Title: Multidisciplinary Evaluation Process

Policy: Dauphin County will assure that multidisciplinary evaluations occur in compliance with OCDEL, and assure that evaluations involve the child’s family, the Supports Coordinator and Dauphin County’s evaluation team.

Definitions:

Multidisciplinary: involving two or more disciplines or professionals in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the IFSP.

Evaluation: procedures used by qualified professionals to determine a child’s initial and continuing eligibility for early intervention services.

Culturally competent: conducted or provided in a manner that shows awareness of and is responsive to the beliefs, interpersonal styles, attitudes, language and behavior of the children and families who are referred or receiving services.

Procedure:

1. The service coordinator conducts a Family Assessment. The service coordinator explains to the family that sharing this information will assist the team (including the family) to identify the best way for early intervention professionals to help. The questions are taken directly from the Evaluation Report and are designed to help us:
   A. Understand the child as part of the family system.
   B. Identify what works for the family.
C. Understand how families carry out their roles and responsibilities within daily life.
D. Identify a family’s needs for information, services, and support.
E. Understand ways in which the child’s unique strengths and needs influence the family’s day-to-day life, activities, and routines.
F. Figure out how and what to do to be helpful in helping families optimize the development of their child.

The Family Assessment is voluntary. With family permission, the assessment is shared with the evaluation team as answers are placed on a preliminary version of the Evaluation Report.

2. Evaluator with TMB Developmental Therapy and Infant Massage, INC (TMB) complete all initial independent evaluations. TMB forwards a schedule of evaluation times to the CMU. Service coordinators work with families to schedule evaluation times. TMB evaluators are not a provider option for subsequent treatment teams. No member of an initial evaluation team can subsequently be chosen for a child’s treatment team except in the case of low-incidence services such as teachers of the hearing and visually impaired employed by other provider agencies that may be called upon to participate in the initial evaluation and IFSP planning process.

3. The initial and annual multidisciplinary evaluations (MDE) are conducted by a multidisciplinary team (MDT) that includes the parent(s), service coordinator, anyone whom the parent would like to invite, and at least one professional who meets state approved or recognized certification, licensing, registration or other comparable requirements, if applicable, to the discipline in which the person is providing services. Initial Evaluations should be completed within 45 days of the child’s referral, with annual evaluations occurring every 11-12 months for as long as the child remains eligible for the birth-3 program. All evaluations are conducted in a culturally competent manner.

4. The MDE team, including the parent(s)/caregiver and the service coordinator, work together to determine the child’s eligibility for the public early intervention program, to answer parent questions about the child’s development, and to collect useful information about the child’s skills and needs within the context of child and family’s home and community. No single evaluation procedure can meet these requirements. Rather, a mix of evaluation sources and approaches fulfill both state and federal requirements.
   A. Child observation
   B. Checklists, questionnaires, and rating scales
   C. Conversation with child’s parents/caregivers
   D. Curriculum-based assessment
   E. Norm-based assessment
   F. Review of reports from the child’s physician, other caregivers, etc.
5. The annual evaluation must occur prior to the annual IFSP meeting and normally 11 months after the initial evaluation. Annual evaluations can occur during a regular treatment session or during an evaluation team meeting held prior to the IFSP meeting. The IFSP team decides the best way to evaluate the child’s progress in preparation for the IFSP Meeting. Annual evaluations are typically completed by the current treatment team.

6. The evaluation process continues the partnership that develops between the family/caregiver and the early intervention system. Parents know more about their child than anyone else. Professionals bring their expertise about children and how they develop. Together, as a team, a thorough look at the child and his or her strengths is completed during the evaluation process.

7. The evaluation process includes the completion of the evaluation report. This collaborative report integrates the information learned from the child’s parent/caregiver(s) in a way that promotes understanding of the child’s developmental status and provides functional information that can be used to support outcomes and intervention plan development. The report, while documenting the child’s eligibility for the public early intervention program and unique needs in the 5 domain areas of development, also documents routines experienced by the child and family, and the strengths that the child demonstrates. The content of the evaluation report must:
   A. Include the eligibility findings of the multiple sources used for the evaluation process.
   B. Answer the family’s questions about their child’s development.
   C. Report information obtained from the family regarding their child’s abilities and their areas of concerns.
   D. Address family and caregiver concerns.
   E. Summarize assessment findings and
   F. Document the abilities and unique needs of the child in each developmental area.
   G. Provide recommendations regarding strategies the family could learn or resources the family could access to support the child’s development.

The following Five Considerations should be reflected in the MDE recommendations:
1. Skills needed by the child;
2. Skills desired by caregivers for themselves to assist in their child’s development;
3. Adaptations to existing materials/equipment or acquisition of materials/equipment;
4. Connections to people or community resources; and,
5. Information desired that would enhance the family’s capacity to assist their child’s development.

Also see EI Manual, November 2011(Delete) September, 2013.