

NYC EARLY INTERVENTION PROGRAM

SUMMARY OF MULTIDISCIPLINARY EVALUATION (MDE)

Screening Evaluation

Child's Name: _____ Date of Evaluation: ____ / ____ / ____
EI #: _____ DOB: _____ / ____ / ____

SIGNATURE OF PERSON COMPLETING SUMMARY:

I certify that the determination of eligibility and the summary of the multidisciplinary evaluation or screening is based upon an interview with the above-named child's parent/surrogate parent (or other guardian if there is no available parent), a general assessment of the child's level of functioning in each of the five developmental domains, and an in-depth assessment in the specific domain(s) in which there is a suspected delay. I further certify that to the best of my knowledge, age-appropriate instruments and procedures and informed clinical opinion were employed in such assessments.

Signature Date: ____ / ____ / ____

Print name, title and license number

Summary of Evaluation:

- I. Name, title and disciplines of the persons performing the evaluation and assessment
- II. The child's health assessment (e.g., recent physical examination report, hospital discharge summary)
- Describe the nature of any delay with obtaining Health Assessment Information from the child's primary care provider (if applicable)
- III. Summary of Parent Interview and optional Family Assessment
- IV. Description of the assessment process and conditions
- V. Measures and/or scores that were used, if any; and an explanation of these measures or scores
- VI. The child's responses and the family's belief about whether the responses were optimal
- VII. How informed clinical opinion was used by the evaluation team in assessing the child's developmental status and potential eligibility for the EIP
- VIII. The child's developmental status in the five developmental domains, including the unique strengths and needs in each area
- IX. A clear statement of the child's eligibility
- X. Nature of child's/family's transportation needs

If a bilingual evaluation is conducted, this summary should also be provided in the parent's dominant or preferred language or other mode of communication of the parent, if feasible.

SUMMARY OF MULTIDISCIPLINARY EVALUATION (MDE)/SCREENING

INSTRUCTIONS FOR COMPLETION

EIP regulations require the evaluation team to prepare a written summary integrating the results of all the evaluations (Core and Supplemental). Any discrepancies between the evaluations must be explained. To the extent feasible and within the parent's preference and consent regarding disclosure to the interpreter, and within confidentiality requirements, this summary should be provided in the dominant language or other mode of communication of the parent. The components of the MDE summary and reports are outlined in 10NYCRR 69-4.8 (a) (9) (i-iii)

NOTE: If the evaluation found the child not eligible for Early Intervention services, the evaluation team remains responsible for completing the Summary of Multidisciplinary Evaluation/Screening.

- Check the appropriate box: **Evaluation** or **Screening** to indicate report type.
- Provide the requested identifying information for the child.

Write the date that the MDE Summary/Screening was completed.

- *The person writing the summary must, sign and date the attestation, printing his/her name, title and license number (if appropriate) below the signature.*

Note: The person completing the summary must be a member of the IFSP team (10NYCRR 69-4.8(a) (9) (i))

The Summary of the Multidisciplinary Evaluation/Screening is a narrative report containing the following information:

- I. List of the name, title, and discipline of all individuals involved in the evaluation and assessment of the child.
- II. The child's health assessment, which should include any relevant medical information, such as current health status and medical history, appropriate ICD-9 code for a diagnosed condition with a high probability of resulting in developmental delay, and any other information pertaining to the child's development.
 - a. Describe the Nature of Delay with Obtaining Health Assessment Information from the child's primary care provider (if applicable).
 - Describe the frequent and persistent attempts made to obtain health assessment information
- III. Summary of Parent Interview and optional Family Assessment:
 - a. Parent Interview: include information about the family's resources, priorities and concerns related to the child's development and developmental progress.
 - If the child is in foster care, the parent interview should include both the biological parent and foster parent with parental consent
 - b. Family Assessment (optional): identify formal supports and services available through the EIP or other service delivery systems (e.g., family training, family/parent support groups, services through the Office of People with Developmental Delays) that the family may want to access.

Identify informal supports and community resources available to the family (i.e. family and friends, playgroups that can assist the family in enhancing their child's development, etc.).

IV. Description of the assessment process and conditions:

- a. List the various types of information sources used to determine the child's developmental status (as required by regulation), such as:
 - Standardized or criterion referenced instrument(s) (Detailed in item V)
 - Direct observation of the child (Detailed in item VI)
 - Qualitative criteria for communication only evaluations
 - Interview with parent to determine perceptions of the child's abilities and performance on date(s) of testing (findings detailed in item VI)
 - Informed clinical opinion (findings detailed in item VII)
 - Any other sources of information relevant to the eligibility determination, with parental consent (e.g., medical information, report from relatives or family members, family day care or child care provider, name of foster care agency).
- b. Describe the conditions of the evaluation (required by regulation to ensure the accuracy of the results.) Include the following:
 - The style of the evaluation (e.g., arena, individual)
 - How parent/caregiver was involved
 - The evaluation setting, noting any possible impact on the child's performance
 - The child's state at the time of the evaluation (e.g., tired, irritable, hungry, alert, active).
- c. Describe how the evaluation is responsive to the cultural and linguistic background of the family (to ensure discriminatory evaluation and assessment procedures are employed). This may include:
 - A statement of the extent to which the child was exposed to different languages;
 - Whether a bilingual evaluation was indicated and conducted;
 - Whether and how an interpreter was used (the name and relationship of the interpreter to the family, if any);
 - The methodology used to conduct the bilingual evaluation with or without an interpreter and the child's response; and
 - The repertoire of words or sounds in all languages of exposure.
 - The combined number of words in all languages that the child is exposed to need to be listed and considered together when making a determination regarding the child's developmental status.

V. Measures and/or scores that were used, if any; and an explanation of these measures or scores:

- a. Identify the instruments used and provide an explanation of the scores/ results obtained, including relevance to the child's level of functioning.
 - The instrument used must be from the SDOH preferred list of instruments
 - A justification must be provided if an instrument that is not on the preferred list is used
- b. This may include a discussion of the limitations of a tool when the evaluator has determined that the scores do not accurately reflect the child's level of functioning.
- c. For communication only where no norm referenced instrument is available or appropriate, use the qualitative criteria articulated in NYS 10NYCRR 69-4.23

VI. The child's response to the procedures and instruments used as part of the evaluation process, and the family's belief about whether the responses were optimal:

- a. Report on the child’s response to all evaluation procedures. This may include the child’s spontaneous response, elicited response, or facilitated response to the parent/caregiver or the evaluator, etc.
 - b. Report on family’s belief about whether the responses were optimal; provide individualized information.
- VII. How informed clinical opinion was used by the evaluation team in assessing the child’s developmental status and potential eligibility for the EIP. (As stated in Memorandum 2005-02, pg 10, and defined at 10NYCRR 69-4.1(w), informed clinical opinion, for the purposes of the EIP, is “the best use of quantitative and qualitative information by qualified personnel regarding a child, and family if applicable. Such information includes, if applicable, the child’s functional status and rate of change in development and prognosis.”)
- a. Based on the evaluators’ professional expertise, describe any qualitative factors impacting the child’s functioning.
 - b. Ensure that results of procedures and instruments used from all evaluations are integrated to address discrepancies between reports, and accurately determine child’s functioning ability in each developmental domain.
- VIII. Report of the child’s level of functioning in each of the five developmental domains; and report of the unique strengths and needs in each area.
- IX. A clear statement of the child’s eligibility:

| If eligibility criteria are met | If eligibility criteria are not met |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • A statement documenting that the child is eligible for the EIP based on a diagnosed condition with a high probability of resulting in developmental delay and associated ICD-9 code; or • A statement of developmental delay consistent with NYCRR69-4.8(a)(9)(iii) (a statement describing “the child’s developmental status including objective and qualitative criteria in sufficient detail to demonstrate how the child meets the eligibility criteria for the program”) and associated ICD-9 code for developmental delay | <p>A statement documenting reasons why the child is not eligible for the EIP. <u>Examples of reasons</u>: the child’s development is within acceptable limits; the child is not experiencing a developmental delay consistent with the State’s definition of developmental delay (NOTE: <i>It is possible for a child to have a developmental delay and not meet the eligibility criteria for the EIP</i>)</p> |

As stated in the Memorandum 2005-02, “Eligibility cannot be made on the basis of isolated delays in specific skill areas. Rather, the MDE team must, using *their* informed clinical opinion, decide whether **composite evaluation findings, considered together**, are consistent with eligibility criteria for the EIP”

- X. Nature of child’s/family’s transportation needs:
- a. Information includes: parents’ ability or inability to provide transportation; the child’s special needs related to transportation; safety issues/ parental concerns related to transportation, etc.