



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

Table for Evaluation Standards

Evaluations and Multidisciplinary Evaluations (MDEs)
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1. MDEs shall be conducted in a professional and objective manner.
2. MDE Summaries, evaluations and consents follow best practices and reach defensible conclusions related to eligibility.
3. Families receive full and timely information about the results of the MDE.



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1. MDEs shall be conducted in a professional and objective manner.

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**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.

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**New York City Policy and Procedure Manual as Amended**

**Chapter 4: Evaluations and Eligibility, Appendix B**

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2. MDE Summaries, evaluations and consents follow best practices and reach defensible conclusions related to eligibility.

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**New York State Department of Health Memorandum 2005-2**

**Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations Under the Early Intervention Program**

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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. <sup>16</sup>

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.<sup>17</sup> 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;<sup>18</sup> and,
- be conducted in a setting conducive to ensuring accurate results, and the parent's input regarding the preferred environment should be considered.<sup>19</sup> 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.



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**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.<sup>29</sup>
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.<sup>30</sup> 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 <sup>31</sup>), however, 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.
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.<sup>33</sup>
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,



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safety issues and parent concerns about transportation. <sup>34</sup> 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*. 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."<sup>35</sup> 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.

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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.<sup>43</sup> 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.*<sup>44</sup> 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.

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**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



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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.

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**New York State Department of Health – Early Intervention Provider Agreement**

**XII. ELModel Specific Responsibilities**

**B. Evaluations & Screenings:**

- B3. Provider shall when conducting a multidisciplinary evaluation include qualified personnel who have sufficient expertise in child development, and include at least one qualified personnel in the area of the child’s suspected delay or disability. The primary area of concern must be included as part of the core evaluation. No evaluation may be performed by telephone, in whole or in part.
- B8. Provider shall utilize evaluation and assessment procedures that are responsive to the cultural, ethnic, religious and linguistic background of the family. Tests and other evaluation materials and procedures shall be administered in the dominant language or other mode of communication of the child, unless it is clearly not feasible to do so. If such an evaluation is not possible, Provider should not accept the evaluation assignment or must document the attempts to locate a bilingual evaluator and notify the service coordinator of their inability to provide the evaluation in the dominant language or other mode of communication of the child and receive further direction from the service coordinator before proceeding with the evaluation. The service coordinator may, after discussion with and consent by the parent, request that the evaluation be reassigned to another Provider or Provider Agency.
- B9. Agency providers shall only use qualified personnel who are licensed, certified or registered in the area for which they are providing evaluation services for the provision of core/multidisciplinary evaluations and/or supplemental evaluations.
- B11. Provider shall, when conducting a multidisciplinary evaluation include the core components of a developmental assessment of all domains (physical development, cognitive development, communication development, social or emotional development, and adaptive development); a review of pertinent records, parent interview, and, at the option of the family, a family assessment.
- B13. Provider understands that no single procedure or instrument may be used as the sole criterion or indicator of eligibility. Provider shall utilize information from a variety of appropriate sources, including but not limited to 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.



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- B14. Provider shall consider the parent's input regarding the preferred natural environment/setting for the evaluation and should conduct an evaluation in a setting conducive to ensuring accurate results. After the evaluation, the family should be asked whether they believe their child's response was optimal, and the family's response shall be included in the evaluation summary and report.
- B19. Provider shall provide evaluation results in layman's terms/user friendly language in a manner which is understandable to family and caregivers. Provider shall discuss screening, evaluation, and assessment information with families in understandable language and in the context of the child's strengths. Provider shall ensure that parents are afforded the opportunity to discuss the evaluation results with evaluators, including any concerns they have with the evaluation process.
- B21. Provider shall ensure that Provider creates one integrated multidisciplinary report according to a state-standardized form and that the evaluation report and summary include 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, 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 persons performing the evaluation 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. The evaluation report shall also include diagnostic information and ICD-9 codes related to the child's eligibility, where appropriate.

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**New York City Policy and Procedures Manual as Amended**

**Chapter 4: Evaluation and Eligibility**



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3. Families receive full and timely information about the results of the MDE.

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**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.



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New York State Department of Health Memorandum 2005-2

**Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations Under the Early Intervention Program**

2005-2 p. 18

**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.<sup>38</sup> 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.<sup>39</sup> 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 provider<sup>41</sup> 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 State Department of Health – Early Intervention Provider Agreement**

**XII. EI Model Specific Responsibilities**

**B. Evaluations & Screenings**

- B19. Provider shall provide evaluation results in layman’s terms/user friendly language in a manner which is understandable to family and caregivers. Provider shall discuss screening, evaluation, and assessment information with families in understandable language and in the context of the child’s strengths. Provider shall ensure that parents are afforded the opportunity to discuss the evaluation results with evaluators, including any concerns they have with the evaluation process.
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