Evaluation and Assessment

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Purpose of Practice Guide

This practice guide will review three distinct but overlapping evaluation and assessment procedures through the explanations of qualified personnel, procedural requirements, and best practices to consider during Early Support for Infants and Toddlers (ESIT) services. The three individual processes include:

1. Eligibility evaluations
2. Functional child assessments
3. Family directed assessments

Eligibility Evaluation

Evaluation is defined as procedures used by qualified personnel to determine a child's initial and continuing eligibility under Part C of the Individuals with Disabilities Education Act (IDEA), consistent with the state's definition of developmental delay (§303.321(a)(2)(i)).

Standardized, norm-referenced tools are used for evaluation because norm-referenced scores, reported in both percent delay and standard deviation, are required for eligibility unless a child qualifies with a diagnosed condition.

Qualified Personnel for Eligibility Evaluation

Multidisciplinary

Multidisciplinary means the involvement of two or more separate disciplines or professions and may include one individual who is qualified in more than one discipline or profession (*34 CFR 303.24, ESIT Policy 2.A.27).* The evaluation to determine eligibility must be completed by a multidisciplinary team.

Who participates?

Developmental Specialists or Practitioners, except for therapy assistants, listed on the Qualified Personnel Guidelines should be included to meet the multidisciplinary team requirement.

Developmental Associates (DA), Physical Therapy Assistants (PTA), Occupational Therapy Assistants (OTA), or Speech and Language Assistants (SLPA) may participate by contributing information, conducting interviews, and assisting in the evaluation process in the presence of a professional in their discipline who is qualified to determine eligibility as part of the multi-disciplinary team and is directly supervising. However, associates and assistants cannot be considered members of the multidisciplinary team definition for eligibility evaluations.

Though the Family Resources Coordinator (FRC) play a critical role of facilitating and coordinating the evaluation team process, assisting the parent and caregivers to participate, and contributing information by conducting initial family and caregiver interviews, FRCs are also

not considered members of the multidisciplinary team definition to determine eligibility (see the FRC scope of practice for more detail).

Eligibility Evaluation Procedural Requirements

Prior to evaluation, informed consent must be obtained from family through all the following requirements:

- **Prior Written Notice** (PWN) of action is provided to family,
- **Consent for Evaluation and Assessment** signed by family, and
- **Procedural Safeguards-Parent Rights** notice provided and explained to the family.

Each eligibility evaluation must be completed by a multidisciplinary team and include ALL of the following procedures (ESIT Policies & Procedures 9.C.7):

- At least 1 **norm-referenced evaluation tool** to collect Present Levels of Development (PLOD) in all areas. Two disciplines can evaluate different domains using the same tool or multiple tools.

  Reminder: A norm-referenced tool compares the scores of one individual to the scores of a larger group of individuals known as the normative sample.

  The developmental areas that must be evaluated are:

  - Cognitive development
  - Physical development, which includes fine and gross motor skills
  - Communication development, which includes expressive and receptive language
  - Social-emotional development
  - Adaptive skills
- Parent or other caregiver interview to obtain their knowledge of their child's development as part of the completion of a tool or their general observations during home life.
- Information gathered from other sources such as family, childcare providers, or social workers, to fully understand the child's strengths and needs.
- Medical, educational, and other records available for review.

Ongoing Eligibility Evaluation Procedures

Re-Evaluation Procedures for Children Enrolled in Services

Eligibility is established prior to the initial Individual Family Service Plan (IFSP) and is not required be re-established at the annual update or other IFSP reviews. In addition, an evaluation is not required to determine ongoing eligibility. However, if the team decides eligibility should be re-established, it is highly recommended to complete an evaluation in line with this guidance. If the parent declines to provide written consent for re-evaluation, the team may use information about current functioning, progress, outcome achievement, and other factors to determine the need for continued services.

After discussing the re-evaluation with the family, the program must give prior written notice (PWN) to the family. Additionally, informed consent needs to be obtained, including the sharing of Procedural Safeguards- Parent Rights to ensure parents know their rights regarding next steps, due process, mediation, etc.

The family may decline the evaluation described in the PWN. In this case, the IFSP team will determine the need for continued services based on the factors described above. If the parent doesn't agree they can file a formal dispute resolution request.

Re-Evaluation Procedures for Children not Enrolled in Services

Previously Eligible: If the child is 12 months or younger and the previous evaluation was conducted more than three months ago, conduct a new functional child assessment (see below) in order to update the child's present levels of development.

If the child is older than 12 months and the previous evaluation was conducted more than six months ago, conduct a new functional child assessment (see below) in order to update the child's present levels of development.

Previously Not Eligible: If a child previously received a full evaluation but was not found eligible and is later referred again, conduct a new eligibility evaluation if more than three months have passed since the first evaluation. Remember, procedural safeguards allow for the caregiver to dispute the results of an evaluation at any time.

Note: Some evaluation tools require a certain amount of time to pass before re-administration. You may use a different tool for the eligibility re-evaluation in order to gather information about the child's current development.

Other Practices to Consider for Eligibility Evaluation

The Three-Pronged Approach (TPA) is required for all children to complete vision and hearing screening and is completed prior to evaluation. Consent for screening through the TPA is included in the consent form for initial or re-evaluation. The results should be included in the

PLODs related to vision and hearing. If concerns or issues related to vision and hearing are identified through the TPA process, a specialist (Developmental Specialist: Blind Low Vision, Deaf Hard of Hearing, or Deaf Blind) should be included on the evaluation team to assist with both eligibility evaluation and functional child assessments.

Children with a qualifying diagnosis are automatically eligible for ESIT services. The IFSP team does not need to use any other procedures to determine eligibility other than a multidisciplinary review of the official record of the diagnosis before moving on to functional child assessment and family assessment procedures (see below).

Once the evaluation is complete, the evaluation team will create a summary of the results. This summary should include the child's PLODs across all domains or developmental areas. Scores obtained by the norm-referenced tool(s) are included and used to determine eligibility. Do not round scores up or down.

Functional Child Assessment

Assessment is defined as the process used by qualified personnel to identify the child's unique strengths and needs and informs the development of services appropriate to meet those needs. The functional child assessment is a formal process conducted for the initial IFSP, but ongoing assessment procedures can be conducted throughout services. Criterion-referenced or curriculum-based assessment tools are primarily used for assessment but can also be combined with norm-referenced tools during evaluation. Additionally, the functional child assessment assists with the creation of the Summary of Functional Performance (SFP) within the 3 global child outcome areas, which include:

- positive social-emotional skills,
- acquiring and using knowledge and skills, including early language and communication, and
- use of appropriate behaviors to meet their needs.

Procedural Requirements for Functional Child Assessment

Initial IFSP

To develop the initial IFSP, all eligible children, regardless of the eligibility pathway, must receive a multidisciplinary assessment to determine their unique strengths and needs (§303.321(a)(1)(ii)). For children whose eligibility was determined by qualifying diagnosis, and no eligibility evaluation was conducted, the functional child assessment will assist in the creation of the PLODs by collecting information about current skills in all areas of development.

All of following procedures are required:

- The use of a **criterion-referenced** or **curriculum-based** assessment (CBA) tool for identification of the child's needs in each developmental domain through both parent/caregiver interview and personal observations of the child.

  Reminder: A criterion-referenced tool evaluates the learner's performance on a predefined set of criterion or skills (may be within an age range) rather than compared to the performance of peers.

- Parent or other caregiver interview to obtain their knowledge of their child's development as part of completion of tool or their general observations during home life. A parent interview tool can be used but not required.
- Information gathered from other sources such as extended family, childcare, or social workers, to fully understand the child's strengths and needs, as well as routines and activities of the child.
- A review of the results of the norm-referenced evaluation, if completed, and other documents such as medical, educational, and other records that could provide information about the child's strengths and needs related to functional abilities within routines.

Annual IFSP Update

At every subsequent IFSP annual update, a full functional child assessment procedure could be repeated, however IFSP teams are only required to update the PLODs and support the development of meaningful, functional IFSP outcomes with all available information. This process is considered an ongoing assessment, and the formal use of a criterion-referenced or curriculum-based tool is not required, though recommended to track progress. For example, many ESIT service providers complete ongoing assessments during service provision, and the compilation of this information can be used at the annual IFSP update to update PLODs.

Informed Consent for assessment

If consent was obtained prior to eligibility evaluations, then no additional consent is needed for the initial functional child assessment. However, if no eligibility evaluation was needed due to eligibility with an established condition, informed consent must be obtained from the family prior to the initial functional child assessment, through the following requirements:

- **Prior Written Notice (PWN)** of action is provided to family,
- **Consent for Evaluation and Assessment** signed by family, and
- **Procedural Safeguards- Parent Rights** notice provided and explained to the family.

If a service provider completes ongoing assessment during normal visits for service provision, additional consent for ongoing assessments is not needed. However, if a visit is scheduled to

specifically complete a functional child assessment to prepare for annual IFSP update, all three should be repeated.

Qualified Personnel for Functional Child Assessment

Multidisciplinary

Multidisciplinary means the involvement of two or more separate disciplines or professions and may include one individual who is qualified in more than one discipline or profession. 34 CFR 303.24, ESIT Policy 2.A.27. Like the eligibility evaluation requirement, a multidisciplinary team is required for the initial functional child assessment.

However, for annual IFSP updates, the IFSP team does not need to be a multi-disciplinary team and should consist of the team who provided previous IFSP services, or additional team members whose services may be required in the new plan.

Who participates?

Developmental Specialists or Practitioners, except for therapy assistants, listed on the Qualified Personnel Guidelines should be included to meet the multidisciplinary team requirement for the initial functional child assessment. The FRC contributes the same as during the eligibility evaluation (see above).

Developmental Associates (DA), Physical Therapy Assistants (PTA), Occupational Therapy Assistants (OTA), or Speech and Language Assistants (SLPA) are also not considered members of the multidisciplinary team definition for initial functional child assessment.

DAs and therapy assistants can offer more assistance during the annual IFSP review to update PLODs, especially if they are an IFSP service provider. If a DA has completed both a child development and assessment course, they may complete ongoing assessments with a tool to measure child progress, update PLODs, and can assist in the drafting of reports to be finalized and signed by the DS. Their assessment activities and supervision should be outlined in their individualized Supervision Plan.

Therapy assistants may participate in assessments as outlined in each discipline's scope of practice under supervision by the licensed therapist.

Other Practices to Consider for Assessment

Both the eligibility evaluation and functional child assessment can be conducted simultaneously, as long as all required procedures are implemented. If they are done separately, the evaluation would occur first so the results can be reviewed as part of the assessment procedures.

The tools used to assess functional skills are **different** than the tools used to measure a child's developmental level to determine eligibility. Although some functional skill information may be

gathered using standardized, norm-referenced tools, they are not used to complete the functional child assessment.

To assess functional skills, providers can use tools that are designed to support effective program planning such as curriculum-based assessment tools. The tool(s) should be selected based on the individual needs of the child and should support the development of meaningful, functional IFSP outcomes. For example, if a significant motor delay is identified during the standardized evaluation, the team might select an assessment tool with an emphasis on sensory processing to capture potential factors leading to that delay.

All information gathered during the eligibility evaluation and functional child assessment processes are used to create the SFP and to determine the Child Outcomes Summary (COS) descriptor statements.

Family Directed Assessment

The IFSP builds on the family's strengths and resources so their concerns and priorities can be addressed. Family directed assessments support the child's participation in everyday routines and activities that are important to the family. Learning about each family's unique concerns, priorities, resources and routines provides an important foundation and context for practitioners to assist families supporting their children to develop and learn, to be able to communicate their child's needs to others, and to understand their rights in early intervention.

While both eligibility evaluations and functional child assessments include parent interview and parent report of child observations, the family assessment is unique and critical for a family centered approach to ESIT services. Family assessment supports the following:

- Family **concerns** about their child and **priorities** for the family are the basis for planning functional assessment and developing meaningful and relevant child and family outcomes.
- Learning about **routines and activities** of the child and family is necessary to identify naturally occurring learning opportunities that support children's development. Young children learn best through routines and activities they are interested in and participate in daily with family members, caregivers and other important people in their lives.
- Understanding family **resources** assists the IFSP team to identify appropriate intervention strategies, support for caregivers, and services to meet functional IFSP outcomes.

Procedural Requirements for Family Directed Assessment

Family assessment is led by the FRC to identify the family's concerns, priorities, and resources and the supports and services necessary to enhance the family's capacity to meet the

developmental needs of their infant or toddler with a disability and/or developmental delay.

The family directed assessment must:

- Be voluntary on the part of each family member participating in the assessment.
- Be based on information obtained through a parent interview tool such as the Measure of Engagement, Independence, and Social Relationships (MEISR) or parent interview approach such as the Routines-Based Interview (RBI). However, interviews can also be more informal or structured with questions based on those provided within the IFSP document.
- Include the family's description of concerns, priorities and resources related to enhancing the development of their child. (34 CFR §303.321(c)(2)(i-iii).
- Identify all resource needs, even services that the ESIT Provider Agency may not provide.
- Be completed prior to the initial IFSP and subsequent annual IFSP reviews.

Qualified Personnel for Family Directed Assessment

While the FRC generally takes the lead in completing family directed assessments, any ESIT provider can participate in conducting all or portions of the family directed assessment, including Intake Coordinators who might interview families at the moment of intake, and other ESIT service providers who may gather information during their evaluation or assessment process. The FRC would consolidate all information gathered by all ESIT providers into one family assessment for the IFSP.

Other Recommended Practices to Consider for Family Directed Assessment

Explain to every family that information about daily routines will help the team develop intervention methods and strategies to support the child's participation in important family activities.

Always assure parents that sharing this information about their family is voluntary and does not impact eligibility for or the delivery of IDEA Part C early support services.

When talking with families about their priorities and concerns, start by asking open-ended questions such as, "What would you like to see happen for your child/family?"

Use family assessment methods, (e.g., interviews, questionnaires, ecomaps, and family report through components of a curriculum based assessment tool, etc) to find out about each family's concerns, priorities, routines, and resources related to enhancing their child's development.

Incorporate the information gathered by all IFSP members using family assessment methods into development of the IFSP outcomes.

Review family assessment information periodically (annual and six-month IFSP reviews) with the family to incorporate changes in concerns, priorities, resources, routines and activities into subsequent IFSPs.

Additional Evaluation and Assessment Practice Considerations

Authentic Assessment as the Recommended Best Practice

The evaluation and eligibility process, as well as the functional child assessment, can be overwhelming for families when they are interacting with a variety of professionals to gather information about their child. Conducting evaluations and assessments using authentic assessment practices makes the overall process easier to understand so they can be active contributors of knowledge about their child and allows for professionals to understand the child with all their strengths and challenges holistically.

Evaluation and assessment procedures are the "what" and authentic assessment is the "how."

Authentic assessment is the process of gathering meaningful, naturalistic information about what a child and family does within their day-to-day routines and activities. This process ensures a non-judgmental picture of a child's functional skills and behaviors in the real-life contexts of family, culture, and community (ESIT Guiding Principle #3). By using an authentic assessment process for eligibility evaluations, functional child assessments, and family directed assessments, the information can inform intervention and is a critical component of services for young children who have or are at risk of developmental delays or disabilities and their families. Authentic assessment strategies and practices are defined in the Division of Early Childhood's Recommended Practices for Assessment (DEC, 2014). Review the authentic assessment module for more information within the Introductory Modules (or Booster Modules) in the DCYF training portal.

Selection of Tools

Individualization of services, including evaluation and assessment for children and families, is an important guiding principle of ESIT services (ESIT Guiding Principle #4).

Choosing an evaluation tool that is appropriate and relevant to use with families from a range of cultural and linguistic backgrounds is important yet may be challenging. Many evaluation tools are inherently biased because of how they are developed, tested, and normed.

When selecting evaluation tools, it is important to be aware of the limitations of different measures to select tools that are as relevant as possible. Some standardized tools may be

normed on a narrow or limited set of the population and not be representative of the child and family's culture, language, identity, and experience. When selecting a measure, consider how certain items, examples, and indicators on the tool may be biased and reflect the mainstream culture and not the family's values or practices. Most standardized tools and measures will have information in their manuals on how they were tested and normed.

For example, some measures may include indicators that place an emphasis on a child's independent functioning, which would not be appropriate or relevant for a family that values adults feeding children over children not learning to self-feed until a specific age or carrying a young child rather than emphasizing "tummy" time or crawling.

Providers should take great care to ensure that an evaluation or assessment session is responsive to the needs and preferences of the family, and that the family is able to engage, understand, and respond to the assessment questions and prompts as optimally as possible.

Lastly, it is also important to understand the directions or instructions given by the tool for qualifications of evaluator and if/how the tool might be adjusted to the needs of the child/family.

Multilingual Evaluation and Assessments

Standardized tools, both norm or criterion referenced, should be used with caution for multilingual learners and their families because few are normed on individuals who use languages or dialects other than General American English. Whenever possible, assess in both languages using culturally and linguistically adapted tools to compare performance across languages.

The administration of the evaluation tool should take place in the family's native language. Some assessment tools may offer versions in various languages, but when they do not, providers should use interpreters, including language and cultural interpreters, in the evaluation and assessment process with the family.

Reporting Scores

Before reporting standardized scores, verify the child's language(s) and dialect(s) are represented in the test's normative sample. If not, the scores may be invalid or at the very least inaccurate.

Instead of utilizing potentially inaccurate scores alone, provide a narrative description of the child's strengths, needs, and observed performance then consider the eligibility pathway of informed clinical opinion.

Document any modifications to the evaluation or assessment process (e.g., translation or interpreter use) in the report even if the modifications invalidate the tool's scores.

Clinical judgment should guide eligibility decisions, using observed skills, narrative descriptions, and multiple sources of information rather than invalid or inaccurate norm-referenced scores. The eligibility pathway of informed clinical opinion can be utilized in these cases. Then, criterion-referenced assessments that examine an individual child's strengths and needs, and are often more appropriate for multilingual learners, can be used for IFSP development during the functional child assessment after eligibility is determined.

Age Corrections

Age correction is only recommended for an infant born less than 37 weeks gestational age. When an evaluation or assessment tool's manual gives age correction instructions, follow those instructions. If the tool instructs users to not correct for prematurity, consider choosing a tool that allows for age correction.

Definitions

Premature birth: Birth at less than 37 weeks gestational age. Currently, all infants born less than 35 weeks gestation are automatically eligible for ESIT enrollment and do not require an eligibility evaluation.

Term birth: Birth equal to or more than 37 weeks gestational age.

Gestational age: Time elapsed from the first day of the last menstrual period to the day of birth, measured in full weeks, rounded down. For example, an infant born at 36 weeks and 6 days is considered to have a gestational age of 36 weeks.

Chronological age: Time elapsed since birth, measured in years, months and days. Also called "actual age."

Corrected age: Chronological age, minus the number of weeks the infant was born before the time when the infant would have reached 40 weeks gestational age. Once a child reaches 24 months chronological age, do not correct for prematurity. This is in alignment with recommendations by the American Academy of Pediatrics (AAP).

How to Calculate Corrected Age:

Subtract the number of weeks premature from the current chronological age:

- Current Chronological Age minus (40 weeks – Gestational Age at birth) = Corrected Age
    - Example: 16-month-old toddler who was born at 28 weeks gestation.
      16 months Chronological Age minus (40 weeks - 28 weeks Gestational Age at birth) = Corrected Age 16 months – 3 months = 13 months Corrected Age

Adjusted age: Synonymous with, but less preferred than, corrected age.

Based on a review of current literature, age correction allows for more accurate evaluation and functional assessment of infants born prematurely by comparing them with other infants of the

same *developmental age*, rather than with infants of the same *chronological age*. This is important because the developmental age of premature infants is younger than the developmental age of their peers of the same chronological age. The brain, body, and neurologic systems of a prematurely born infant may have not developed to the same degree as those of an infant born at full term. Therefore, developmental comparison of a prematurely born infant to same-chronological age peers, may not be a valid comparison.

Social-Emotional/Early Relational Health

Screening

Completing a screening to identify concerns in social-emotional (SE) development is not required but could be beneficial. Addressing this area of development is required during the eligibility evaluation and functional assessment and using a specific tool designed to measure SE development could be used.

Zero to Three defines SE development as children's ability to:

1. To form secure relationships to those close to them.
2. To express and manage emotions.
3. To explore the environment and learn within the context of family and cultural expectation.

Implementing more in-depth SE screening at intake is one method to ensure SE needs are not missed. For example, use of the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) or other child/parent interaction tool (such as the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes or PICCOLO) can be a part of family assessment.

Intake coordinators or FRCs can complete screening for each child unless one of the following applies:

- If the child has been referred with a SE screening already completed within the past 3 months (e.g. ASQ:SE or M-CHAT) and results indicated an evaluation is needed, or
- The family, referral source, and/or team has already identified SE concerns, as screening would not be warranted and the team should move directly to evaluation.

When concerns are identified with a screening tool, by the family, or referral source, the ESIT team would complete the eligibility process with the addition of a SE tool. The following are examples of how concerns may be identified using the SE screening tool:

- A final score that is above the cutoff score. This indicates there is a potential concern that warrants further evaluation.

- A caregiver may discuss concerns, or the team may observe a behavior, that is not captured by the SE screening tool. These concerns can lead to the use of an additional SE tool by the evaluation team.

Follow the Developmental Screening Practice Guide for procedures about screening, including screening directly related to the SE developmental domain.

Evaluation

After completing a screening, if a more in-depth SE assessment **is not** warranted, complete the SE section of the norm-referenced tool used for eligibility. If a more in-depth SE assessment **is** warranted, complete a norm-referenced social emotional tool as a part of the eligibility evaluation, such as:

- Bayley-III-Social-Emotional Growth Chart
- Behavior Assessment System for Children (BASC-2)
- Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T).
- Infant Toddler Social Emotional Assessment (ITSEA)
- Temperament and Atypical Behavior Assessment Tool (TABS)
- Sensory Profile 2 (Includes what was formerly the Infant/Toddler Sensory Profile)
- Vineland Social Emotional Early Child-hood Scale (Vineland SEEC)

If eligibility was already determined through another developmental domain or eligibility pathway, either a standardized normed-reference, criterion-referenced, or curriculum-based tool can be used during the functional child assessment process to gather more information about strengths and needs to create functional IFSP outcomes. Examples of SE sections in criterion-referenced or curriculum-based tools include but are not limited to the following:

- Carolina Curriculum for Infants and Toddlers with Special Needs (The Carolina)
- Hawaii Early Learning Profile (HELP)

Talking with Families

It can be difficult to discuss SE development with a family, especially when that is not an identified area of concern for them. Having the right words to bring it up can be helpful for providers and the following are examples of how the SE screening and/or evaluation might be introduced to families:

- This is something we support with all families.
- We want to learn more about how we can support your child and your family. The more we know about how your child interacts with their peers, caregivers, and environment in different situations will help us to make a plan that is just right for them and you.
- We want to learn about your child's strengths. We can learn a lot about your child based on their style of play and how they react to different situations.
- Since all areas of development are connected, it is important for your child to have strong SE skills. There may be behaviors that make regular routines difficult. Learning more about your child's social-emotional skills will help us understand what their behaviors are telling us.

Ways to integrate the tools in a culturally sensitive way

There are cultural differences regarding social-emotional development and behavioral expectations that may make it challenging to determine whether there is a concern. When and how to display emotions, how to cope with stress or change, and when it's appropriate to seek adult attention are all examples of social behaviors that children learn through their culture (Steed & Banerjee, 2016). For example, the ASQ:SE was developed using children living in the United States and some items may not always be appropriate for families with different cultural backgrounds. There are ways to make sure any tool is being administered in a culturally sensitive way (ASQ, n.d.).

- Note the items the family may have found confusing or culturally inappropriate. This will not impact the overall score but can be used to support the interpretation of the results. For example, if eye contact with adults is not encouraged in the family this should be noted and considered when determining next steps.
- While completing the questionnaire, regularly check with the family to ensure cultural relevance of the items. If caregivers express concerns or confusion, make a note on that item.
- When working with an interpreter; if you or the family seems confused by an item or their answer does not seem to fit with the question asked, discuss it further with the interpreter to ensure clarity.

Virtual

Virtual assessment procedures are allowable in Washington. There are benefits of virtual assessments for both families and providers. For families, it may be less evasive for a provider to observe a child in a routine with the use of virtual technology than physically being in the home. Conducting evaluations and assessments virtually is one way for team members to truly

observe children in their natural environments within natural routines, which supports authentic assessment practices. Also, using video conferencing tools allows ESIT evaluation and assessment teams some flexibility in travel and scheduling multiple people. For instance, maybe one team member joins the family in their home, and the other providers join virtually, or multiple providers gather in the home and one provider joins virtually.

However, it is important that both families and providers conducting eligibility evaluations and functional child assessments are prepared, such as through technology access and appropriate expectations. Specific skills and resources may be needed. Five components of an effective framework for successful implementation for virtual assessment include: 1) leadership, 2) policies, 3) support for practitioners, 4) support for families, and 5) technology (INTECA, n.d.).

To learn more about the appropriate preparation and practical implementation of conducting evaluations and assessments through virtual technology, consult with the Innovation Technology for Early childhood Assessment (INTECA) website, a project funded by the U.S. Department of Education, which includes resources, preparation checklists, and trainings available for ESIT providers at no cost.

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