

**Howard County Public School System  
Department of Special Education and Early Intervention Services**

# **Guidelines for the Use of the Developmental Delay (DD) Eligibility Category**



**Children Ages Birth through Seven Years**

**Revised March 2012**

Guidelines for the Use of the Developmental Delay Eligibility Category  
For Children Ages Birth through Seven Years

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## Overview

The Individuals with Disabilities Education Act 2004 (IDEA) permits discretionary use of Developmental Delay (DD) as an additional eligibility category for children ages birth through age seven (7 years, 11 months). The Howard County Public School System has agreed to the use of this category through age seven years. The use of Developmental Delay provides an opportunity for parents and service providers to proactively intervene through observing a child's progress over time and collecting data on appropriate instructional approaches and learning needs. The use of the Developmental Delay category may also help prevent the over-identification of young children and students with learning differences as being disabled. The Developmental Delay category allows parents and service providers an extended time frame to build a more complete profile of the child's strengths, deficits, and approaches to learning. This is particularly applicable when the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) team has identified delays or specific conditions, yet the determination of a specific disabling condition under IDEA is unclear based on available information.

To determine eligibility under the Developmental Delay category for children through seven years of age, the IFSP or IEP team reviews existing data including information provided by parents, instructional interventions or strategies, current classroom-based assessments, and observations by teachers and related services providers and determines if a disability or developmental delay is suspected. Appropriate assessments and evaluations for the suspected disability or delay are recommended. The emphasis of assessment of young children is *not* standardized diagnostic instruments, but rather functional quantitative performance data that provides the IFSP or IEP team, including parents, an accurate picture of what the child can and cannot do in the developmental areas as compared to typical developmental performance. A psychological assessment or standardized, formal measure of cognitive ability is not required to determine a child eligible under the developmental delay categorical option. For infants and toddlers, only the Developmental Delay need be documented for eligibility. For children ages three through seven years, eligibility under Developmental Delay or another special education educational eligibility category is documented. The student does not need to meet the eligibility criteria for an existing category in order to be eligible under the Developmental Delay category. The IEP team decision regarding the Developmental Delay category is documented on the Evaluation Report Developmental Delay Supplement.

Children ages birth through seven years who are eligible under the Developmental Delay category meet one or more of the following criteria:

- ◆ **A 25 percent delay**, as measured and verified by appropriate diagnostic instruments and procedures, in one or more of the following developmental areas:
  - Cognitive development
  - Communication development
  - Social or emotional development
  - Adaptive development
  - Physical development: fine and/or gross motor

**Age equivalents are valid for infants and toddlers ages birth through 30 months. Standard scores are valid for children ages 31 months through seven years.**

- ◆ **Atypical development or behavior** which is demonstrated by abnormal quality of performance and function in one or more of the above-specified developmental areas, interferes with current development, and is likely to result in subsequent delay (even when diagnostic instruments or procedures do not document a 25 percent delay). Additional guidance regarding the use of the atypical development category is found in this document.
- ◆ **A diagnosed physical or mental condition** that has a high probability of resulting in developmental delay. Examples of these conditions include chromosomal abnormalities, genetic or congenital disorders, severe sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome, and severe attachment disorders. A listing of diagnosed conditions that have a high probability of resulting in developmental delay is found in this document.

For an infant or toddler, once one or more of the above criteria is met, an IFSP is developed to address the area of delay related to family concerns, resources and priorities.

For a three to seven year old, once a Developmental Delay has been identified, the IEP team determines if the child *requires the provision of special education and related services*. The IEP team documents that the assessment data and/or student's progress in response to intervention(s) indicates that without special education, the student could not benefit from education. The team determines whether or not the student requires specially designed instruction in order to support and promote school readiness for the preschool child; or provide meaningful access to the general education curriculum for the school age child.

After the IEP team identifies a student with a developmental delay, the team develops an IEP to address the unique needs of the student that *require specialized instruction and related services*. IEP goals/objectives are developed related to the student's developmental delay as it affects the student's performance and participation in appropriate preschool activities or in the general curriculum. A student with a developmental delay receives, at a minimum, periodic special education consultation or on-going monitoring in addition to the specific related services to provide the student with appropriate support in the learning environment.

The Developmental Delay eligibility code must be reviewed and changed as appropriate to an existing disability categorical option as the basis for the child's continuing eligibility under Part B beyond age seven years 11 months. IEP teams should plan for timely completion of additional assessments to ensure a smooth transition for students who are found to continue to meet eligibility requirements using a different eligibility code (other than Developmental Delay) and for students who are not eligible for special education and related services.

## **Developmental Delay, 25 Percent Delay In Development**

### **Definition and Process**

Eligibility for early intervention or special education services based on a 25 percent or greater delay in any one area of development is determined by assessment and a calculation documenting the delay in comparison to the child's chronological age by use of the age equivalent (ages birth through thirty months) or standard score (ages thirty-one months through seven). Developmental areas include:

- ◆ Cognitive development - Reasoning skills and ability to solve problems, think, and learn as measured by the educational assessment cognition domain and/or psychological testing
  - Cognitive development (as opposed to cognitive ability) is reflected in a student's development of pre-academic and academic skills
- ◆ Communication - Speech and language development, including expressive and/or receptive skills and nonverbal communication
- ◆ Social/emotional development - Interpersonal relationships and interactions and/or emotional development
- ◆ Adaptive development - Daily living skills related to feeding, dressing, hygiene, and grooming
- ◆ Physical development - Gross motor skills used for postural control and movement and/or fine motor skills requiring precise coordinated use of the small muscles.

The special educator assesses the child through a developmental or educational assessment. Other disciplines are involved, as appropriate, related to the area(s) of delay or suspected disability. The assessment team utilizes a variety of assessment tools including formal and approved instruments, parental input and informal measures. The child's development and present levels of performance are reviewed at least annually to determine if the 25 percent delay continues to exist. If a 25 percent or greater delay continues to exist when the child transitions to Part B services at age three or, for children ages three through seven years, who are due for reevaluation, the IEP team documents the 25 percent delay in development. If the child no longer exhibits the 25 percent delay, the IEP team considers the need for a reevaluation to determine if the child continues to be eligible for special education and/or related services. The child and family may be referred for other resources and supports in the school or community, if the child is no longer found eligible for special education and related services.

### **Calculating a 25 Percent Developmental Delay**

A chart calculating percent of delay using age equivalents is provided to assist teams in determining if a 25 percent or greater delay is evident for infants and toddlers ages birth through 30 months. (Page 5).

For children ages thirty-one months (2 years, 7 months) through age seven, use standard scores to address whether or not a student has a 25 percent delay, a score that is greater than 1.5 standard deviations below the mean score for the test is necessary. For a test with a mean of 100 and standard deviation of 15 points, a student who demonstrates a 25 percent delay obtains a standard score of 77 or less. This applies to formal assessment tools such as the Developmental

Assessments for Young Children (DAYC), Battelle Developmental Inventory™, Second Edition (BDI-2) Woodcock-Johnson® III (WJ III), Tests of Achievement.

To represent a 25 percent delay using T-scores, a score of 65 or higher on clinical scales and a score of 35 or lower on adaptive scales is necessary.

The team and qualified personnel/examiner may consider *informed clinical opinion* (using multiple data sources) when determining other eligibility criteria for Developmental Delay.

*Informed clinical opinion* is an essential element of all eligibility decisions and “is a necessary safeguard against eligibility determination based upon isolated information or test scores alone...informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention” (<http://www.nectac.org/-pdfs/pubs/nnotes10.pdf>).

### Using Standard Scores - Guidance for Evaluators

*Cognitive Development* - To represent a 25 percent developmental delay in cognitive development based on assessment of pre-academic/academic skills, a young student needs to demonstrate age standard scores at 77 and below on ***one or more area/domain on the DAYC or BDI-2***. A student needs to demonstrate age standard scores at 77 and below on ***all clusters of the WJ III***. **Do not report age or grade equivalents, report standard scores only.**

*Communication Development* - To have a developmental delay in communication two measures are needed to qualify the student with either a receptive and/or expressive delay. For example: The Peabody Picture Vocabulary Test (PPVT) and the Receptive Index of the Clinical Evaluation of Language Fundamentals (CELF) or the Expressive Vocabulary Test – Second Edition (EVT2) and the Expressive Index of the CELF or a standardized measure and an informal measure.

*Social or Emotional Development* - The observations, parent and teacher input, and behavior rating scales across multiple settings (school, home) support the presence of a 25 percent delay in social or emotional development.

*Adaptive Development* - The observations, parent and teacher input, and adaptive scales across multiple settings (school, home) support the presence of a 25 percent delay in adaptive development.

*Physical Development* (Fine and/or gross motor) - The observations, parent and teacher input, and assessment indicate a 25 percent delay in fine/gross motor development.

**Calculating 25 Percent Developmental Delay Using Age Equivalents  
(Ages birth through 30 months - 2 year, 6 months)**

<b>Chronological Age (Months)</b>	<b>Chronological Age (Years/Months)</b>	<b>Eligible (25 percent delay) If score is equal to or less than... (Weeks/Months)</b>	<b>25 percent delay (Year/Months)</b>
1	1 mo.	3 weeks	3 weeks
2	2 mos.	6 weeks (1.5 months)	1.5 months
3	3 mos.	9 weeks (2.25 months)	2.25 months
4	4 mos.	3 months	3 months (mos.)
5	5 mos.	3.75	3.75 mos.
6	6 mos.	4.5	4.5 mos.
7	7 mos.	5.25	5.25 mos.
8	8 mos.	6	6 mos.
9	9 mos.	6.75	6.75 mos.
10	10 mos.	7.5	7.5 mos.
11	11 mos.	8.25	8.25 mos.
12	1 yr. 0 mos.	9	9 mos.
13	1 yr. 1 mos.	9.75	9.75 mos.
14	1 yr. 2 mos.	10.5	10.5 mos.
15	1 yr. 3 mos.	11.25	11.25 mos.
16	1 yr. 4 mos.	12	1 yr. 0 mos.
17	1 yr. 5 mos.	12.75	1 yr. .75 mos.
18	1 yr. 6 mos.	13.5	1 yr. 1.5 mos.
19	1 yr. 7 mos.	14.25	1 yr. 2.25 mos.
20	1 yr. 8 mos.	15	1 yr. 3 mos.
21	1 yr. 9 mos.	15.75	1 yr. 3.75 mos.
22	1 yr. 10 mos.	16.5	1 yr. 4.5 mos.
23	1 yr. 11 mos.	17.25	1 yr. 5.25 mos.
24	2 yrs. 0 mos.	18	1 yr. 6 mos.
25	2 yrs. 1 mos.	18.75	1 yr. 6.75 mos.
26	2 yrs. 2 mos.	19.5	1 yr. 7.5 mos.
27	2 yrs. 3 mos.	20.25	1 yr. 8.25 mos.
28	2 yrs. 4 mos.	21	1 yr. 9 mos.
29	2 yrs. 5 mos.	21.75	1 yr. 9.75 mos.
30	2 yrs. 6 mos.	22.5	1 yr. 10.5 mos.

## Developmental Delay, Atypical Development

### Definition and Process

The following guidelines assist early intervention and special education teams in defining eligibility categories for atypical development.

Children through age of seven years, eleven months who qualify for early intervention or special education services under this category manifest atypical development or behavior that is demonstrated by *all* of the following:

- ◆ Abnormal quality of performance and function in one or more of the developmental areas
- ◆ Interference with current development
- ◆ A likelihood that the interference may result in a subsequent delay in the future even when developmental assessments do not currently document a 25 percent deficit.

### Distinction Between Atypical and At-Risk

Atypical development differs from at-risk characteristics. The following definitions have been provided to assist teams in clarifying the distinction:

*Atypical:* A child under the age of eight who currently demonstrates an abnormal quality of performance or function in one or more developmental area(s) and has a probability of resulting in an increased developmental delay affecting school performance in the future.

*At-risk:* A child under the age of eight who currently demonstrates NO abnormality in any developmental area but has either biological or environmental factors that increase the probability of developmental delays in the future.

While *atypical development qualifies* a child for early intervention or special education services, children who are *at-risk are not qualified* as having atypical development. At-risk children and their families may be provided with developmental information and suggestions from the evaluation team and may be referred to other programs or agencies for resources and supports. School-age children who are at-risk may be supported by school-based problem solving teams and academic intervention through general education.

### Summary of the Assessment and Evaluation Process

In considering a child's need for early intervention or special education services related to atypical development/behavior, a team may discuss the following questions:

- ◆ Does the atypical development/behavior occur in more than one setting or to the extent that it interferes with the child and family's daily life?
- ◆ Has the atypical development/behavior resulted in a *pattern* of limited access to typical activities or settings (e.g., school activities, family activities, dismissal from childcare, nursery school)?
- ◆ Is it the informed clinical opinion of the examiner(s) that the atypical development/behavior will likely cause problems in the child's current or future school performance?



If the answer to *all* of the above questions is yes, the following components of a comprehensive evaluation should be considered to determine if atypical development/behavior(s) exists and if the child is in need of early intervention or special education services.

- ◆ **Parent Input/Report:**  
Consider use of these tools (See Appendix), as appropriate:
  - *Early Intervention Services Developmental History* form and/or parent interview
  - *Information About My Child for the Evaluation and Assessment Process* form, for children ages three through five
  - *Parent Questionnaire* form
- ◆ **General Educator, Preschool Teacher or Childcare Provider Input:**  
Consider use of these tools (See Appendix), as appropriate:
  - Provider interview for infants and toddlers
  - *Preschool Teacher Report for Three and Four Year Olds* form
  - *Four through Five Year Old Education Report* form  
(A *Release of Records* is needed for the above tools.)
  - *Teacher Report for an Elementary Student* form
- **Observation:** Observation of the child in more than one setting or on more than one occasion is preferable. This may include the evaluation setting and one other setting. In some cases, the evaluation may need to be scheduled for more than one session.
- **Formal Assessment/Evaluation**  
A developmental assessment by an early intervention specialist for infants and toddlers or an educational assessment by a special educator for children ages three through seven years is completed for each child who may be eligible for services. In addition to the developmental or educational assessment, at least one other qualified personnel/examiner is involved in the assessment and evaluation process.

### **Continued Eligibility for Children with Atypical Development**

At least annually, the team will determine if the child continues to display atypical development/behavior. If data indicates the child does not continue to exhibit the atypical development/behavior, the IEP team considers the need for reevaluation (using the Reevaluation Report) to determine whether or not the child qualifies for special education and related services. If the atypical development/behavior continues to exist when the child transitions to Part B services at age three years or, for children ages three through seven years, who are due for reevaluation, the IEP team documents the atypical development/behavior. If the child is not found eligible to continue special education and related services, the child and family may be referred for resources in the school or community.

The following charts guide the discussion and decisions regarding the appropriate assessment procedures and qualified personnel/examiners.

## Atypical Development Assessment Procedures Chart

### Children Ages Birth Through Five

<b>Evaluation/Assessment</b>	<b>Qualified Personnel/ Examiners</b>	<b>Procedure(s)</b>
Educational/ Developmental	Early Intervention Specialist or Early Childhood Special Educator	<ul style="list-style-type: none"> <li>• Developmental Assessment for Young Children(DAYC)</li> <li>• Battelle Developmental Inventory(BDI-2)</li> <li>• Woodcock Johnson III, Tests of Achievement (WJ III)</li> <li>• A routines-based interview for infants and toddlers may be helpful for program planning</li> </ul>
Psychological	School Psychologist	<ul style="list-style-type: none"> <li>• Formal behavioral questionnaire (e.g., Behavior Assessment System for Children-2 (BASC-2)</li> <li>• Analysis of behavioral data from parent and/or childcare provider</li> <li>• Other psychological assessments as needed to rule out disabilities such as autism or emotional disability</li> </ul>
Speech and/or Language	Speech Language Pathologist	<ul style="list-style-type: none"> <li>• Formal tools (e.g., Early Learning Accomplishment Profile (ELAP), BDI-2, Preschool Language Scale-3 (PLS-3), CELF-Primary)</li> <li>• Informal measure of language use/pragmatics</li> </ul>
Occupational or Physical Therapy	Occupational or Physical Therapist	<ul style="list-style-type: none"> <li>• Tools to assess sensory impairment or atypical motor development</li> </ul>
Social work consultation (for infants and toddlers only)	Infants and Toddlers Program Social Worker	The social worker may assist Infants and Toddlers team in assessing environmental factors.

### Children Ages Five Through SEVEN Years

<b>Evaluation/Assessment</b>	<b>Qualified Personnel /Examiners</b>	<b>Procedure(s)</b>
Educational/ Developmental	Special Educator	<ul style="list-style-type: none"> <li>• WJ III</li> <li>• Classroom-based assessments</li> </ul>
Psychological	School Psychologist	<ul style="list-style-type: none"> <li>• Formal behavioral questionnaire (e.g., Behavior Assessment System for Children-2 (BASC-2)</li> <li>• Analysis of behavioral data from parent and/or school personnel</li> <li>• Other psychological assessments as needed to rule out disabilities such as autism or emotional disability</li> </ul>
Speech and/or Language	Speech Language Pathologist	<ul style="list-style-type: none"> <li>• Formal tools (e.g., PPVT, CELF, EVT2)</li> <li>• Informal measure of language use/pragmatics</li> </ul>
Occupational or Physical Therapy/Adapted Physical Education	Occupational or Physical Therapist/ Adapted Physical Educator	<ul style="list-style-type: none"> <li>• Tools to assess sensory impairment or atypical motor development</li> </ul>

## **Diagnosed Physical Or Mental Condition With A High Probability Of Resulting In Developmental Delay**

### **Definition and Process**

The diagnosis of a condition with a high probability of delay must be made by a trained professional operating within his or her recognized scope of practice with appropriate diagnostic aids or consultation with specialist(s). Qualified personnel making the eligibility decision regarding a condition with a high probability of developmental delay must include a physician or certified nurse practitioner (either in person or by written report).

### **Documentation of Physical or Mental Condition**

Medical reports are needed to document the conditions listed below. For infants and toddlers, teams should request medical records that document the condition. For children ages three through seven years, teams should request medical records that document the condition and/or send a *Physicians Assessment Report* for review by the IEP team. The *Physicians Assessment Report* may be reviewed by the community health nurse or cluster nurse at the IEP team meeting and should be attached to the Evaluation Report. If the team suspects a condition that has not been documented, a medical evaluation by the child's physician or the County Diagnostic Center may be appropriate. If the medical evaluation through CDC is under consideration, teams must involve a Resource Teacher or Instructional Facilitator in the decision-making process.

Once an established condition (such as Chromosomal Disorders) is documented in the special education student record, the IEP team is not required to receive repeated written verification from medical personnel.

If the child exhibits one or more of the conditions listed below as associated with a high probability of developmental delay, the evaluation team may use that information to determine eligibility. Assessments are also needed to determine the child's current level of performance, strengths and needs. An early intervention specialist or special educator conducts a developmental or educational assessment for all children. Other disciplines are involved, as appropriate, related to the areas of delay or suspected disability. The assessment information is used to develop the IFSP or IEP.

### **Multiplicity of Factors**

Children with multiple-diagnosed conditions, each of which alone is associated with an increased but not high probability of delay, may be considered to meet the criteria due to cumulative effects upon development. A multidisciplinary team determines eligibility on an individual basis, in accordance with established procedures.

**Developmental Delay - Diagnosed Physical Or Mental  
Conditions That Have A High Probability Of Resulting In Developmental Delay**

<b>Conditions Associated with a High Probability of Developmental Delay</b>	<b>Conditions <i>Not</i> Associated with a High Probability of Developmental Delay</b>
Chromosomal disorders - autosomal, for example, Down Syndrome	Chromosomal - sex chromosome disorders, for example, Turner's Syndrome
Intraventricular hemorrhage Grade III or IV	Intraventricular hemorrhage Grade I or II
Congenital infections – symptomatic; e.g. Human immunodeficiency virus (HIV)	Congenital infections – asymptomatic (Infant born to HIV positive mother where the status of the infant's infection is unknown)
Infants showing significant effects of maternal prenatal alcohol abuse, for example, Fetal Alcohol Syndrome	Infants exposed to maternal prenatal drug abuse, but showing minimal effect, for example, Fetal Alcohol Effect
Prematurity with birth weights of less than 1200 grams (2 lbs. 10 oz.)	Prematurity with birth weight of 1200 to 2500 grams
Severe congenital malformations, such as meningomyelocele and congenital hydrocephalus	Mild congenital malformations, such as meningocele and spina bifida occulta
Inborn errors of metabolism where either the diagnosis is late, there is no treatment available, or inadequate treatment, such as maple syrup urine diseases, urea cycle defects, galactosemia, lysosomal storage diseases, and those carbohydrate disorders associated with central nervous system (CNS) involvement	Inborn errors of metabolism where early diagnosis is possible and appropriate treatment has been implemented, such as phenylketonuria (PKU), pyridoxine-responsive homocystinuria, hypothyroidism biotinidase deficiency
Neurodegenerative disorders with onset in infancy and early childhood, such as adrenoleukodystrophy and Tay Sachs disease	Neurodegenerative disorders that have their onset in late childhood or adulthood, such as multiple sclerosis and Huntington's disease
Periventricular Leukomalacia (PVL)	
Surgical Necrotizing Enterocolitis	
Seizure disorder, where seizures are frequent or difficult to control, or the underlying condition is associated with frequent cognitive impairment, for example, infantile spasm	Seizure disorders which are appropriately treated and do not have ongoing seizures, such as neonatal seizures, febrile seizures, simple generalized seizure disorder
Moderate to severe encephalopathy resulting from insult to the brain, such as trauma	Mild insults to the brain that leave no sequelae and are not associated with significant risk of developmental delay, such as aseptic meningitis
Sensory impairments: Blind or visually impaired Deaf or hard of hearing	Sensory impairments, for example, vision or hearing defects which are correctable with appropriate treatment
Chronic Lung Disease (CLD)	
Lead poisoning, with lead level of 20 ug/dL or greater	Asymptomatic lead intoxication with lead level less than 20 ug/dL
Infants affected by intrauterine drug exposure requiring treatment or, showing evidence of intrauterine growth restriction	Infants exposed to intrauterine drug exposure without demonstrable effects

## **The IEP Process And Identification Of Developmental Delay**

### **Identification**

The use of the categorical option of Developmental Delay through age seven years, eleven months affords parents and service providers additional time to assess the learning needs of students, and to determine a comprehensive profile of a child's strengths, challenges, and approaches to learning. Identification of Developmental Delay is the same process as when a student is suspected as having a disability that requires special education and related services and requires the review of existing data including the student's response to general education interventions and strategies. In addition, the procedural safeguards are applicable including prior written notice, timelines for assessments/evaluation, and written assessment reports available to parents at least five business days prior to the IEP team meeting when assessments are reviewed.

### **Recommending Assessments**

As with any child referred to the IEP team, the team reviews existing data, defines diagnostic questions, identifies all areas of suspected disability or development delay, determines assessments required to answer diagnostic questions, and secures informed parental consent, as appropriate. With our work with families, we want to clearly present our concerns regarding the child's current performance. The emphasis of assessment of Developmental Delay for young students is not to use standardized diagnostic instruments. The emphasis is to collect functional and quantitative performance data that provides an accurate picture of what the student can and/or cannot do in the developmental areas compared to typical developmental performance. The qualified personnel for each developmental area of concern is a member(s) of the IEP team when assessments for Developmental Delay are recommended. For example, if there are concerns in communication development, the speech/language pathologist is a member of the IEP team meeting when assessments are recommended. If there are concerns in social, emotional, cognitive or adaptive development, the school psychologist is a member of the IEP team meeting when existing data is reviewed and assessments are recommended. If there are concerns in physical development (fine and/or gross motor), the occupational and/or physical therapists are members of the IEP team when assessments are recommended. For children assessed by early intervention and preschool teams, a collaborative report is generated to reflect the findings of all assessors. For students assessed by school age teams, each assessor will generate an individual assessment report.

### **Documenting Team Decisions**

The use of Developmental Delay provides an opportunity for the parents and service providers to proactively intervene through observing a child's progress over time and collecting data on appropriate instructional approaches and learning needs. Use of Developmental Delay category may also help to prevent the over-identification of young children and students with learning differences as being disabled.

The documentation of the IEP team discussion and decisions reflect the diagnostic questions, identifies areas of suspected disability, and what areas will be assessed and how is noted in the *IEP Team Meeting Report*. When the IEP team suspects one or more of the other disability

categories, in addition to Developmental Delay, all suspected disability categories are included. If the family is not in agreement with the IEP team to assess for one of the other disability categories, then the IEP team (including the parent) can opt to assess whether or not the student has a Developmental Delay. The *IEP Team Meeting Report* documents the discussion and final recommendations of the team (including the parent). Documentation further states that due to the parent's questions or concerns regarding assessment for other suspected disability categories, the IEP team will complete assessments to determine eligibility for Developmental Delay. One of the benefits of having the option to identify Developmental Delay through age seven years to children and families as well as to the school team is there is flexibility in eligibility determination. When other existing disability categories are in question, as when the parent prefers not to assess for one or more disabilities other than Developmental Delay, the Developmental Delay category option is available. This is true for those students who have documented learning challenges that interfere with educational progress and who, without special education, could not benefit from general education nor have meaningful access to the general curriculum.

### **Eligibility for Special Education and Related Services Under Developmental Delay**

The IEP team determines if the child has a disability or Developmental Delay that requires specially designed instruction in order to support and promote school readiness for the preschool child; or to provide meaningful access to the general education curriculum for the school age child. For a student to be eligible for special education and related services, the requirement is two-part: verification of a disability or developmental delay and the student requires special education and related services. The student does not *need* to meet the eligibility criteria for an existing category in order to be eligible under Developmental Delay. For a student who is also found to be eligible under another disability category, the IEP team may choose to have the student identified under either that category or opt instead to have the student identified under the Developmental Delay category.

The use of the Developmental Delay category is available for all students with disabilities through age seven years, eleven months. This category may also be used for students identified for the first time regardless of age, as long as the child's age is within ages three to seven years.

The IEP team shall complete the *Evaluation Report Developmental Delay (DD) Supplement* (See Appendix) when the suspected disability is Developmental Delay. A copy of the report is provided to the parent and a copy is filed with the assessment reports in the assessment folder within the student record.

### **Developing the IEP for Students with Developmental Delay**

The IEP team develops an IEP to address the unique needs of the student that require specialized instruction and related services. Goals and objectives address all areas affected by the identified developmental delay(s). A student with Developmental Delay receives specialized instruction in addition to the specific related service(s) needed. At a *minimum* specialized instruction is addressed through periodic consultation with ongoing monitoring from a special educator to provide for quick and responsive intervention. Therefore, no *single* service may be provided. The related service(s) is provided in collaboration with specialized instruction/consultation from the special educator.

## **Annual Review of IEP**

A student who is determined eligible based on a 25 percent delay or atypical development/behavior is *reviewed at least annually* to update present levels of performance and to determine if the 25 percent delay or atypical development/behavior continues to exist. If the 25 percent delay or atypical development/behavior no longer exists, reevaluation is conducted to determine the student's continued eligibility for special education. Prior to age eight years a full reevaluation will be completed to determine if:

- ◆ The child either will qualify under one of the other IDEA categories or
- ◆ The child will no longer qualify for special education and related services.

Therefore, an IEP team meeting is scheduled at least 90 calendar days prior to the student's eighth birthday to conduct the Reevaluation (using the *Reevaluation Report*). If the student's eighth birthday is *prior* to the reevaluation due date, this will require the team to complete a reevaluation to determine continued eligibility for special education and related services.

Guidelines for the Use of the Developmental Delay Eligibility Category  
For Children Ages Birth through Seven Years

**Appendix**

A. Evaluation Report Developmental Delay (DD) Supplement	Page 15
B. Early Intervention Services Developmental History – OEIS 11 (Ages Birth through Five)	Page 17
C. Information About My Child for the Assessment and Evaluation Process (Ages Birth through Five)	Page 21
D. Three to Four Year Old Educational Report	Page 23
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Howard County Public School System  
Department of Special Education  
10910 Route 108  
Ellicott City, MD 21042

<b>Evaluation Report Developmental Delay (DD) Supplement</b> For Students Ages Three Through Seven Years		
Student:	Date of Meeting:	
Team/School Completing Evaluation to Determine Eligibility:		
Student's DOB:	Race:	Home School:
Eligibility Status: <input type="checkbox"/> New to System <input type="checkbox"/> Transition from Infants and Toddlers <input type="checkbox"/> Developmental Delay Previously Identified		
1. The child meets one or more of the following criteria to be eligible for Developmental Delay: Check all criteria that apply for this child. <div style="margin-left: 20px;"> <input type="checkbox"/> Is experiencing at least a 25 percent delay, as measured and verified by appropriate diagnostic instruments and procedures, in one or more of the following developmental areas:             <div style="margin-left: 20px;"> <input type="checkbox"/> Cognitive development  <input type="checkbox"/> Communication development  <input type="checkbox"/> Social or emotional development  <input type="checkbox"/> Adaptive development  <input type="checkbox"/> Physical development:    <input type="checkbox"/> Fine Motor    <input type="checkbox"/> Gross Motor             </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Manifests atypical development or behavior which is demonstrated by abnormal quality of performance and function in one or more of the above-specified developmental areas, interferes with current development, and is likely to result in subsequent delay (even when diagnostic instruments or procedures do not document a 25 percent delay). Identify developmental area(s):             <div style="margin-left: 20px;"> <input type="checkbox"/> Cognitive development  <input type="checkbox"/> Communication development  <input type="checkbox"/> Social or emotional development  <input type="checkbox"/> Adaptive development  <input type="checkbox"/> Physical development:    <input type="checkbox"/> Fine Motor    <input type="checkbox"/> Gross Motor             </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Examples of these conditions include chromosomal abnormalities, genetic or congenital disorders, severe sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome, and severe attachment disorders.           </div>		
2. Assessment data and/or student's progress in response to intervention(s) indicates that without special education, the student could not benefit from education. The student requires specially designed instruction in order to support and promote school readiness for the preschool child; or provide meaningful access to the general education curriculum for the school age child. <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>		
3. Identify IEP goal area(s) that relate to the student's developmental delay as it affects the student's performance and participation in appropriate preschool activities or in the general curriculum. <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		
4. The IEP team has determined that the child <b>requires the provision of special education and related services.</b> <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>		
5. The child is eligible for special education services under another category option. <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> (Specify: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> ) However, the IEP team opts to have the child identified under the Developmental Delay category.		
6. Based on assessment reports and the above documentation, the IEP team determines that the student meets criteria for education disability of Developmental Delay. <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>		

Note: The "Developmental Delay" eligibility code is reviewed and changed as appropriate to an existing categorical option as the basis for the child's continued eligibility for special education and related services prior to the student turning age eight (8) years.





HOWARD COUNTY EARLY INTERVENTION SERVICES  
10598 MARBLE FAUN COURT  
COLUMBIA, MARYLAND 21044

**DEVELOPMENTAL HISTORY**

Date \_\_\_\_\_

**Parental Rights**

Parent(s)/Guardian(s) have the right not to respond to any item which they feel may invade their privacy.

**Identifying Information**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Person giving information \_\_\_\_\_ Relationship \_\_\_\_\_

If not previously reported at the time of intake, please report your child's:

Social Security Number \_\_\_\_\_ Medical Assistance Number \_\_\_\_\_

**Reason for Referral**

Please state the reason for this referral:

Does your child have a medical condition? \_\_\_\_ yes \_\_\_\_ no Please specify:

**Pregnancy and Birth**

Maternal Age \_\_\_\_\_ Length of pregnancy \_\_\_\_\_

Did the mother experience any health problems during pregnancy with this child?

\_\_\_\_ Rubella \_\_\_\_ Toxoplasmosis \_\_\_\_ Cytomegalovirus \_\_\_\_ Other

List any drugs, medications, etc. taken during pregnancy:

Type of delivery (i.e. C-Section - scheduled/emergency, vaginal):

Birth weight \_\_\_\_\_ Apgar Score (1 minute) \_\_\_\_\_ (5 minutes) \_\_\_\_\_

Did any of the following occur during the birth process or newborn period:

\_\_\_\_ Prolonged labor \_\_\_\_ Transfusion \_\_\_\_ Breathing problems  
\_\_\_\_ Oxygen problems \_\_\_\_ Fetal distress \_\_\_\_ Jaundice

How long did your child remain in the hospital after birth?

What type of care? (NICU, regular nursery, etc.)

Other birth problems or concerns:

**Medical History**

Has your child experienced any of the following illnesses or problems?

____ Allergies	____ Frequent Colds/Sore Throats	____ Meningitis/Encephalitis
____ Asthma (or other respiratory illness)	____ Genetic Condition/Disorder	____ Physical Problems
____ Cerebral Palsy	____ Head Injury	____ Reactions to Immunizations
____ Convulsions	____ Heart Condition	____ Serious Accident or Injury
____ Diabetes	____ Hemophilia	____ Sickle Cell Anemia
____ Dietary Problems or Feeding Disorder	____ Hepatitis	____ Tuberculosis
____ Ear/Hearing Problems	____ Lead Poisoning	____ Vision/Eye Problems
____ Other: _____		

Has your child had periodic health checks? \_\_\_\_ yes \_\_\_\_ no Give date of last visit: \_\_\_\_\_

Is your child under doctor's treatment or medication at the present time? \_\_\_\_ yes \_\_\_\_ no

If yes, please describe, (medication(s), purpose, dosage, frequency)

List name(s) of doctor(s) or hospital(s) from whom your child has received services.

Doctor/Hospital	Reason	Date(s)

How would you rate your child's general health now? \_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor

### **Vision**

Does your child:

Wear glasses? \_\_\_\_ yes \_\_\_\_ no

Have eye problems? \_\_\_\_ yes \_\_\_\_ no

Need eye surgery? \_\_\_\_ yes \_\_\_\_ no

Receive vision care? \_\_\_\_ yes \_\_\_\_ no If yes, give doctor's name and date of last visit.

### **Speech, Language, and Hearing**

At what age did your child accomplish the following:	Age	Comments	Not Yet
Show response to adults			
Babble (e.g. "baba", "dada")			
Imitate sounds			
Wave bye-bye			
Say first word other than "Ma-ma" or "Da-da"			
Understand directions			
Name familiar objects			
Make requests			
Use 2-3 word phrases			

Does your child:	Yes	No	Comments
Use a pacifier or suck his/her thumb?			
Appear to listen to noises and speakers?			
Respond to noise and voice by turning toward the source of sound?			
Speak loudly?			
Is there a history of hearing loss in the family?			
Has your child had ear infections?			
Does your child have PE tubes?			
Has your child had a hearing screening or evaluation? If yes, please indicate date and results:			

**Motor**

At what age did your child accomplish the following:	Age	Comments	Not Yet
Demonstrate head control			
Lift head while on stomach			
Roll stomach to back			
Roll back to stomach			
Sit without support			
Crawl			
Pull to stand			
Walk with assistance			
Walk alone			

**Feeding/Nutrition**

Does your child:	Yes	No	Comments
Have trouble sucking?			
Have trouble chewing?			
Have trouble swallowing?			
Feed self "finger foods"?			
Use a spoon to eat?			
Use a fork to eat?			
Drink from a cup without a top?			
Prefer certain foods?			
Have any food allergies?			
Have other feeding problems?			

**Previous Services**

Has your child received evaluations or services from other professionals, for example, an audiologist, speech pathologist, physical therapist, occupational therapist, etc., or from other agencies. If yes, please list name(s), address(es) of service provider(s) or agency(ies), and dates of service(s).

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**Social and Emotional Characteristics**

Does the child have other caretakers or other adults who care for him on a regular basis? \_\_\_\_ yes \_\_\_\_ no

Are there any siblings? \_\_\_\_ yes \_\_\_\_ no If yes, how many? \_\_\_\_ Ages: \_\_\_\_

With whom does your child play? \_\_\_\_

---

Where and how often? \_\_\_\_ Ages of playmates: \_\_\_\_

What are your child's favorite toys/activities? \_\_\_\_

---

How would you describe your child? Please check any of the following behaviors that best describe your child.

<input type="checkbox"/> Aggressive/destructive	<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Shy
<input type="checkbox"/> Alert	<input type="checkbox"/> "Easy-going"	<input type="checkbox"/> Irritable	<input type="checkbox"/> Tantrums
<input type="checkbox"/> Anxious	<input type="checkbox"/> Frequent changes in mood	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Underactive
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Friendly	<input type="checkbox"/> Overactive	<input type="checkbox"/> Very fearful
<input type="checkbox"/> Difficulty with changes in routine	<input type="checkbox"/> Happy	<input type="checkbox"/> Short attention span	

My child learns best when:

My child does not like or avoids:

Comment on any behaviors that particularly concern you:

How do you reward your child's acceptable behavior?

How do you deal with his/her unacceptable behavior?

**Family concerns, priorities, and resources related to the child's development**

I would like my child to learn or get better at:

Our family has tried to help our child by:

I would like help with:

The most challenging aspect of raising my child is:

I use the following individuals or agencies as a support or resource:

Is there any additional information that you feel would be helpful for us to know?

I give my permission for Howard County Early Intervention Services to use the information on this form to assist in evaluating and identifying my child's needs. I understand that this information is confidential, may be used in his/her report if appropriate, and will not be released to anyone outside of the Howard County Public School System without permission of the parent(s)/guardian(s).

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Signature of Parent/Guardian

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Date



**HOWARD COUNTY PUBLIC SCHOOL SYSTEM  
EARLY INTERVENTION SERVICES**

**INFORMATION ABOUT MY CHILD FOR THE ASSESSMENT AND EVALUATION PROCESS**

**To the Parent/Guardian of \_\_\_\_\_:**

Family members are an important part of the evaluation and assessment team. We would like to obtain information about your child from you. This information will be considered by the team and may be included in the written Collaborative Evaluation Report. Please complete this form and return it to \_\_\_\_\_ by \_\_\_\_\_. If you have questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

**I would describe my child in this way:** (Please include a description of your child's strengths.)

**Family Priorities Related to the Child:**

I would like my child to learn or get better at:

The most challenging aspect of raising my child is:

I would like help with:

I use the following individuals or agencies as a support or resource:

**Evaluation Questions**

I would like this evaluation to address the following questions I have about my child:

My child's teacher or childcare provider offers these questions or comments about my child:

**Developmental Milestones** (recent progress or changes I have seen in my child at home)

Learning concepts

Communication with adults and children

Interactions/play with adults and children, sharing, expressing feelings

Motor skills

Self-help skills such as feeding, toileting and dressing

**Functional Skills/Daily Routine**

A typical day with my child includes: (Give information about the morning routine, day care, preschool, meals, evening routine, etc.)

My child needs help with:

**Learning Style, Motivators, and Reinforcers**

My child learns best when:

My child enjoys or is interested in:

My child does not like or avoids:

**I would also like for you to know:**

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Signature

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Relationship

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Date



**HOWARD COUNTY PUBLIC SCHOOL SYSTEM  
DEPARTMENT OF SPECIAL EDUCATION: EARLY INTERVENTION SERVICES**

**THREE TO FOUR YEAR OLD EDUCATIONAL REPORT**

Information about your child's preschool experience will be helpful to the Individualized Education Program (IEP) Team. Please ask your child's teacher to complete this form.

**Permission for the Release of Records:**

I grant permission to \_\_\_\_\_ (preschool) for release of educational information/records concerning my child to the Howard County Public School System.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please contact \_\_\_\_\_ at \_\_\_\_\_  
if you have any questions or concerns. Thank you.**

***DIRECTIONS FOR THE TEACHER(S)***

\_\_\_\_\_ has been referred to the IEP team. Your assistance in completing the 3-4 year old Educational Report will be appreciated. You should be aware that parents/guardians have the right to review and obtain a copy of the child's records on file with the Howard County Public School System. Please forward the completed form to:

\_\_\_\_\_ at \_\_\_\_\_.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

School Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Printed Name and Title of Person Completing Report \_\_\_\_\_

Please state the reason for this referral \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***SCREENING / ASSESSMENT INFORMATION*** (Please attach results or reports if available.)

	<u>Dates</u>	<u>Comments</u>
Hearing Screening	_____	_____
Vision Screening	_____	_____
Other Screening	_____	_____
Assessment(s)	_____	_____

**COMMUNICATION:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Follow one step directions independently				
Follow two step directions independently				
Identify objects by function				
Identify objects by category				
Speak clearly enough to be understood by most listeners (80% intelligibility)				
Take turns in conversation (emerging)				
Stay on topic during conversation (emerging)				
Answer who, what and where questions correctly				
Use 4-5 word sentences consistently				
Use language to make requests/needs known				
Use past tense(-ed ending)and appropriate pronouns				
Use articles (a, the)				
Use -ing verbs				

**LITERACY:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Enjoy listening to stories				
Points to pictures of objects and actions in storybooks				
Name pictures of objects and actions in storybooks				
Respond to questions about the story				
Gain meaning by listening				
Show beginning phonological awareness				
Show interest in letters and words				

**MATHEMATICAL THINKING:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Understand and use positional words (over, above, next to, under, on)				
Use number words to comment during snack and/or play (i.e., I want 2 pretzels)				
Understand concepts of one and two				
Identify and counts quantities of one to four				
Show interest in solving mathematical problems				
Sort object in subgroups				
Identify several shapes				
Show understanding of some comparative words				
Participate in measuring activities				

**PHYSICAL DEVELOPMENT AND HEALTH: GROSS MOTOR**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Move within classroom safely				
Seat self in classroom chair				
Climb/descend stairs using a rail				
Climb/descend stairs without a rail				
Climb safely on playgroup equipment				

Child: (Check all that apply)

A) jumps\_\_\_\_, runs\_\_\_\_, hops\_\_\_\_, skips\_\_\_\_, throws ball\_\_\_\_, kicks ball\_\_\_\_, catches ball\_\_\_\_

**PHYSICAL DEVELOPMENT AND HEALTH: FINE MOTOR**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Separate/join duplos or bristle blocks				
Make snips with scissors				
Add 2 to 3 parts to an incomplete person				

Child: (Check all that apply)

A) Imitates: vertical lines\_\_\_\_, horizontal lines\_\_\_\_, and circles\_\_\_\_ age appropriately.

B) Manipulates toys such as play-dough\_\_\_\_, blocks\_\_\_\_, books\_\_\_\_, pegs\_\_\_\_, beads\_\_\_\_, and puzzles\_\_\_\_ age appropriately

**SELF CARE**

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Complete toileting without assistance				
Remove or put on coat or jacket				
Wash and dry hands without assistance				
Chew most food well				

Check all that apply:

Child neatly feeds self, using    \_\_\_ fingers    \_\_\_ regular cup    \_\_\_ straw    \_\_\_ spoon

**PERSONAL AND SOCIAL DEVELOPMENT:**

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Play by self				
Play next to other children				
Play with other children				
Play with a variety of toys				
Demonstrate appropriate attention skills				
Demonstrate appropriate interaction with adults				
Accept change/transition				
Demonstrate self confidence				
Follow classroom routines/directions with guidance				
Cooperate in group activities				
Show eagerness and curiosity as a learner				
Begin to use classroom materials carefully				
Show empathy and caring for others				
Seek adult help when needed to resolve conflicts				

How long does the child attend to preferred activities? \_\_\_\_\_ Non-preferred activities? \_\_\_\_\_

Shows tantrums/aggression by biting, hitting etc.    \_\_\_yes    \_\_\_no

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCIENTIFIC THINKING:**

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Use senses to observe and explore classroom materials and natural phenomena				
Begin to use simple tools and equipment for investigation				

**SOCIAL STUDIES:**

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Begin to recognize own physical characteristics and those of others				
Begin to understand family structures and roles				
Show interest in familiar occupations				
Comment about their environment (notice objects/characteristics)				

**THE ARTS:**

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Participate in creative movement, dance, music, and drama				
Use a variety of art materials for tactile experience and exploration				
Observe/copy artistic creations and events				

**Please check any of the following that are of concern regarding this child.**

- |  |   |
|--|---|
| <input type="checkbox"/> Demands must be met immediately   | <input type="checkbox"/> Always up and on the go                    |
| <input type="checkbox"/> Disturbs other children   | <input type="checkbox"/> Impulsive                                  |
| <input type="checkbox"/> Mood changes intensely and without warning  | <input type="checkbox"/> Fails to finish tasks                      |
| <input type="checkbox"/> Repetitive motor movements and/or interests (jumping, spinning, hand flapping)      | <input type="checkbox"/> Easily frustrated                          |
| Describe _____   | <input type="checkbox"/> Decreased eye contact in social situations |
| <input type="checkbox"/> Uncooperative with adults   | <input type="checkbox"/> Under-reactive to sensory experiences      |
| <input type="checkbox"/> Over-reactive to sensory experiences (touch, movement, vision, sound, taste, smell) |   |

**What concerns, if any, do you have about this child?** \_\_\_\_\_

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\_\_\_\_\_

**Date** \_\_\_\_\_

*Signature of teacher completing this report*

**HOWARD COUNTY PUBLIC SCHOOL SYSTEM  
DEPARTMENT OF SPECIAL EDUCATION: EARLY INTERVENTION SERVICES**

**FOUR THROUGH FIVE YEAR OLD EDUCATIONAL REPORT**

Information about your child's preschool experience will be helpful to the Individualized Education Program (IEP) Team. Please ask your child's teacher to complete this form.

**Permission for the Release of Records:**

I grant permission to \_\_\_\_\_ (preschool) for release of educational information/records concerning my child to the Howard County Public School System.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please contact \_\_\_\_\_ at \_\_\_\_\_  
if you have any questions or concerns. Thank you.

***DIRECTIONS FOR THE TEACHER (S)***

\_\_\_\_\_ has been referred to the IEP team. Your assistance in completing the 4 through 5 year old Educational Report will be appreciated. You should be aware that parents/guardians have the right to review and obtain a copy of the child's records on file with the Howard County Public School System. Please forward the completed form to:

\_\_\_\_\_ at \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

School Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Printed Name and Title of Person Completing Report \_\_\_\_\_

Please state the reason for this referral \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***SCREENING /ASSESSMENT INFORMATION*** (Please attach results or reports if available.)

	<u>Dates</u>	<u>Comments</u>
Hearing Screening	_____	_____
Vision Screening	_____	_____
Other Screening	_____	_____
Assessment(s)	_____	_____

**COMMUNICATION:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Respond to stories read aloud				
Follow two step directions independently				
Follow three step directions independently				
Speak clearly enough to be understood without knowledge of the topic				
Use vocabulary to describe objects and activities (i.e., colors, size)				
Take turns in a conversation				
Stay on topic in a conversation				
Use 5-8 word sentences that are generally grammatically correct				
Use subject/verb agreement				
Answer questions related to a topic				
Identify / categorize food				

**LITERACY:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Enjoy listening to stories				
Point to pictures of objects and actions in storybooks				
Name pictures of objects and actions in storybooks				
Retell main events of story				
Produce a word that rhymes with a given word				
Gain meaning by listening				
Demonstrate phonological awareness				
Show beginning understanding of concepts about print				
Begin to develop knowledge about letters				
Demonstrate writing in dramatic play				

**SCIENTIFIC THINKING:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Ask questions and use senses to observe and explore materials and natural phenomena				
Use simple tools and equipment for investigation				



**SOCIAL STUDIES:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Identify similarities and differences in personal and family characteristics				
Begin to understand family needs, roles, and relationships				
Describe familiar occupations and what is required to perform them				
Begin to show interest in technology				
Show beginning leadership skills				
Comment about their environment (notice objects/characteristics)				

**THE ARTS:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Participate in creative movement, dance, music, and drama				
Use a variety of art materials for tactile experience and exploration				
Observe/copy artistic creations and events				

**MATHEMATICAL THINKING:**

<b>Does the child:</b>	<b>Proficient</b>	<b>In Progress</b>	<b>Not yet</b>	<b>Comments/examples</b>
Match sets of objects				
Sort by attribute or use				
Describe by attribute or use				
Follow directions using positional words (first, next, next to, front, back)				
Sequence events using time concepts (first, next, last, before)				
Begin to solve simple mathematical problems through dramatic play				
Show beginning understanding of number and quantity				
Recognize simple patterns and duplicate them				
Participate in measuring activities				

## PHYSICAL DEVELOPMENT AND HEALTH

### GROSS MOTOR

The child demonstrates ability to:	Proficient	In Progress	Not yet	Comments/examples
Climb/descend stairs with rail				
Climb/descend stairs without rail				
Step up and down curbs or over obstacles				
Use playground equipment safely				

Child: (Check all that apply)

A) jumps\_\_\_ runs\_\_\_ hops\_\_\_ skips\_\_\_ throws ball\_\_\_ kicks ball\_\_\_ catches ball\_\_\_

### FINE MOTOR

The child demonstrates ability to:	Proficient	In Progress	Not yet	Comments/examples
Remove/replace caps on markers				
Hold pencil correctly				
Write first name				
Turn puzzle pieces to find correct fit				
Draw a recognizable picture and label it				

Child: (Check all that apply)

A) Imitates: circle\_\_\_, cross\_\_\_, square\_\_\_, and triangle\_\_\_ age appropriately.

B) Cuts: straight line\_\_\_ and around a large picture\_\_\_ age appropriately.

C) completes art projects involving: painting\_\_\_ coloring\_\_\_ cutting  
pasting\_\_\_ age appropriately.

### SELF CARE

The child demonstrates ability to:	Proficient	In Progress	Not yet	Comments/examples
Remove or put on coat or jacket				
Wash and dry hands without assistance				
Complete toileting independently				
Chew most foods well				
Eat a variety of foods				

Check all that apply:

Child neatly feeds self using: fingers\_\_\_ regular cup\_\_\_ straw\_\_\_ spoon\_\_\_

## PERSONAL AND SOCIAL DEVELOPMENT

Does the child:	Proficient	In Progress	Not yet	Comments/examples
Use classroom materials and books appropriately, and put them back when finished				
Play with a variety of toys				
Put materials away				
Accept change/transition				
Attempt new experiences				
Take turns with peers during play				
Use language to interact during play				
Share toys and/or materials				
Play with other children				
Demonstrate appropriate attention skills				
Interact appropriately with adults				
Participate in group activities				
Demonstrate self confidence				
Seek help from adults when needed				
Approach tasks with flexibility and inventiveness				
Show empathy and caring for others				

How long does the child attend to preferred activities? \_\_\_\_\_ Non-preferred activities? \_\_\_\_\_

### Please check any of the following that are of concern regarding this child.

- |  |   |
|--|---|
| <input type="checkbox"/> Demands must be met immediately   | <input type="checkbox"/> Always up and on the go                    |
| <input type="checkbox"/> Disturbs other children   | <input type="checkbox"/> Impulsive                                  |
| <input type="checkbox"/> Mood changes intensely and without warning  | <input type="checkbox"/> Fails to finish tasks                      |
| <input type="checkbox"/> Repetitive behaviors or interests (jumping, spinning, hand flapping)                | <input type="checkbox"/> Easily frustrated                          |
| Describe _____   | <input type="checkbox"/> Decreased eye contact in social situations |
| <input type="checkbox"/> Uncooperative with adults   |   |
| <input type="checkbox"/> Over-reactive to sensory experiences (touch, movement, vision, sound, taste, smell) | <input type="checkbox"/> Under-reactive to sensory experiences      |

What concerns, if any, do you have about this child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of teacher completing this report

\_\_\_\_\_  
Date



# Howard County Public School System

## Department of Special Education

Ellicott City, MD 21042

### Teacher Report for an Elementary Student

(To be completed by each teacher who provides instruction to the student)

Name of Student \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

Subject/Program \_\_\_\_\_

Period of Time Covered by this Report: From \_\_\_\_\_

To \_\_\_\_\_ Date \_\_\_\_\_

#### 1. Areas of Concern: (Please check all that apply.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Academic              | <input type="checkbox"/> Adaptive Behavior      | <input type="checkbox"/> Gross Motor       |
| <input type="checkbox"/> Readiness             | <input type="checkbox"/> Cognitive/Intellectual | <input type="checkbox"/> Health/Medical    |
| <input type="checkbox"/> Reading Skills        | <input type="checkbox"/> Communication          | <input type="checkbox"/> Hearing           |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Language               | <input type="checkbox"/> Vision            |
| <input type="checkbox"/> Reading Fluency       | <input type="checkbox"/> Speech                 | <input type="checkbox"/> Social/Emotional/ |
| <input type="checkbox"/> Math Calculation      | <input type="checkbox"/> Nonverbal              | <input type="checkbox"/> Behavioral        |
| <input type="checkbox"/> Math Reasoning        | <input type="checkbox"/> Fine Motor             |  |
| <input type="checkbox"/> Written Expression    |   |  |

#### 2. Based on your observations, the student, when compared to other classmates, frequently displays difficulties in the following areas:

##### **LISTENING COMPREHENSION**

- ☐ Understanding spoken language
- ☐ Following verbal directions

##### **ORAL EXPRESSION**

- ☐ Expressing thoughts and ideas
- ☐ Speaking vocabulary

##### **READING**

- ☐ Basic skills
- ☐ Comprehension
- ☐ Reading fluency
- ☐ Reading assigned texts or materials

##### **WRITTEN EXPRESSION**

- ☐ Spelling
- ☐ Mechanics of writing
- ☐ Organizing sentences and ideas into paragraphs

##### **MATHEMATICS (if appropriate)**

- ☐ Calculation
  - ☐ Addition
  - ☐ Subtraction
  - ☐ Multiplication
  - ☐ Division
- ☐ Reasoning
- ☐ Problem solving

##### **SPEECH**

- ☐ Fluency
- ☐ Articulating speech sounds
- ☐ Voice quality

##### **MEMORY**

- ☐ Retaining information over time
- ☐ Short term recall of information

##### **ATTENTION/ORGANIZATION/ACTIVITY**

- ☐ Sustaining attention
- ☐ Distractibility
- ☐ Organization
- ☐ Turning in assignments
- ☐ Losing or forgetting work or materials
- ☐ Arriving to class on time
- ☐ Lethargic
- ☐ Overactive

##### **DAILY WORK**

- ☐ Attending class regularly
- ☐ Completing homework assignments
- ☐ Test performance
- ☐ Completing class assignments
- ☐ Participating in class

##### **SOCIAL/EMOTIONAL**

- ☐ Mood changes
- ☐ Self-control
- ☐ Consistent performance
- ☐ Self-reliance
- ☐ Aggression toward others
- ☐ Shyness or withdrawal
- ☐ Interpreting social cues
- ☐ Making and keeping friends
- ☐ Accepting responsibility for own behavior
- ☐ Easily influenced by others
- ☐ Sadness
- ☐ Fears
- ☐ Following established rules or procedures
- ☐ Disregarding other's rights

3. At what grade level is the student performing in your subject/program?  
 Circle:      Preschool      K      1      2      3      4      5      6 or above

4. Rate the student's level of achievement as compared to other classmates:

	Above Average	Average	Below Average	Estimated Grade Level
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mathematics (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Instructional materials currently in use:

A. Reading	C. Language arts
B. Mathematics	D. Other

6. Which of the following interventions have been attempted?

<input type="checkbox"/> Adjusted workload	<input type="checkbox"/> Change of text
<input type="checkbox"/> Alternative instructional methods and techniques	<input type="checkbox"/> Home - school collaboration for task completion
<input type="checkbox"/> Behavior intervention strategies	<input type="checkbox"/> Implementation of a student action plan
<input type="checkbox"/> Change in instructional groupings	<input type="checkbox"/> Modifying materials and presentations

7. Describe the effectiveness of the targeted interventions (related to the areas of concern) used in your classroom.

8. Attach relevant samples of the student's work.

\_\_\_\_\_  
 Signature and Date

# Howard County Public School System

## Department of Special Education

Ellicott City, MD 21042

### Parent Questionnaire

Please return to \_\_\_\_\_ at school by \_\_\_\_\_.  
(Date)

The information on this form will be used to assist the school team in understanding your child's educational needs. Fill out the form as completely as possible; however, you have the right to not respond to any item you believe may invade your privacy. If you are unable to recall or supply some of the information requested, note that on the form. If you have any questions, call \_\_\_\_\_.  
(Name and title)

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

#### Family Information

Household Members	Relationship	Age	Education (Highest grade completed)	Occupation (If appropriate)

What are your child's strengths?

In what areas do you see your child needing support or help?

Is English the usual language spoken at home? Yes\_\_\_ No\_\_\_ If No, other language:\_\_\_\_\_

## PREGNANCY AND BIRTH

Describe any serious health problems the mother experienced during the pregnancy.

In what month(s) of the pregnancy did these problems occur? \_\_\_\_\_

Birth weight \_\_\_\_\_ Apgar Scores (if known) \_\_\_\_\_

Did any of the following occur during the birth process?

\_\_\_ Premature    \_\_\_ Transfusion    \_\_\_ Caesarian section    \_\_\_ Fetal distress

\_\_\_ Breech birth    \_\_\_ Prolonged labor    \_\_\_ Breathing problem    \_\_\_ Blood Incompatibility (RH factor)

Describe any birth problems, concerns or any difficulties your child had in learning to eat, sleep, sit, walk, or talk.

Briefly describe any traumatic or recent events that your child has experienced, for example, death of a close relative, divorce, family crisis or school situation.

## MEDICAL HISTORY

Check below any illnesses or problems that your child has had:

___ Allergies	___ Ear problems	___ Hepatitis	___ Serious accident or injuries
___ Food Allergies	___ Epilepsy, seizures	___ Lead poisoning	___ Sickle cell anemia
___ Asthma	___ Eye problems	___ Meningitis/encephalitis	___ Speech problems
___ Attention deficit	___ Frequent colds or	___ Operations	___ Temperatures above 104°
hyperactivity disorder	sore throats		
___ Cerebral Palsy	___ Headaches	___ Physical problem	___ Tuberculosis
___ Diabetes	___ Heart disease	___ Reactions to immunizations	
___ Dietary problems	___ Other: _____		

Describe any of the problems checked above.

Describe any school related or major medical problems other family members have experienced.



**SOCIAL AND BEHAVIORAL CHARACTERISTICS** - Check the statements which describe your child:

- |  |  |
|--|--|
| <input type="checkbox"/> Gets ideas quickly                                  | <input type="checkbox"/> Remembers most information once learned       |
| <input type="checkbox"/> Doesn't seem to understand questions or directions  | <input type="checkbox"/> Has difficulty remembering information        |
| <input type="checkbox"/> Has difficulty expressing thoughts and ideas        | <input type="checkbox"/> Is creative or imaginative                    |
| <input type="checkbox"/> Takes time to understand ideas but retains it later | <input type="checkbox"/> Has short attention span                      |
| <input type="checkbox"/> Enjoys reading                                      | <input type="checkbox"/> Is organized                                  |
| <input type="checkbox"/> Enjoys listening to stories                         | <input type="checkbox"/> Is disorganized                               |
| <input type="checkbox"/> Has difficulty with letter sounds and reading       | <input type="checkbox"/> Has difficulty with changes in routine        |
| <input type="checkbox"/> Enjoys writing tasks                                | <input type="checkbox"/> Has difficulty completing jobs and activities |
| <input type="checkbox"/> Has difficulty with paper and pencil tasks          | <input type="checkbox"/> Is overactive                                 |
| <input type="checkbox"/> Enjoys math tasks                                   | <input type="checkbox"/> Is under active                               |
| <input type="checkbox"/> Has difficulty using numbers                        | <input type="checkbox"/> Is motivated                                  |
| <input type="checkbox"/> Is self-confident                                   | <input type="checkbox"/> Lacks motivation                              |
| <input type="checkbox"/> Seldom follows directions                           | <input type="checkbox"/> Shows inconsistent moods or behaviors         |
| <input type="checkbox"/> Is cooperative                                      | <input type="checkbox"/> Has difficulty making and keeping friends     |
| <input type="checkbox"/> Shows aggression toward others                      | <input type="checkbox"/> Is shy or withdrawn                           |
| <input type="checkbox"/> Is not always truthful                              | <input type="checkbox"/> Is fearful                                    |
| <input type="checkbox"/> Frequently talks to self                            | <input type="checkbox"/> Spends a lot of time alone                    |
| <input type="checkbox"/> Doesn't take responsibility for behavior            | <input type="checkbox"/> Has nervous habits or tics                    |
| <input type="checkbox"/> Is likeable   |  |

Comment on any behaviors that particularly concern you.

List any private Evaluation Reports that you will provide to the school and attach the reports.

Type of Evaluation	Date of Evaluation	Name of Evaluator

When learning a new task my child likes: ☐ to work alone ☐ to work with others ☐ to have supervision.

My child likes to express thoughts and ideas through: ☐ writing ☐ talking ☐ movement ☐ singing

☐ other \_\_\_\_\_

What are your child's interests outside of school?

Does your child readily do homework? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an established homework routine? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

What do you like best about your child?

What do you find are effective ways of disciplining your child?

What is the most challenging aspect of raising your child?

Do you have concerns about the appropriateness of your child's friends? Yes\_\_\_\_ No\_\_\_\_ If yes, explain.

Is there anything else you would like to tell us about your child?

Name any other persons outside your household that have a significant impact on your child's life (for example, mentor, other family member) \_\_\_\_\_

Please make suggestions as to how the school can best meet your child's school or emotional needs.

I give my permission for the school team to use the information provided on this form to assist in identifying my child's educational needs. I understand that this information will be kept confidential and cannot be read by anyone other than Howard County Public School officials who have a legitimate educational interest. I am also aware that this information may not be sent to anyone outside of the Howard County Public School System without my permission, and that I may request that this information be removed from my child's folder if it is inaccurate, misleading, or otherwise in violation of the privacy or other rights of my child. I am also aware that I may request a copy of this completed form for my own records.

\_\_\_\_\_  
Signature Date  
Relationship to student: \_\_\_\_\_

\_\_\_\_\_  
Signature of Recorder Date  
(When appropriate)

Howard County Public School System  
Department of Special Education  
Ellicott City, Maryland 21042

Date: \_\_\_\_\_

Re: \_\_\_\_\_  
(Name of student)

Dear \_\_\_\_\_:

As a part of the identification and evaluation of the above-named student, your name has been given to our school personnel as the physician who has seen or treated this child. In order to proceed with the special education decision-making process, the parent has requested that you provide our school with the medical assessment. A signed release of records is enclosed. The assessment should include the following:

- Background information
- Length of time that you have seen or treated the student
- Medical diagnosis
- Criteria and evaluation protocol used to establish the medical diagnosis.

To assist you with this request, a *Physician's Assessment Report* is enclosed. You may complete this form or include a copy of your report with the required areas marked and identified by the above categories. Please return the information by \_\_\_\_\_.  
Date

The Individualized Education Program (IEP) team at the school shall determine if this medical diagnosis constitutes an educational disability under The Individuals With Disabilities Education Act.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

White copy: Send to physician with *Physician's Assessment Report* and signed *Request for Records and Release of Records* forms

Yellow copy: Retain in student record

Howard County Public School System  
Department of Special Education  
Ellicott City, Maryland 21042

**Physician's Assessment Report**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Physician

Address

From: \_\_\_\_\_

Name

Title

School

Address

Re: \_\_\_\_\_

Student

Date of Birth

To determine if the above named student is eligible, or continues to be eligible for special education service, the parent has requested that you provide our school with a medical assessment. For your information, the definitions of disabilities, for which a physician or psychiatrist may be the qualified examiner, are listed on the back of this form. **Please forward this completed form to the individual indicated above.**

Background information:

Length of time seen or treated:

Medical diagnosis:

Criteria and evaluation protocol used to establish the medical diagnosis:

\_\_\_\_\_  
Signature of Physician and date

\_\_\_\_\_  
Print name

White Copy: Send to physician with *Letter to Physician* and signed *Request for Records and Release of Records* forms  
Yellow Copy: Retain in student record

## **Definitions of Disabilities as Contained in Federal Law Under the Individuals with Disabilities Education Act (IDEA)**

**Autism** means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, **that adversely affects a child's educational performance**. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria listed above are satisfied.

**Deaf-blindness** means concomitant hearing and visual impairments, **the combination of which causes such severe communication and other developmental and educational needs** that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

**Orthopedic Impairment** means a severe orthopedic impairment **that adversely affects a child's educational performance**. The term includes impairments caused by congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

**Other Health Impairment** means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyper activity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, or Tourette syndrome; and **adversely affects a child's educational performance**.

**Emotional Disturbance** is defined as follows:

- The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
  - An inability to learn that cannot be explained by intellectual, sensory, or health factors
  - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
  - Inappropriate types of behavior or feelings under normal circumstances
  - A general pervasive mood of unhappiness or depression
  - A tendency to develop physical symptoms or fears associated with personal or school problems
- The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

**Traumatic Brain Injury** means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, **that adversely affects a child's educational performance**. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

**Visual Impairment including Blindness** means an impairment in vision **that, even with correction, adversely affects a child's educational performance**. The term includes both partial sight and blindness.

**January 2012  
(Revised)**

## **Division of Special Education/Early Intervention Services**

### **Students with Developmental Delay (DD)**

#### **1. Who may be identified as a student with a developmental delay?**

The Individuals with Disabilities Education Act (IDEA) provides States the discretion of adopting developmental delay (DD) as an additional categorical option for students. Maryland established the age range of three (3) through seven (7) years of age for the use of the DD option.

[34 CFR §300.111(b) and COMAR 13A.05.01.03B(77)].

#### **2. Why would a local school system want to use the DD categorical option?**

The categorical option of DD provides parents and service providers an extended timeframe in which to assess the learning needs of students, and to build a more complete profile of a child's strengths, challenges, and approaches to learning. This is particularly applicable when the child's Individualized Education Program (IEP) team has identified delays or specific conditions, yet the identification of a specific disabling condition under IDEA is unclear based on available information.

The use of DD provides an opportunity for parents and service providers to proactively intervene through observing a child's progress over time and collecting data on appropriate instructional approaches and learning needs. Use of the DD category may also help to prevent the over-identification of young children and students with learning differences as being disabled.

#### **3. How does the State define developmental delay?**

A student with a developmental delay means a student from three (3) through seven (7) years old assessed and evaluated in accordance with IDEA and Code of Maryland Annotated Regulations (COMAR) regulations who meets one of the following criteria:

- A 25 percent or greater delay in adaptive, cognitive, communicative, emotional, physical, or social development, as measured and verified by appropriate diagnostic instruments and

procedures; **or**,

- Atypical development or behavior, as defined in the Code of Maryland Annotated Regulations (COMAR) 13A.13.01.02B(21)(b); this can be demonstrated by abnormal quality of performance and function in one or more of the specified developmental areas, which interferes with current development, and is likely to result in subsequent delay, even when diagnostic instruments and procedures do not document a 25 percent delay; **or**,
- A diagnosed physical or mental condition, as defined in COMAR 13A.13.01.02B(21)(c), which has a high probability of resulting in a developmental delay, including, but not limited to students with sensory impairments, inborn errors of metabolism, microcephaly, fetal alcohol syndrome, epilepsy, and Down Syndrome, and other chromosomal abnormalities.

[COMAR 13A.05.01.03B(77); 13A.13.01.02B(21)(b) and (c)]

#### **4. What is an atypical development or behavior?**

The manifestation of atypical development or behavior means a student demonstrates an abnormal quality of performance and function that interferes with the child's current development and is likely to result in subsequent delay even when diagnostic instruments or procedures do not document a 25 percent delay.

#### **5. What types of conditions are included in a diagnosed physical or mental condition?**

Conditions that have a high probability of resulting in developmental delay, such as chromosomal abnormalities, genetic or congenital disorders, severe sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome, and severe attachment disorders.

#### **6. Must a local school system use the DD category to identify students?**

No. The use of the DD category is at the discretion of local school systems. The Maryland State Department of Education (MSDE) cannot require a local school system to use the DD category for any student, ages three (3) through seven (7) years, within its jurisdiction [34 CFR §300.311(b)(2)]. The category of DD may be used at local discretion for preschool and young students ages three (3) through seven (7), but not beyond the age of seven. Local school systems are not prohibited from continuing the thirteen disability categories established in 34 CFR §300.8(a)(1) and COMAR 13A.05.01.03B(78), as appropriate. Any use of DD beyond age seven is prohibited under current federal and State regulations.

#### **7. May a local school system use DD for a specific age range subset of students between ages three through nine?**

No. Local school system implementation of the DD category must be consistent with the age range of three (3) through seven (7) years of age established for Maryland. The DD category must be universally available for all students with disabilities. A local school system may not elect to serve only a select group of students, such as, for example making the DD category

available only for students with significant delays. Use of the DD category by a local school system is not prohibited from including students identified for the first time regardless of age, as long as the child's age is within the established age range of three (3) through seven (7) years of age.

**8. How are students suspected of a developmental delay assessed?**

At any time a student is suspected of a disability or developmental delay, the child's Individualized Education Program (IEP) team shall review existing data including information provided by the parents, instructional interventions and strategies, current classroom-based assessments, and observations by teachers and related service providers. Based upon this information, the IEP team must decide if additional assessments are needed to determine whether or not a student is experiencing developmental delay. The emphasis of assessment of young students is not standardized diagnostic instruments, but rather functional quantitative performance data that provides the IEP team, including the parents, an accurate picture of what the student can and/or cannot do in the developmental areas as compared to typical developmental performance. A psychological assessment is not required and a local school system may not require the administration of a psychological assessment as a condition for determining a student eligible under the DD categorical option.

**9. What parameters are to be considered by an IEP team when determining a student's eligibility under the DD option?**

A public agency shall convene an IEP team meeting to determine if a child has a disability or developmental delay that *requires the provision of special education and related services*. For the preschool age child, special education and related services include areas of early learning that are prerequisite to and support and promote school readiness. Special education and related services for the young child provide meaningful access to the general education curriculum at a level of instruction appropriate to the identified needs of the individual child.

Eligibility for DD is independent of a determination of eligibility under any of the 13 existing disability categories. A student does not need to meet the eligibility criteria for an existing disability category in order to be considered for eligibility under DD. For a student found eligible for special education under an existing disability category [34 CFR §§300.8(b), 300.111(b); COMAR 13A.05.01.03 (77)], the IEP team may choose to have the student identified under either that category or opt instead to have the student identified under the DD category.

**10. Is the identification, assessment, and evaluation process the same?**

Yes. At any time a student is suspected of a disability or developmental delay, the child's IEP team shall review existing data including information provided by the parents, instructional interventions and strategies, current classroom-based assessments, and observations by teachers and related service providers. Through a review of this information, the IEP team will decide if additional assessments are needed to determine whether or not a student is experiencing a developmental delay.

**11. Are student's identified as having a developmental delay to receive special education and related services through an IEP?**



Yes. After an IEP team identifies a student as a student with a developmental delay, the team is to develop an IEP to address the unique needs of the student that requires specialized instruction and related services. The IEP shall be developed in accordance with 34 CFR §300.324 and COMAR 13A.05.01.07 - .10.

**12. May a student identified as a student with a DD receive a single related service and no special instruction?**

No. A student with a DD should receive special instruction in addition to the specific related service(s). The child's service provider, special education specialist, and general education early learning personnel should work cooperatively to provide the student appropriate support in whatever environment the student may receive his or her services. This practice allows for the transfer and application of the related service skill into a variety of instructional settings. It can also enable quick and responsive intervention for any "newly identified" or "emerging" special education needs of the student that may impact the child's education.

For more information, call 410-767-0858

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