Evaluation and Eligibility for Preschool Children with Developmental Delays

Evaluations will be conducted according to the South Carolina Department of Education "Criteria for Entry into Programs of Special Education for Students with Disabilities".

Evaluation Components: The following evaluation components are required for children ages 3-5 who are suspected of being a Preschool Child with Developmental Delays (PCDD).

1. Documentation of vision, hearing, and speech language screening conducted within the past twelve months.
2. A developmental history, of the child that includes a summary of his or her demographic, developmental, educational, and medical history obtained from a parent or primary caregiver.
3. Documentation of a structured observation of the child in a typical or otherwise appropriate setting (wherever the child spends the majority of his or her day) by a member of the multidisciplinary evaluation team. If speech is the only disability, a pragmatics assessment must be conducted.
4. A comprehensive developmental evaluation conducted by a certified school psychologist, a licensed school psychologist, or a licensed psycho-educational specialist and by other appropriate professionals, as needed, utilizing norm-referenced measures. The comprehensive developmental evaluation shall include measures in the areas of cognition, communication, motor skills, activities of daily living, and social/emotional maturity administered within the past twelve months.

Conducting the Evaluation: If, as a result of the review of screening data (items 1-3 above), a child requires a comprehensive evaluation (item 4) parental consent for evaluation will be obtained using the Consent for Evaluation form (Parcon-E).

1. Horry County Schools (HCS) Preschool Assessment staff will obtain this consent at the Transition from BabyNet Conference or at the Child Find Screening when the review of existing data meeting takes place (See Child Find Procedures).
2. If the parent was not in attendance at either the Transition from BabyNet or Child Find meetings, the Preschool Assessment Office staff will contact the parent via telephone within three (3) school days and arrangements will be made either by mail or home visit to obtain a signed Consent for Evaluation (Parcon–E).
3. In addition to the Consent for Evaluation form (Parcon-E), a copy of the Procedural Safeguards and the informational flyer entitled “Preschool Child with a Developmental Delay: Eligibility Process Overview” (CF-11) will be provided to the parent at the time when parental consent for evaluation is requested.
4. The Preschool Assessment Center clerk will schedule an evaluation with the appropriate team members based on the needs identified during the child find/alternative screening process. Team members may include a school psychologist, speech/language clinician, occupational therapist, physical therapist and other related service providers as needed.
5. Assessments will be conducted at a designated preschool testing site. If deemed necessary, assessments may be conducted at an alternate site, such as a school within the district, the child’s daycare/preschool setting, or in the child’s home.

- When observational data needs to be gathered as part of the evaluation process, HCS staff will complete a Preschool Observation Protocol (CF-7) in the child's natural setting.
and submit the completed form to the Preschool Assessment Office. If the child’s natural setting is a day care facility, the Child Care Observation Protocol (CF-8) will be sent to the primary day care provider within seven (7) days of receipt of parental consent for evaluation.

6. Following the completion of each evaluation component, each school psychologist and related service provider will complete an evaluation report and submit it to the Preschool Assessment Office clerk within five (5) school days of the completion of the evaluation. The Preschool Assessment Office clerk will schedule a meeting to determine the child’s eligibility under IDEA:
   • within 60 calendar days of receipt of parental consent for evaluation for all students age 3 and above; or
   • prior to the child’s 3rd birthday for children under the age of 3.

Reviewing the Evaluation Results: Upon completion of all evaluation components, an eligibility meeting (Staffing) will be held to review the evaluation results. This meeting will be scheduled by the Preschool Assessment Office clerk and will held at the school with PCDD services closest to the child’s home school, the child’s home base school, or the school where the student is currently enrolled (i.e. Headstart, Day Care, etc.) During this Staffing meeting:
   1. The HCS Preschool Assessment Team will interpret and discuss the assessment results and determine eligibility in accordance with the Procedures for Evaluation Results and Eligibility Determination (P-1). Minutes from this meeting shall be recorded using the IEP/Staffing Meeting Summary form (IEP-10).
      a. If eligibility criteria are met, an Individualized Educational Plan (IEP) will be developed according to the HCS IEP Process Manual and an initial Child Outcome Summary Form (COSF) will be completed in accordance with the Entry Procedures for Outcome Reporting for PCDD students. Parental consent will be obtained on the Consent for Initial Placement form (Parcon-1) and the Medicaid Consent form (MC-1).
      b. If the student is determined not eligible, recommendations will be made for home and/or other agency interventions and documented on the IEP/Staffing Meeting Summary form (IEP-10).
   2. Copies of the evaluation reports, Staffing forms, IEP and IEP/Staffing Meeting Summary are provided to the parent at the time of the meeting. If the parent is not in attendance or participated via telephone, these forms will be mailed or hand delivered to the home within three (3) school days.
      a. If the student was determined eligible and the parent was not in attendance, either the Preschool Assessment Office or the PCDD teacher will obtain parental Consent for the Initial Placement (Parcon-1) prior to the child being registered/enrolled. This consent will be obtained via US Mail or through a home visit.
      b. If the student is not eligible, the results of the Staffing meeting will be placed in the student’s educational record and will be sent to the DO Records Room from the PS Assessment Office within seven (7) school days of the Staffing meeting.

Following the Staffing: At the conclusion of the staffing meeting, the PCDD teacher will conference with the parent of each eligible child and review program information, schedules, and school registration information.
If a child is three (3) years old or older, services will begin no later than seven (7) school days after the eligibility meeting. If the child is not yet three years of age, services will begin on the child’s third birthday.

If the child was determined eligible for speech/language services, the speech clinician in attendance at the meeting will complete a Speech/Language Referral (MC-13) and submit it to the Coordinator for Speech/Language Services immediately following the staffing meeting.

**Exit Criteria:** The following are guidelines for IEP teams when considering dismissing or exiting a student from Preschool special education services.

A Reevaluation Review (Parcon 14) must be held when an IEP team is considering an exit from special education services. The following questions should be reviewed in coordination with completing the Reevaluation Review Plan (Parcon 14).

1. Has the student successfully completed goals/objectives from the IEP?
2. Do curriculum-based measures (CBM) indicate the student is performing within age appropriate ranges? (If child is 4 years old, refer to HCS Fall norming data. If child is 5 years old, refer to HCS Spring norming data).
3. If behavioral needs have been addressed in the IEP (e.g. ED student or student with affective IEP goals), has successful behavioral data been collected/documented as defined in student’s BIP and/or IEP? Have discipline records/classroom notes/behavioral contracts also been reviewed?
4. Is attendance a concern?
5. Does the IEP team believe, based upon the student’s performance and data collected, the student is able to function independently without an IEP/504 accommodations?

**Supplemental Considerations:**
If the IEP team is considering exiting a student and the aforementioned five (5) criteria have been met, then the following supplemental considerations need to be addressed:

A. LRE consideration for a less restrictive setting with a trial period. (See LRE Decision Making Flow Chart)

B. **Dismissal with Trial Period:** This is a trial period (ex. 45- 60 days) without direct services. The special education teacher and the regular education teacher will consult on the student’s progress to ensure the student is being successful without direct services. The IEP will reflect the indirect services being delivered and the special educator will document the provision of those services on HCS Indirect Services log (Log-1). The IEP team, with parent participation, will decide the length of the trial period. Benchmark and/or progress monitoring data will be administered and frequently reviewed. The team will consider what, if any, accommodations will be needed for the student to be successful without direct instruction.

C. **Dismissal without a Trial Period:** This option will require the school psychologist to complete an Evaluation Summary and Eligibility Determination Review (P-1) and indicate that the student is not eligible for special education services.

- An IEP/Staffing Meeting Summary form (IEP-10) will be completed in accordance with those procedures; and,
- If the child has been served for six (6) months or greater, an exit Childhood Outcome Summary form (COSF) will be completed in accordance with the Exit Procedures for Outcome Reporting for PCDD students.

*Horry County Schools Special Education Procedures*
Reinstatement of Services:
A. If the student’s exit from special education has been within three (3) school years, the team may collect appropriate data from multiple sources to determine the need for reinstatement of services. (e.g. classroom data, CBM data, Benchmark data/scores etc.)
B. If a lack of progress has been documented and the child is at least four (4) years old, the student may proceed through the SST/Entitlement process with a shortened intervention time period.

Forms:
PCDD Evaluation Packet - Consent for Evaluation (Parcon-E); Preschool Child with a Developmental Delay: Eligibility Process Overview (CF-11); Preschool Observation Protocol (CF-7); Child Care Observation Protocol (CF-8); Evaluation Results and Eligibility Determination Summary (P-1); Consent for Initial Placement (Parcon-1); Medicaid Consent (MC-1); Speech/Language Referral (MC-13)
COSF Entry and Exit Forms
IEP/Staffing Meeting Summary (IEP-10)
IEP
Procedural Safeguards
Reevaluation Review Plan (Parcon-14)
Indirect Services Log (Log-1)
Preschool Child with a Developmental Delay
Eligibility Process Overview

I. Child Find for Toddlers and Preschoolers

Children, up to age 4, who are not enrolled in public school, enter the screening and evaluation (if appropriate) process by scheduling an appointment at a Horry County Schools Child Find Screening Clinic. Children under age three who are screened are referred to South Carolina Baby Net at 365-3146.

Child Find Screening Clinics are held by Horry County Schools on a regular basis and at various locations in the county. Call 488-6220 to schedule an appointment. Parents must give written permission for the screenings head at a Child Find Clinic.

II. Definition

A Preschool Child with a Developmental Delay means a child ages three, four, or five whose developmental progress is delayed to the extent that a program of special education is required to ensure his/her adequate preparation for school-age experiences. Children must meet eligibility requirements established by the South Carolina Department of Education in accordance with state and federal law.

III. Eligibility Criteria

A multidisciplinary evaluation team that includes a teacher or other specialist with knowledge in early childhood education may determine that a preschool child has a developmental delay and is eligible for special education and related services, if appropriate, if the evaluation information collected from multiple sources verifies one or more on the following.

a. The child scores on a standardized norm-referenced test are at least two standard deviations below the mean in one or more of the following five areas: cognition, communication, motor, activities of daily living, or social/emotional development (the child’s scores in the area of social/emotional development will be two or more standard deviations discrepant from the mean in a maladaptive direction), or

b. The child’s scores on a standardized norm-referenced test are at least one or one-half standard deviations below the mean in two or more of the following five areas: cognition, communication, motor, activities of daily living, or social/emotional development (the child’s scores in the area of social/emotional development will be one and one-half standard deviations discrepant from the mean in a maladaptive direction: or

c. The child meets specifies state eligibility criteria for any of the following disabilities:
   i. Speech or language impairment
   ii. Orthopedic impairment
   iii. Visual impairment
   iv. Deaf and Hard of Hearing
   v. Other health impairment
   vi. Deaf/blindness
   vii. Autism
   viii. Traumatic brain injury
   ix. Multiple disabilities
   x. Mental Disability
   xi. Emotional Disability
IV. Evaluation

The following evaluation components are required for children who do not meet one or more of the criteria specified in item 2c above:

a. Documentation of vision, hearing, and speech-language screening conducted within the past twelve months;

b. A developmental history of the child that includes a summary of his or her demographic, developmental, educational, and medical history obtained from a parent of primary caregiver;

c. Documentation of a structured observation of the child in a typical or otherwise appropriate setting (wherever the child spends the majority of his or her day) by a member of the multidisciplinary evaluation team. If speech in the only disability, a pragmatics assessment must be conducted;

d. A comprehensive developmental evaluation conducted by a certified school psychologist, a licensed school psychologist, or a licensed psycho-educational specialist and by other appropriate professionals, as needed, utilizing norm-referenced measures. The comprehensive developmental evaluation shall include measures in the areas of cognition, communication, motor skills, activities of daily living, and social/emotional maturity administered within the past twelve months; and;

Following the completion of the evaluation, a staffing meeting will be held to determine eligibility for special education services. If determined, an Individualized Education Program will be developed.

V. Services

Children, upon completion of screening and evaluation and meeting eligibility for specific services, have an Individualized Education Program (IEP) developed by a multidisciplinary team, if appropriate. The parent is invited and strongly encouraged to be a member of the team. The IEP specifies the services to address student delays in the following areas: cognition, communication, motor, activities of daily living and/or social emotional. Services will be provided by Horry County Schools based on the intensity and severity of student needs, as well as their age, and in consideration of the natural environment.

Horry County Schools does not discriminate on the basis of race, religion, color, national origin, sex, disability, age, immigrant status, English-speaking status, or any other characteristic protected by applicable federal or S.C. law in its programs or activities.

The following people have been designated to handle inquiries regarding the nondiscrimination policies: Title IX to Paul Hickman, Principal Specialist IV-Special Projects; for Section 504 or the Americans with Disabilities Act to Mollie Laut, Director of Special Education; and for all others contact Bill Latham, Chief Officer for Policy and Procedural Issues. You may call 843-488-6700 or contact Horry County Schools at 1605 Horry Street, Conway, SC 29527.
<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Screening Location:**

**Observer:**

1. Spontaneous engagement with parents/adult?  
   - Yes  
   - No  
   - Joint reference to objects  
   - Giving and showing  
   - Vocalization  
   - Other ________________________________

2. Explores materials:  
   - symbolically  
   - functionally  
   - average  
   - Extent:  
     - none  
     - limited  
     - excessive

3. Stays with activity:  
   - no  
   - limited  
   - average  
   - excessive

4. Eye Contact:  
   - with parents  
   - with examiner  
   - average  
   - excessive

5. Describe affect presented:  
   _______________________________________________________________________

6. Imitates:  
   - parent  
   - examiner  
   - other child  
   - words  
   - phrase/sentence  
   - other  
   - actions  
   - imitation readily

7. Uses gestures:  
   - none  
   - bye-bye  
   - wave away  
   - points  
   - other

8. Communicates requests:  
   - no  
   - vocalization  
   - eye gaze  
   - reaches  
   - points  
   - ties

9. Frequency of vocalizations/speech to others:  
   - none  
   - limited  
   - average  
   - excessive

10. Stereotyped/odd words or phrases:  
    - Yes  
    - No  
    - If yes, describe________________

11. Uses odd/unusual or repetitive mannerisms:  
    - Yes  
    - No  
    - If yes, describe________________

12. Overall quality of initiation of social interactions demonstrated:  
    - appropriate  
    - mildly unusual  
    - inappropriate  
    - none observed

13. Plays with toys:  
    - Yes  
    - No  
    - spontaneous and appropriate  
    - can imitate  
    - odd/unusual

14. Uses imagination:  
    - spontaneous pretend play  
    - imitates pretend play  
    - does not pretend

15. Odd/unusual sensory interest in objects/people:  
    - Yes  
    - No

16. Actions/behaviors demonstrated pattern of unusual muscle tone or strength:  
    - Yes  
    - No

17. Demonstrates ability to perform motor tasks with modeling:  
    - Yes  
    - No

18. Demonstrates ability to move easily in play activities involving mobility in standing, sitting and lying in prone and supine position:  
    - limited mobility  
    - average  
    - high mobility

19. Responses to tactile, visual and auditory stimuli:  
    - appropriate  
    - inappropriate  
    - no response

20. Demonstrates ability to perform gross motor activities (jumping, climbing, marching, etc):  
    - Yes  
    - No
Student’s Name: ______________________________________ Date of Report: ____________________

Name of Preschool Program: _______________________________________________________________

Phone Number: _____________________________________________________________

Person completing report: _____________________________________________________________

Relationship to student: □ teacher  □ program director  □ other: _____________________________

How long has this child attended your program? ____________________________________________

Please describe attendance (circle one): □ regular □ a few absences □ sporadic

What age group is the child placed with? □ same age □ older □ younger (explain, if older or younger)
_____________________________________________________________________________________
_____________________________________________________________________________________

Any concerns about self-help skills – eating, dressing, toileting, etc. __________________________
_____________________________________________________________________________________

Any special discipline/behavior/social concerns? ____________________________________________
_____________________________________________________________________________________

Any special accommodations or assistance provided to this child? ____________________________
_____________________________________________________________________________________

Any concerns about development or learning _______________________________________________
_____________________________________________________________________________________

Any concerns with listening or talking? ____________________________________________________
_____________________________________________________________________________________

Additional comments:____________________________________________________________________
_____________________________________________________________________________________

Please return to: Horry County Schools - Preschool Assessment Office
1620 Sherwood Drive  Conway, South Carolina  29526
Fax: 488-6222
INDIRECT SERVICES LOG

Student: ___________________________ DOB: ___________ Special Educator: _______________

Type & Amount of Indirect Service as on IEP: __________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount of Time for Indirect Service</th>
<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Special Education Teacher Signature:

General Education Teacher Signature(s):

- Interim
- Report Card 1
- Interim 2
- Report Card 2
- Interim 3
- Report Card 3
- Interim 4
- Report Card 4
**HORRY COUNTY SCHOOLS**  
Office of Special Education  
Updated July 1, 2008  

SPEECH/LANGUAGE REFERRAL  
MC-13

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicaid Number</th>
<th>School</th>
<th>IEP Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluating/Treating Speech Language Professional (if identified)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**The reason for the referral is:**

- [ ] Student failed speech-language screening on __________________ (M/D/YYYY) (maintain evidence in clinical record)

- [ ] One of the following speech-language disorders is:  
  - [ ] developmental language disorder  
  - [ ] acquired language disorder  
  - [ ] articulation  
  - [ ] phonological disorder  
  - [ ] fluency disorder  
  - [ ] voice disorder  
  - [ ] resonance disorder  
  - [ ] dysphasia  
  - [ ] other reason ____________________________________________________________________________

**Additional comments____________________________________________________________________________________**

**Teacher’s Signature ______________________________________________________________**

Based on this information, please evaluate and treat as needed for speech and/or language disorders.

**Referral Source (include credentials) ____________________________ Date**

Referral source must be a Licensed Practitioner of the Healing Arts. This can include:

- Certified School Psychologist I or II
- Registered Nurse (RN) *for initial referrals only (new evaluations)*
- Licensed Practical Nurse (LPN) *for initial referrals only (new evaluations)*
- Supervisory Medicaid Therapist (to exclude the person conducting the evaluation and/or providing treatment)

**Note:** The referral must be updated no later than the annual renewal of the IEP. It must be obtained from a Licensed Practitioner of the Healing Arts acting within the scope of practice under state law. The referring entity may not be the same person who conducts the evaluation or provides treatment. The referral must be clearly documented in the clinical record with the name, date, and the title of the provider.