanation of these measures or scores.⁴³ The evaluation report should also include diagnostic information and ICD-9 codes related to the child's eligibility, where appropriate.

In addition, *the evaluation report must include a clear statement of the child's eligibility. The eligibility statement must include either a diagnosed condition with a high probability of resulting in developmental delay and **associated ICD-9 code**; or, a statement of developmental delay consistent with the state definition of developmental delay and associated ICD-9 code for developmental delay.*⁴⁴ When a diagnosis is made by the evaluation team, one or more members of the team must be qualified under the practice acts in the education law governing their profession to render a diagnosis (see Appendix B). If the results of the multidisciplinary evaluation indicate the child is not eligible for the EIP, the evaluation report should also clearly document reasons why the child is not eligible (for example, the child's development is within normal range, or the child is not experiencing a developmental delay consistent with the State's definition of developmental delay). When children are found eligible for the EIP, the evaluation team should submit written summaries and reports in a timely manner, so that information from the multidisciplinary evaluation is available for review and consideration at the time of the IFSP meeting. See Appendix D for an example of an evaluation report format.

p. 42 Q 13

How should the evaluation team document their multidisciplinary evaluation results/eligibility determination?

Reports of multidisciplinary evaluation results must include a statement of the child's eligibility, including a diagnosed condition with a high probability of resulting in developmental delay, if any, or developmental delay in accordance with the definition of developmental delay. When the child has a diagnosed condition with a high probability of resulting in developmental delay, the eligibility determination should include confirmation that a diagnosis has been made by a physician or other qualified personnel, and the relevant ICD-9 code(s). When a child is eligible based on a developmental delay consistent with the State definition of developmental delay, the evaluation team should document the specific findings that establish the child's eligibility, including the results of any standardized instruments or clinical procedures used to evaluate the



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

child that substantiate the child has a delay in one or more areas of development consistent with eligibility criteria.

It is insufficient for an evaluator to indicate that a child is eligible based on a percent delay and informed clinical opinion, without providing findings to support this statement. Relevant ICD-9 codes should also be incorporated in the evaluation findings.



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM

3. Families receive full and timely information about the results of the MDE. [Table for Evals](#)

New York State Law and Regulations

10 NYCRR 69-4.8 (a) (9)

(9) Results of the child's evaluation and assessment shall be fully shared with the parent following the completion of evaluation and assessments, in a manner understandable to the parent.

(i) The evaluation team shall prepare an evaluation report and written summary and submit the summary and the report, to the following individuals as soon as practicable subsequent to the evaluation and within a sufficient timeframe to enable convening of the Individual Family Service Plan meeting within 45 days of the date that the early intervention official received the referral: the parent, early intervention official, and initial service coordinator; and with parental consent, the child's primary health care provider and the local social services commissioner or designee for those children in the care and custody or custody and guardianship of the local social services commissioner.

(ii) Components of the evaluation report and summary shall include identification of the persons performing the evaluation and assessment, a description of the assessment process and conditions, the child's response, the family's belief about whether the child's response was optimal, measures and/or scores that were used, and an explanation of these measures and/or scores.

(iii) The evaluation report and summary shall include a statement of the child's eligibility, including diagnosed condition with a high probability of delay, if any, and/or developmental delay in accordance with section 69-4.23(a) of this Subpart. Such statement shall describe the child's developmental status including objective and qualitative criteria in sufficient detail to demonstrate how the child meets the eligibility criteria for the program in accordance with criteria set forth in 69-4.23 of this subpart.

(iv) The parent shall have the opportunity to discuss the evaluation results, with the evaluators or designated contact, including any concerns they may have about the evaluation process; and to receive assistance in understanding these results, and ensure the evaluation has addressed their concerns and observations about their child.

(v) To the extent feasible and within the parent's preference and consent regarding disclosure to the interpreter, and within confidentiality requirements, the written and oral summary shall be provided in the dominant language or other mode of communication of the parent.

New York State Memoranda

2005-2 p. 18



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

III. Evaluation Reports and Documentation Requirements Informing Parents of Results

The evaluator is responsible for sharing the results of the child's evaluation and assessment with his/her parents, in a manner that is understandable to parents. The parent must have the opportunity to discuss the results of the evaluation with the evaluation team, or a designated member of the evaluation team, who conducted the evaluation, including any concerns the parent has about the evaluation process and the extent to which the parent believes the evaluation accurately reflects the child's abilities and needs.³⁸ The evaluator is responsible for helping parents to understand the results and ensuring the evaluation has addressed the parent's concerns and observations about the child.³⁹ The evaluator cannot recommend any specific service provider to the parent and should refrain from making recommendations regarding frequency, intensity, and duration of specific services until such time as the family's total priorities, concerns, and resources have been identified and the IFSP is under discussion. The evaluator is responsible for using the results of the developmental assessment to identify the types of services that are clinically appropriate to meet the unique developmental needs of the child.

The evaluator must provide the written and oral summary of the evaluation to the parent in the parent's dominant language or other mode of communication, to the extent feasible, and within confidentiality requirements and the parent's preference and consent to using an interpreter.

Evaluation Report

EIP regulations also require the evaluation team to prepare an evaluation report and written summary and submit the summary, and upon request the report, to the following individuals within sufficient time to ensure completion of the IFSP within 45 days of a child's referral to the EIP:

- the child's parent(s);
- the EIO; and,
- the initial service coordinator.

Because the EIP regulations at 10 NYCRR §69-4.8(a)(9) require the evaluator to fully share the results of the child's evaluation and assessment with the parent, it is appropriate for all parents to receive a copy of their children's full multidisciplinary evaluation reports. In addition, EIOs *must* receive a copy of children's multidisciplinary evaluation reports to ensure that eligibility for the EIP has been established and assist them in preparing for IFSP meetings for children eligible for the EIP. With parent consent, the evaluation summary and report should also be shared with the child's primary health care provider⁴¹ and the local social services commissioner or designee for those children in the care and custody, or custody and guardianship, of such commissioner.

New York City Provider Contract

Section 3.14 (e)

Evaluators shall complete multidisciplinary Evaluations of Referred Children, and provide the Parent, the Service Coordinator, and the Department with a copy of the Evaluation in accordance



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

with the Procedures Manual, within thirty (30) Days of the referral of the Child to the Department. The Evaluator must submit documentation of the reason(s) for any delay beyond this thirty (30) day period. Repeated violation of the 30-day requirement for reasons within the control of the Provider shall entitle the Department to suspend the Provider's eligibility to provide Evaluation services under this Agreement for 30 Days, or until a corrective action plan is submitted and accepted, whichever is longer.

New York City Policy and Procedure

pp 4-B-9



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM

4. MDE's are complete, follow best practices and reach defensible conclusions related to eligibility the MDEs. [Table for Evals](#)

New York State Law and Regulations

10 NYCRR 69-4.8 (a) (5)

(5) With written parental consent, the evaluator may use findings from other current examinations, evaluations, or assessments, and health assessments performed for the child, including those conducted prior to initiation of the multidisciplinary evaluation, provided that:

- (i) such procedures were performed in a manner consistent with the procedures set forth in this subdivision;
 - (ii) such findings are used to augment and not replace the multidisciplinary evaluation to determine eligibility;
 - (iii) no indications are present which suggest the need to repeat such procedures (e.g., the strengths/needs of the child have changed sufficiently to warrant re-examination); and,
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New York State Memoranda

2005-2, pp. 14-15, 19;

Required Components of the Multidisciplinary Evaluation

Evaluators are responsible for ensuring that evaluations are conducted in a manner consistent with State and federal law and regulations. Under the EIP regulations, the following components must be included in performance of multidisciplinary evaluations:

1. A parent interview about the family's resources, priorities, and concerns related to the child's development and developmental progress. Interviews with other family members or individuals knowledgeable about the child, such as childcare providers, may be conducted with parent consent.²⁹
2. With parent consent, a review of pertinent records related to the child's current health status and medical history.
3. An evaluation of the child's level of functioning in each of five developmental domains: cognitive, physical (including vision and hearing), communication, social or emotional, and adaptive development.³⁰ The evaluation of the child's physical development must include a health assessment. The health assessment is comprised of a physical examination, routine vision and hearing screening, and where appropriate, a neurological assessment. If a health assessment has recently been completed in accordance with schedules recommended by the American Academy of Pediatrics (see Appendix C, or access the chart on the AAP website ³¹), however,



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

and there are no clinical indications that a re-examination is necessary, the evaluator shall, with parental consent, rely on a record review to meet the requirements for the health assessment.³²

4. With parent consent, findings from current examinations, evaluations or assessments, in addition to health assessments described above that have been performed for the child, may be used to augment and not replace the multidisciplinary evaluation to determine eligibility, as long as these assessments have been performed in a manner consistent with the requirements for multidisciplinary evaluations, and no clinical indicators are present to suggest the need to repeat procedures.³³

5. An assessment of the unique needs of the child in each developmental domain, including identification of services appropriate to meet those needs. It is appropriate for evaluators to identify the types of interventions and services that are indicated for the child, and family based on the results of the evaluation. However, it is important to note that PHL §2544(5) *specifically prohibits an evaluation from including reference to any specific provider of early intervention services*. In addition, 10 NYCRR §69-4.8(a)(4)(iv) states that the evaluator should avoid making recommendations regarding frequency and duration of specific services until such time as the family's total priorities, concerns, and resources have been identified and the IFSP is under discussion. The evaluator should also avoid making recommendations about the intensity of specific services until the IFSP is under discussion.

6. An evaluation of the transportation needs of the child, which must include the parent's ability or inability to provide transportation; the child's special needs related to transportation; and, safety issues and parent concerns about transportation. ³⁴ It is the evaluator's responsibility in particular to discuss the child's developmental and health concerns related to transportation in the event that the child requires transportation to early intervention services included in the IFSP. PHL §2545(3) also requires that the EIO first consider whether the parent may provide transportation to the early intervention services. Other modes of transportation can be used only if the parent can demonstrate an inability to provide appropriate transportation services.

Voluntary Family Assessment

EIP regulations at 10 NYCRR §69-4.8(a)(8) require that all parents be given the opportunity to participate in a family-directed assessment to determine the resources, priorities, and concerns of the family related to enhancement of the child's development, conducted by appropriately qualified personnel on the multidisciplinary evaluation team. Family assessments are *voluntary* on the part of the family; however, evaluators approved under the EIP must have the personnel resources to offer a family assessment to all families and to conduct these assessments for parents who wish to participate in a family assessment.

It is important to differentiate between the *parent interview* that must be conducted as part of the *child's multidisciplinary evaluation* and the *family assessment* process, which is voluntary on the part of the family. The purpose of the *parent interview* is to obtain information from the perspective of the child's parents, and with parent consent, from other individuals familiar with the child's development regarding concerns about the *child's developmental status and progress*.



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

The parent interview assists the multidisciplinary evaluation team in assessing the unique needs of the child in each developmental domain, and the family's resources, priorities, and concerns related to the *child's* development. The subject of the parent interview, in other words, is the *child's development*. The parent interview (and/or interviews with other individuals, with the parent's consent) is a *required* part of the child's evaluation, *focused on the child's developmental status*. The purpose of the voluntary *family assessment* is to assist the family in determining the resources, priorities, and concerns of the *family* related to enhancing their child's development.

The multidisciplinary evaluation team is required to offer families the opportunity to participate in a family assessment; however, participation in this assessment process is voluntary for the family. The family assessment process is defined in EIP regulations as "the process of information gathering and identification of family priorities, resources and concerns, which the *family* decides are relevant to their ability to enhance their child's development."³⁵ An important part of the family assessment process is to help the family identify the formal and informal supports and services needed by the family to assist them in enhancing their child's development. These might include both those formal supports and services available through the EIP (for example, family training, family counseling, family/parent support groups, etc.) and services needed by the child and family available through other service delivery systems, such as the Office of Mental Retardation and Developmental Disabilities' Home-and Community-Based Waiver Program), and informal supports and community resources available to the family (for example, recreational programs and facilities, family and friends, neighbors, etc.) that can assist the family in enhancing their child's development. The focus of the family assessment is the *family* and their priorities, resources, and concerns related to their child's developmental needs.

Addendum to 2005-2, Q. 7

7. Is a delay in either fine motor development or gross motor development sufficient to establish the child's eligibility for the EIP?

A delay of 2 SD below the mean or 33% in either gross motor or fine motor can be sufficient to establish a child's eligibility for the EIP. Motor development delays are often indicative of more serious underlying problems. The multidisciplinary evaluation should include a thorough assessment of the child's motor and physical functioning, including a health and diagnostic assessment (which can be completed through a review of recent and current examinations, if available and with parental consent). The multidisciplinary evaluation team should document the extent of the motor delay, including any clinical clues and indicators of motor problems. The Department's clinical practice guideline on motor disorders includes clinical clues and indicators of motor disorders, as well as comprehensive assessment and evaluation information. The multidisciplinary evaluation team is responsible for documenting the impact of the delay in motor development on the child's physical development and functioning to establish the child's eligibility for the EIP.

2005-2, p. 8



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

Federal and State regulations also require that evaluations must:

- be conducted by personnel trained to utilize appropriate methods and procedures;
- be based on informed clinical opinion; and,
- include a review of pertinent records related to the child's current health status and medical history. ¹⁶

State regulations further specify that multidisciplinary evaluations must be conducted in a professional, objective fashion and must:

- consider the unique characteristics of the child;
- use several sources and types of information about the child.¹⁷ Examples of other sources of information might include, with parent consent, the child's primary health care provider or medical specialists, relatives or family members, family day care or child care provider, etc.;
- employ appropriate instruments and procedures. Instruments used as part of a multidisciplinary evaluation must be reliable and valid, have appropriate levels of sensitivity and specificity; and, be sensitive to the child's and parent's culture and dominant language or other mode of communication;¹⁸ and,
- be conducted in a setting conducive to ensuring accurate results, and the parent's input regarding the preferred environment should be considered.¹⁹ Prior to the evaluation, parent input about the setting in which their child is likely to be most comfortable should be obtained. After the evaluation, the family should be asked whether they believe their child's response was optimal, and the family's response should be included in the evaluation summary and report.

The New York State Department of Health (Department) clinical practice guidelines include descriptions of comprehensive, in-depth assessments for children with or suspected of having autism/pervasive developmental disorders or communication disorders. The Department will be releasing four additional clinical practice guidelines, addressing motor disorders, hearing loss, vision impairment, and Down syndrome in the near future. The guideline recommendations for in-depth assessment procedures for each of these conditions should be used as part of the multidisciplinary evaluation procedures once each of the guidelines are published and disseminated. (The guidelines on assessment and intervention for children with autism/pervasive developmental disorders and communication disorders were published in 1999 and have been widely distributed.)

New York City Provider Contract

Section 3.14 (f)

All multidisciplinary Evaluations, including the health assessment form, must be complete at the time submitted to the Department. A health assessment form must contain, at a minimum, the data elements of the Department's CH-205 form or a comparable health record.



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

5. Timelines related to evaluations and MDEs are met. [Table for Evals](#)

New York State Law and Regulations

10 NYCRR 69-4.8 (a) (9) (i) (ii)

(9) Results of the child's evaluation and assessment shall be fully shared with the parent following the completion of evaluation and assessments, in a manner understandable to the parent.

(i) The evaluation team shall prepare an evaluation report and written summary and submit the summary and the report, to the following individuals as soon as practicable subsequent to the evaluation and within a sufficient timeframe to enable convening of the Individual Family Service Plan meeting within 45 days of the date that the early intervention official received the referral: the parent, early intervention official, and initial service coordinator; and with parental consent, the child's primary health care provider and the local social services commissioner or designee for those children in the care and custody or custody and guardianship of the local social services commissioner.

(ii) Components of the evaluation report and summary shall include identification of the persons performing the evaluation and assessment, a description of the assessment process and conditions, the child's response, the family's belief about whether the child's response was optimal, measures and/or scores that were used, and an explanation of these measures and/or scores.

New York State Memoranda

2005 -2, p. 7

General Requirements for the Evaluation Process

EIP regulations at 10 NYCRR §69-4.8 detail the responsibilities of evaluators for conducting screenings, evaluations, and assessments to establish children's eligibility for the EIP. The multidisciplinary evaluation must be completed within sufficient time to develop an individualized family service plan (IFSP) within forty-five days of referral for those children found eligible for the EIP. If the time from the date of referral to the development of an IFSP exceeds forty-five days, municipalities must document the reason for the delay (including lack of timeliness in completion of a child's evaluation or submission of the evaluation summary and report to the EIO) in the child's record and in the Kids Integrated Data System (KIDS) (or other data system or data reporting mechanisms required by the Department). Under federal and State law and regulation, nondiscriminatory evaluation and assessment procedures must be used in all aspects of the evaluation and assessment process.¹⁵ Specifically, evaluation and assessment procedures must be responsive to the cultural and linguistic background of the family.



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EARLY INTERVENTION PROGRAM**

In addition, no single procedure or instrument may be used as the sole criterion or indicator of eligibility. In other words, when making a determination as to whether a child is eligible for the EIP, the multidisciplinary evaluation team must rely on information from a variety of appropriate sources, which should include standardized instruments and procedures, when appropriate or possible; observations of the child; parent interviews; informed clinical opinion; and, any other sources of information about the child's developmental status available to the team conducting the child's evaluation. This should not be interpreted as requiring that two or more standardized tests or instruments be used to evaluate the child, unless the child's developmental status clearly indicates the need for more than one standardized test (e.g., a hearing test to assess hearing loss and a standardized developmental test to assess the impact of the child's hearing loss on his/her development).

New York City Provider Contract

Section 3.14 (e)

Evaluators shall complete multidisciplinary Evaluations of Referred Children, and provide the Parent, the Service Coordinator, and the Department with a copy of the Evaluation in accordance with the Procedures Manual, within thirty (30) Days of the referral of the Child to the Department. The Evaluator must submit documentation of the reason(s) for any delay beyond this thirty (30) day period. Repeated violation of the 30-day requirement for reasons within the control of the Provider shall entitle the Department to suspend the Provider's eligibility to provide Evaluation services under this Agreement for 30 Days, or until a corrective action plan is submitted and accepted, whichever is longer.