

## **Part 2: Summaries of Assessment and Determining Eligibility**

### **Opening slide:**

This is the Preschool Essential ETR Module, Part 2. This presentation provides an overview of the requirements for team summaries of assessments on the Evaluation Team Report and determining eligibility for special education services under IDEA.

### **Slide 2: ETR Team Summary**

Part 2 of the ETR Team Summary includes intervention summary, summary of information from parents, summary of observations, medical information, summary of assessment results, description of educational needs and implications for instruction and progress monitoring. Any information included in this section should not be new information but rather a summary of all Part 1's Individual Evaluator's Assessment from all evaluators.

The team should summarize and synthesize information. The summaries should:

- be organized, concise and relevant;
- report areas of consistency across individual evaluator's reports as a team finding;
- address areas of discrepancies across individual evaluator's reports;
- be in language that is understandable to all team members including the parent.

### **Slide 3: Summary of Interventions**

*The summary of interventions is required for preschool children only if the child previously received services under Part C and/or Part B of IDEA, or is being evaluated under the suspected disability category of specific learning disability.*

This part is very important for initial evaluations. The ETR must contain a summary of the specific interventions provided to the child. If interventions have not been provided prior to referral, interventions can be done at the same time as the evaluation is being conducted.

While interventions may continue to be provided once the initial evaluation process has begun, the ETR may not be delayed in order to implement interventions. The initial evaluation must be completed within 60 calendar days of the receipt of parental consent or 90 calendar days from the request for evaluation, whichever is sooner.

The data from interventions provided in an initial evaluation is also documented on the Referral for Evaluation form, the PR-04.

This area in Part 2 must also be included in reevaluations if interventions were implemented. There are separate spaces for the initial evaluation interventions summary and the reevaluation interventions summary on the ETR form.

#### **Slide 4: Summary of Interventions for Initial Evaluations**

Using the information provided on the PR-04, Referral for Evaluation form, you should complete the summary of intervention section for an initial evaluation. The summary of interventions must include:

1. The specific research-based or evidence-based intervention(s) provided
2. The length of time the interventions were provided -- the number of weeks or months during which each intervention protocol was provided.
3. The intensity refers to **how often** interventions were applied (for example, three times per week, daily, etc.), and **how many minutes** each intervention session lasted.
4. The results of the intervention(s) **compared to the baseline** (at the beginning of the intervention, or the pre-test). For example, for a child who received a social language intervention to initiate turn taking with a peer, the child initially did not initiate engagement with a peer over three 20 minute observations with 5 adult prompts during each observation period. At the end of the intervention period (6 weeks), the child initiated an interaction with a peer in response to 1 out of 5 teacher prompts during a 20 minute observation period.
5. The decision made as a result of the interventions includes adequate progress or lack of progress based upon all data collected. Then, did the team decide to refer the child for an evaluation or to continue the interventions in some other form; and why the team made that decision.

#### **Slide 5: Summary of Interventions for Reevaluations**

If a child already has an IEP and is making adequate progress with the interventions documented in the IEP, then the interventions do not need to be summarized in this part. You can state, “No Additional interventions are needed at this time beyond the current IEP services since the student continues to make adequate progress in the curriculum given these interventions.”

If a child already has an IEP but is not making adequate progress with the interventions documented in the IEP, then additional interventions should be put into place and monitored. In this case, you should note in this section of the ETR, those additional interventions that will be trialed along with any interventions that have been trialed but were unsuccessful.

If a child is receiving other specific interventions that are not documented in the IEP, then this section needs to be completed. A child who is receiving specially designed instruction (SDI) for an identified area of disability may receive additional interventions in other areas where SDI is not indicated but where the child has needs. These interventions also must be summarized on the reevaluation in this section.

## **Slide 6: Reason(s) for Evaluation**

For a preschool initial evaluation, the reason would be that a disability is suspected and eligibility must be determined.

For a preschool reevaluation, this should be more than a statement that a reevaluation must occur every three years by law.

Acceptable reasons for re-evaluation could include:

- Child currently qualifies under DD and is approaching his/her sixth birthday or preparing to transition to kindergarten;
- The need to determine a continued qualification as a child with a disability
- New information is available that indicates the child may no longer be eligible for services or that additional services may be necessary; or
- The parent and the school district agree that a reevaluation is warranted.

## **Slide 7: Information Provided by Parent**

The next area summarizes information provided by the parent. Parent information would be obtained through a structured interview which is a required assessment method or data source of a preschool evaluation.

If information provided by a structured interview is listed on the ETR planning form, the information must appear in Part 1 and also be summarized in Part 2 of the ETR. It should list relevant content relating to the child's background, medical history, strengths and needs for the purpose of the evaluation process.

## **Slide 8: Summary of Observations in Part 2**

For preschool, observations are a required assessment method. If an observation is listed on the planning form, then that assessment data must be included within the individual evaluator's Part 1 report.

All individual evaluators Part 1 observation reports must then be summarized within the Part 2 Summary of Observations section.

## **Slide 10: Medical Information**

The focus in this Part is on information that is educationally relevant and current.

It may be important to reference medical history if it impacts current functioning (e.g., traumatic brain injury), or will require related services support (e.g., orthopedic support or other devices).

If the child has a history of hospitalization or out-patient treatment, this information should be included in the medical information as it potentially affects behavior or learning.

Information about the child's medical condition should include concerns or conditions that could affect the child's ability to participate in the general education curriculum and in any other type of school activity such as recess, lunch time, emergency drills, or extra-curricular activities.

Include any medications or over-the-counter substances that may be administered during the school day or at home that may impact educational performance.

Any medical procedures that may be required during the school day must be addressed to include a specific description of the procedure requirements, what medications or equipment are required, who is authorized and trained to provide the medical procedure or assistance, when it is to be provided – how often or under what circumstances, and any other pertinent details related to the student's medical needs.

This Part would also explain any specific need for medically-related assistive technology.

Note: A medical diagnosis alone is not sufficient to confer an eligibility determination. All determinations of eligibility must be based upon multiple assessments and whether the child can access, participate and make progress in the general education curriculum without special education services.

All medical information included within the individual evaluators' Part 1 reports must then be summarized within the Part 2 Summary of Medical Information.

### **Slide 11: Summary of Assessment Results**

Again, the Part 2 summary of all assessment results should include:

- Findings across all areas assessed or reported - this should not be just a re-statement of every individual evaluator report summary.
- The relationship of the results to the referral and suspected disability; and
- A description of the child's performance compared to specific and measurable baseline data, as appropriate.

The summary needs to be stated in a language that is understandable to the parent as this information will be a source of baseline data for the IEP.

The summary must describe the child's strengths and areas of concern to develop effective interventions and describe conditions or limitations that impact the validity of the results identified.

Limit the use of percentile scores, stanine scores, standard scores, along with charts and graphs.

As with the Interview, Observation and Medical Information Summaries, all remaining assessment information included within the individual evaluators' Part 1 reports must then be summarized within the Part 2 Summary of Assessment Results.

## **Slide 12: Description of Educational Needs**

**This is a summary of information to justify why the child may or may not qualify as a child with a disability.**

The needs in this section will tie directly to the implications for instruction. The description needs to contain enough specific information (**based on educational needs synthesized from all Part 1s, the Individual Evaluator's Assessments**) about the child that will allow accurate supports and services to be identified. Be aware that the Part 2 Summary of Educational Needs must address educational needs described in each of the Part 1s, or that an explanation is included in Part 2 about why the Part 1 information was omitted.

The Part 2 Team Summary Description of Educational Needs should:

- Include relevant strengths and weaknesses from all Part 1s completed (see previous module for detailed information);
- Be clear and concise;
- Include the child's current skills and functional levels;
- **Describe the skill deficit areas that prevent the child from accessing, participating and/or making progress in the general curriculum (including age-appropriate routines and activities).**
- Be in language that is understandable to all team members including the parent;
- Consider the results of the interventions (if applicable) provided to the child prior to the initial evaluation.

**Please remember: These are suggested educational needs. Be careful not to predetermine services.**

## **Slide 13: Implications for Instruction and Progress Monitoring**

The Implications for Instruction and Progress Monitoring section must consist of a summary and synthesis of all Part 1s Individual Evaluator Reports.

This section describes implications for instruction based on the individual needs and strengths of the child. It should convey what the adult evidence-based strategies might be to address each of the child's needs as identified in the previous section. Be aware that the ETR must address implications for instruction described in each of the Part 1s or that information is not omitted from Part 2 without explanation.

It is important to describe these strategies as individualized to the child's needs, not just a standard list of accommodations and/or modifications. Recommendations for prioritizing interventions and supports should be considered.

**The ETR team must include suggestions or recommendations for progress monitoring and data collection procedures.** Consider using words such as “may benefit”, “might”, “might need”, when suggesting implications for instruction so they don't get interpreted as predetermination.

#### **Slide 14: A Qualified Team**

Based on the variety of sources of information used to conduct the evaluation, a group of qualified professionals and the parent of the child shall determine if the child has a disability and is eligible for special education and related services as a preschool child.

**For Initial Evaluations the group includes:**

1. Parent
2. At least 2 representatives of the school district who collectively meet the following requirements:
  - Qualified to provide or supervise the provision of specially designed instruction to meet the unique needs of the child;
  - Qualified to provide or supervise the provision of instruction in the preschool general education curriculum;
  - Authorized to make decisions about the use of school district resources for special education and related services; and
  - Qualified to interpret the instructional implications of evaluation results.
3. Additional group members for determining a specific learning disability (SLD) would include:
  - The child's general education teacher; or If the child does not have a general education teacher, a general education classroom teacher qualified to teach a child of his or her age; or
  - For a child of less than school age, an individual qualified by the State Educational Agency to teach a child of his or her age; and
  - At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist and/or speech-language pathologist

#### **Slide 15: A Qualified Team**

**For Reevaluations the IEP team is the Qualified Team, which includes:**

1. Parent
2. General Education Teacher
3. Special Education Provider
4. At least 2 representatives of the school district who collectively meet the following requirements:

- Qualified to provide or supervise the provision of specially designed instruction to meet the unique needs of the child;
- Qualified to provide or supervise the provision of instruction in the preschool general education curriculum;
- Authorized to make decisions about the use of school district resources for special education and related services; and
- Qualified to interpret the instructional implications of evaluation results.

5. At the discretion of the parent or the school district, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate

If related services are provided to the child or are indicated in the ETR, the related service personnel should be part of the ETR team.

#### **Slide 16: Part 4: Eligibility Determination**

A group of qualified professionals and the parent determine whether the child is a child with a disability.

The team must verify that the determining factor for the child's poor performance is NOT the result of a lack of appropriate instruction or limited English proficiency.

The team has determined that the presence of the disability adversely affects the child's progress in the general education curriculum.

The child must meet the eligibility criteria for the disability category under consideration and, the child must require specially designed instruction, not just accommodations, to access the general education curriculum.

#### **Slide 17: Basis for Eligibility Determination or Continued Eligibility**

The team must provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in the Operating Standards.

**This cannot be just a copy and paste from the disability category description.** This is a culmination of all the components within the ETR to create a final summary describing how the student meets or does not meet the eligibility criteria. The summary **must also include** how the disability affects the child's progress in the general education curriculum.

### **Slide 18: ETR Signatures**

This is where the participating team members sign the ETR. The ETR signature page must include the date of the meeting, the date of the last ETR (for reevaluations) and the date of the referral for evaluation.

**All team members must indicate agreement with the determination or submit a statement of disagreement.**

The school district must provide a copy of the evaluation team report and the documentation of determination of eligibility or continued eligibility to the parents prior to the next IEP meeting and in no case later than **14 days** from the date of eligibility determination.

### **Slide 19: IEP Reviewed after a Reevaluation**

The language in the Operating Standards\* for the development, review and revision of the IEP state that the IEP team must review and revise the IEP, as appropriate, to address the results of any reevaluation.

The rule does not define a specific time frame for completing this review and revision (as appropriate) of the IEP after a reevaluation. However, OEC guidance, founded upon continuous practice over many years, recommends that this review and revision be conducted within 30 calendar days of the date of the most recent reevaluation. And this would include sending a prior written notice (PR-01) to the parents explaining why the review was done, what was considered in this IEP review and the date it was done.

Of course, if the district decides that the IEP should be revised as a result of the reevaluation, then an IEP team meeting or an IEP amendment process must take place to address the proposed revision.

[\*3301-51-07, sections (L)(1) and (L)(2)]