

Local Program: \_\_\_\_\_

Local ID# \_\_\_\_\_

Office of Child Development and Early Learning



# The Early Intervention Process: Evaluation Report – *with Annotations*

The Evaluation Report documents the strengths and needs of the child and family. It is used to determine eligibility, the need for supports and make recommendations that can assist the young child to develop, learn and grow.

☐ Initial Evaluation      **OR**      ☐ Re-evaluation (includes the annual evaluation for infants and toddlers)

Permission to Reevaluate Required?: \_\_\_\_\_ **Preschool only** *If formal tool(s) being used, Permission to Reevaluate is required.*

Date Permission to Evaluate/Reevaluate Requested: \_\_\_\_\_ **Preschool only** *Permission to Evaluate must be sent within 10 calendar days after written or oral request.*

Date Permission to Evaluate/Reevaluate Sent: \_\_\_\_\_ **Preschool only** *Enter date PTE sent.*

Date Permission to Evaluate/Reevaluate Received: \_\_\_\_\_ **Preschool only**

Date Evaluation Completed: \_\_\_\_\_ **Infant/Toddler only** *Use for evaluation and re-evaluation. For infant/toddler, an MDE must be completed within 45 days of referral. If multiple evaluation dates, record most recent.*

Date Evaluation Report sent to Parent/Guardian: \_\_\_\_\_ *Use for evaluation and re-evaluation. For infant/toddler, a written ER is provided to the parent within 30 calendar days of the MDE. For preschool, a copy of the completed ER is provided to parents of preschoolers no later than 60 calendar days after the EI agency receives written parental consent.*

## I. Demographic Information

Child Information		Family Information	
Child's Name:	Gender:	Name:	Relationship:
Date of Birth:	Age:	Address:	
EIX#:		City/State/Zip:	
Referral Date:		Phone (home):	Phone (cell):
Referral Source:		Phone (work):	Email:
Child's Address:		Name:	Relationship:
City/State/Zip:		Address:	
Phone #:		City/State/Zip:	
Primary Language:		Phone (home):	Phone (cell):
School District of Residence:		Phone (work):	Email:
County of Residence:		Primary Language:	
		Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		School District of Residence:	
		County of Residence:	

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## II. Participants in the Evaluation

Participation of the parent/guardian as an equal partner of the evaluation team is essential. In addition to the parent/guardian, other members of the infant/toddler team shall include a service coordinator, an evaluation team member/qualified professional and other team members as appointed by the family. In addition to the family, the preschool team shall also include a group of qualified professionals.

Name	Title/Role
	Parent/Guardian
	Parent/Guardian

## III. Evaluation Background/History

<b>Reason for Referral for Evaluation</b> Describe the reasons child is being referred for this evaluation and the referral source.	<b>Type of Evaluation:</b> _____
<i>Include the reason the child was referred for evaluation and the source of the referral. For Preschool children, the reasons given here should match those on the Permission to Evaluate form. For initial evaluations and for children transitioning from Part C to Part B, the reasons for referral should include determining if the child is eligible for Part B special education services. For re-evaluations, the reason for referral may include gathering additional information on the child's level of development in a specific area and whether the child continues to be eligible.</i>	
<b>History</b> This component is a brief account of previous early intervention programs and services. This section should also include any other evaluations or services outside the EI programs.	
<i>The material gathered in this section is based on information from the family and others familiar with the child: friends, caregivers, early learning practitioners, early interventionists, and others. Medical/health information may be included here if it is pertinent to the child's history. Be sure to include: (1) a statement explaining from where and from whom the information was obtained; (2) a brief account of relevant programs and services with which the child has been involved, for example, Infant/Toddler services through Part C programs, hospital therapies; ongoing therapies and treatments; specialized care; services received in other counties/states; Children and Youth involvement; behavioral health rehabilitative services (including name and location of provider, type and amount of services); MH/ID case management; Medical Assistance; WIC, food stamps; subsidized child care, or any other programs or services. (3) information on participation in early care and education programs such as preschool, Head Start or child care, (including days and times attended, center name and address, director/teacher name and contact phone number; history of attendance); (4) any available information about strategies that have been shown to be beneficial to the child.</i>	

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## IV. Family Information

It is helpful to know the kinds of activities your child participates in, the people who your child spends time with, and the things your child enjoys doing. This information will be used to plan the early intervention services and supports that your child might need. Families have the option to participate and are welcome team members in the evaluation process.

*There are resources available (ex. the Routines Based Interview) to provide examples of how to ask these questions and others to enhance the quality of the responses from parents and caregivers.*

**1) Describe the child's and family's typical day, for example, care giving routines (playtime and favorite activities) as well as community activities (child care and preschool settings and activities, library, playground, etc.).**

*Describe typical child/family routines that happen during the day, such as bath-time, meals, playtime, or other activities that the child enjoys. Also describe community activities the child participates in such as childcare activities, playground, Mom and Me groups, preschool, library, etc. Include the source(s) of the information; for example, the people who provided the information, such as friends, caregivers, early learning practitioners, early interventionists, and others; or from the results of questionnaires. This information may help to develop recommendations for interventions that are part of the child and family's typical routines and activities. For eligible children, this information may also help to develop teaching strategies/specially designed instruction to support the child and family. If you were unable to obtain information from the family, describe the efforts made to obtain information.*

**2) Are there activities that are challenging for the child and family? This could be either at home, in childcare/preschool settings or during community activities.**

*Describe current activities that are difficult for the child and/or family to participate fully. Describe those activities that the family did in the past and would like to do again. Describe any new activities in which the family would like the child to participate, but the family needs assistance to successfully participate in the activity. This information may help to develop recommendations for intervention that are part of the child's and family's typical routines and activities. For eligible children, this information may assist in the identification of outcomes and potential locations for intervention.*

**3) What are the family's views of their child's strengths and does the family have any concerns about the child's development? Do the child's other caregivers or teachers have any concerns?**

*Describe the family's view of their child's assets, strengths and abilities. What are the characteristics, ways of interacting with others or things the child does that people who know the child best appreciate and enjoy? Describe what the family wants people to know about how their child's developmental needs are affecting the family's and child's lives. This information may help to develop recommendations for intervention that are part of the child's and family's typical routines and activities. For eligible children, this information may also help to develop outcomes, and teaching strategies/specially designed instruction.*

**4) What are the family's resources and strengths, including extended family, friends, community groups, resources, etc?**

*Who is involved with the child and family? How are they helpful and how do they support the child and family? How can personnel in early intervention show respect for the family's individual preferences; for example, family routines, relationships, traditions, communication styles, cultural preferences? Explain what the family wants the people helping them to know about the types of resources they have to meet their family's needs including family, friends, community groups, financial supports. This information may help to develop recommendations for intervention that are part of the child and family's typical routines and activities. For eligible children, this information may also help to develop outcomes and teaching strategies/specially designed instruction.*

**5) If there are concerns, what does the family want to address first?**

*These could be routines or activities that the family finds difficult, would like to see occur, needs assistance with or needs more information about as they relate to their child's development and caring for their child. For eligible children, this is what the family would like to see addressed first. This information will help in the development of recommendations and potential outcomes/goals.*

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## V. Health, Vision and Hearing Summary

<b>Health Summary</b>		
<b>Date of Most Recent Health Appraisal:</b>		<b>By Whom:</b>
<b>Summarize the child's medical/health history including any information that impacts on current health status or the results of the evaluation. Include information on nutrition, eating or growth concerns, immunizations, etc.</b>		
<i>This section should include developmental history; use of glasses, hearing aids, walkers, etc.</i> <i>This section may include information from the initial and annual health report:</i> <ul style="list-style-type: none"><li>Brief birth history; if relevant</li><li>Review of previous health history, including a physical exam &amp; growth assessment;</li><li>Immunizations and screening tests;</li><li>Medications and information on how they impact on the child's activities &amp; diet;</li><li>Recommendations for follow-up health care or treatment;</li><li>Information on the management of the child's health care needs, including any instructions for medical emergencies and ongoing treatment.</li><li>Allergies and secondary health issues/diagnoses</li></ul>		
<b>Hearing Summary</b>		
Summarize the results hearing assessments, including the results of the newborn hearing screening as appropriate. Describe information that the team gathered during the evaluation about the child's hearing skills using observation, parent report, screening tools, etc.		
<b>Date of Most Recent/Any Hearing Screening/Assessment:</b>		<b>By Whom:</b> Hospital, newborn nursery, pediatrician, audiologist, evaluation team
<b>Screening Instrument (if known):</b>		
<b>Hearing Summary</b>		
<i>Summarize the results of recent hearing screenings and assessments. Include the results of the newborn hearing screening and any other screenings done in the past year (i.e. by pediatrician at well child visit). Describe information that the team gathered during the MDE about the child's hearing skills through observation, parent report, and/or screening. This information may help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.</i> <i>When completing this section, the team should keep in mind the high risk indicators associated with permanent congenital, delayed-onset, progressive hearing loss or unilateral hearing loss. These "red flags" suggest the need for hearing screening or subsequent in-depth testing to rule out the presence of a hearing loss. These risk indicators are listed in "Risk Indicators Associated with Permanent Congenital, Delayed-Onset, or Progressive Hearing Loss in Childhood", which includes an original and annotated version. You can find this document on the EITA Portal under: Topics of Interest&gt;Low Incidence&gt;Hearing/Deafness&gt;Documents section.</i>		
<b>Vision Summary</b>		
Summarize the results of vision assessments. Describe information that the team gathered during the evaluation about the child's vision skills using observation, parent report, screening tools, etc.		
<b>Date of Most Recent Vision/Any Screening/Assessment:</b>		<b>By Whom:</b> Pediatrician, ophthalmologist, evaluation team
<b>Screening Instrument (if known):</b>		
<b>Vision Summary:</b>		

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*Summarize the results of recent vision screenings and assessments. Include results of any vision screening done in the past year (i.e. by pediatrician at well child visit). Describe information that the team gathered during the MDE about the child's vision through observation, parent report, screening tools, etc. This information may help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.*

## VI. Evaluation of Developmental Domains

Each section may include a summary of standardized testing, parent/caregiver/early childhood educator information, and observation of the child. Each of the developmental sections should include descriptive statements about the child's present abilities, strengths and their unique needs, as based on parent/caregiver/early childhood educator report, administration of evaluation instruments, observations, or review of recent evaluation information from other agencies/programs outside of early Intervention. Be sure to include the functioning level of these skills, including academic information and progress in appropriate activities for preschoolers.

*The evaluation instrument must be administered by qualified personnel and unless clearly not feasible to do so, all evaluations and assessments of an infant or toddler must be conducted in the native language of the parent. When conducting the evaluation and assessment, gather information from sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the infant or toddler's unique strengths and needs. For the Infant/Toddler EI Programs, a child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay or that the child has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. If a child's eligibility is established through the use of medical or other records, the Infant/Toddler Program must conduct an assessment of the child and family to identify the child's unique strengths and needs and the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability.*

In order to be complete, all sections should include the information above, as appropriate for an individual child.

The information below may be helpful for families to understand what developmental skills may be represented in each section. These skills can be demonstrated within the child's typical play and community activities. This information may help to develop recommendations for interventions and, for an eligible child, the development of outcomes or goals, teaching strategies, specially designed instruction and/or the location of intervention.

### Cognitive Development

This section refers to how the brain functions and includes the development of thinking, learning, awareness, judgment and information processing.

### Communication Development

This section includes early development of the communication and language children use to express themselves, including the child's ability to understand (receptive) and communicate (expressive) wants, needs and ideas within everyday routines.

### Social and Emotional Development

This section includes the child's ability to engage others including playing, responding to adults and other children, and expressing their emotions.

### Physical Development

This section includes the child's ability to move their own body including control of muscles, ability to sit, stand, move from place to place, and manipulate toys using both large and small muscle development.

### Adaptive Development

This section includes the child's self-help skills such as feeding, dressing, and toileting.

### Other Information

This section may include additional evaluation/assessment information from other sources or information not covered in previous sections. It may also include how the information gathered, including cultural preferences, impacts on the child's typical routines and activities. This section might also include learning strengths and learning difficulties observed and experienced in evaluation and daily routines and assistive technology needs.

This annotated form offers assistance and guidance to parents and early intervention providers.  
It is not intended as an exclusive manner for complying with state and/or federal special education statutes and regulations. (February 2014)

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## Cognitive Development

*This section includes play skills and early concept development, such as object permanence and related concepts. Also included are classification, spatial relationships, problem solving, attention to task and remembering skills and readiness activities, especially related to pre-academic skills/pre-literacy and pre-math skills. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information may help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.*

**Additional Information:** *This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child. This could include informed clinical opinion information, observations, different settings, etc.*

## Communication Development

*This section includes early development of communication and language, including the child's ability to understand (receptive) and communicate (expressive) wants, needs and ideas within everyday routines. Other information may include report of the child's status or progress in pragmatics, articulation, voice/fluency, oral mechanisms, etc. as developmentally appropriate, as well as the child's use of other communication methods including American Sign Language, Manually Coded English, Total Communication, or Cued Speech. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information may help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities. If the child has a delay in communication development, in order to rule out a hearing loss, a recommendation of a hearing screening/assessment should be considered.*

**Additional Information:** *This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child. This could include informed clinical opinion information, observations, different settings, etc.*

## Social and Emotional Development

*This section includes the child's ability to engage others and interact in their environment. This section should also address the child's attachment/separation and autonomy; the ability to follow routines, directions, learn rules and expectations; interactions with other family members; behavioral concerns, responses to redirection, emotional responses to others, etc. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information may help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.*

**Additional Information:** *This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child. This could include informed clinical opinion information, observations, different settings, etc.*

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## Physical Development

*This section includes the child's ability to sit, stand, move from place to place, and manipulate toys. It also includes looking at the child's pre-writing skills, and large and small muscle development. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information may help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.*

**Additional Information:** *This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child. This could include informed clinical opinion information, observations, different settings, etc.*

## Adaptive Development

*This section includes the child's self-help skills such as feeding, dressing, toileting, etc. These skills can be demonstrated within the child's interactions with the family/caregiver/early childhood educator/early learning practitioner's during typical play, care giving and community activities. This information may help to develop recommendations for interventions and strategies that support the child's participation in typical routines and activities.*

**Additional Information:** *This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child. This could include informed clinical opinion information, observations, different settings, etc.*

## Other Information

*Include additional evaluation/assessment information from other sources or information not covered in previous sections. Remember to include how the information you've gathered, including cultural preferences, impacts on the child's typical routines and activities. This section should address assistive technology needs. This section should also include information on learning strengths and learning difficulties observed during the evaluation and experienced in the child's daily routines. This information may help to develop recommendations and interventions and, for an eligible child, the development of outcomes/goals, teaching strategies/specially designed instruction and/or the location of intervention.*

**Additional Information:** *This area gives you more space to generate information to present to the team/family for a comprehensive picture of the child. This could include informed clinical opinion information, observations, different settings, etc.*

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## VII. Summary of Evaluation Results

Date of Evaluation	Age at Evaluation	Evaluation Procedures (Standardized assessment, parent/caregiver/early childhood educator report, curriculum-based assessment, observation, etc.) Include the location of evaluation, i.e. observation at early care and education setting.	Results	Administered by: (name, title)
<i>Date this evaluation activity occurred.</i>	<i>This will help to determine eligibility.</i>	<i>Include the instruments, methods and modifications used for the evaluation.</i>	<i>For standardized tests, the results should include a developmental age, age equivalent, standard score or standard deviation.</i>	<i>Be sure to include the name and role of the person(s) completing the evaluation.</i>



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## VIII. Eligibility

### Is the child eligible to receive Early Intervention Services? (Please check only one box on this page)

*To be eligible for Part C Early Intervention, the infant or toddler must meet one or more of the following criteria: (1) Have a developmental delay as measured by appropriate diagnostic instruments and procedures of 25% of the child's chronological age in one or more of the developmental areas; (2) Have a developmental delay in one or more of the developmental areas as documented by test performance of 1.5 standard deviations below the mean on accepted or recognized standard tests for infants and toddlers; (3) Have a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay, including a condition that is not accompanied by delays in a developmental area at the time of diagnosis; or*

*(4) Qualified personnel based on informed clinical opinion has determined that the child is eligible for early intervention services. "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.*

*To be eligible for Part B Special Education services, the preschooler must have a disability or delay and need specially designed instruction.*

*If the child has a known disability category/diagnosis and a developmental delay, please use disability/diagnosis for eligibility.*

### Yes

☐ The results of the evaluation show that your child has at least a 25% delay or 1.5 standard deviations below the mean in one or more areas of development. The delay results in the need for specially designed intervention/instruction (SDI) in order to participate in typical activities and routines. *This should be used by infant/toddler and preschool programs if a child is eligible as a result of developmental delay.*

☐ Your child's disability/diagnosis of \_\_\_\_\_ results in the need for specially designed intervention/instruction (SDI) in order to participate in typical activities and routines. *When checking this box, the specific diagnosis or disability should be indicated on the diagnosis screen in PELICAN.*

*For infants and toddlers, this would include children who have a diagnosis which has a high probability of resulting in a developmental delay such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. The team may have to gather further information or consult with the child's physician to determine if a diagnosis will result in a high probability for delay. For preschoolers, the following disability categories apply: autism; deaf-blindness; emotional disturbance; hearing loss including deafness; intellectual disability; multiple disabilities; orthopedic impairment; other health impairments; speech or language impairment; traumatic brain injury; specific learning disability; visual impairment including blindness. If there is a secondary diagnosis, it can be entered into PELICAN.*

☐ Your infant or toddler is eligible for early intervention services based on the informed clinical opinion of this multidisciplinary team. Documentation of the qualitative and quantitative information used to determine eligibility can be found in the 'Evaluation

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of Developmental Domains' section. *If informed clinical opinion was used to determine eligibility, then the appropriate developmental domain section(s) should include specific reasons why clinical opinion was used.*

☐ Your infant/toddler is eligible for early intervention services and he/she is eligible for referral for tracking services because \_\_\_\_\_. *Check this box if the infant/toddler is eligible for early intervention services but the family is choosing to enroll their child only in tracking. While counties serving infants and toddlers may have additional tracking categories, tracking services are provided to at-risk infants and toddlers, if the infant or toddler:*

- *Had a birth weight under 1,500 grams*
- *Was cared for in a neonatal intensive care unit*
- *Was born to a chemically dependent mother and referred by a physician, health care provider or parent*
- *Was seriously abused or neglected, as substantiated and referred by the county children and youth agency under 23 PA C. S. Chapter 63.*
- *Has confirmed dangerous levels of lead poisoning as set by the Department of Health.*

☐ Your preschooler is currently demonstrating skills similar to children of his/her age; however, he/she is eligible to participate in Four Month Monitoring. *Check this box if the IEP team determines that the child has met his/her goals and is demonstrating skills similar to his/her age.*

## No

☐ The results of this evaluation show that your child does not have a developmental delay, is demonstrating skills similar to children of his/her age and is not in need of early intervention services.

☐ Your child is a child with a disability but does not need specially designed intervention/instruction (SDI) in order to participate in typical activities and routines. *For example: The child with mild cerebral palsy has a disability but may not affect him/her educationally.*

☐ Your infant/toddler is currently demonstrating skills similar to children of his/her age however s/he is eligible for referral for tracking services because: \_\_\_\_\_.

*Check this box if the infant/toddler is not eligible for early intervention services but is eligible for tracking. While counties serving infants and toddlers may have additional tracking categories, tracking services are provided to at-risk infants and toddlers if the infant or toddler:*

- *Had a birth weight under 1,500 grams*
- *Was cared for in a neonatal intensive care unit*
- *Was born to a chemically dependent mother and referred by a physician, health care provider or parent*
- *Was seriously abused or neglected, as substantiated and referred by the county children and youth agency under 23 PA C. S. Chapter 63.*
- *Has confirmed dangerous levels of lead poisoning as set by the Department of Health.*

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## IX. Recommendations

Recommendations for consideration by the team regarding early intervention and related services are needed to enable the child to be involved and make progress in typical routines, community or preschool educational activities. For informational purposes only include additional suggestions for the family, such as contact information for outside resources. Each recommendation should include a description of the appropriate natural environments or least restrictive environment, including community settings, and family activities and routines, in which early intervention services and/or community supports, may be provided.

*Recommendations should **not** list the specific therapy service, the amount of service or frequency of the service. These are decisions made by the IFSP/IEP team during the development of the IFSP/IEP. In writing recommendations, include ideas that will help the IFSP/IEP team develop an accurate, comprehensive plan based on family and team concerns. Describe specific strategies that the family can begin using while other services are being determined. Reflect on information gathered throughout the process, such as family assessment information, health/vision/hearing information, and functional information from the developmental domains. Each question should be considered and addressed as appropriate to meet the individual needs of the child and family. If the child is not eligible for early intervention services, describe non-early intervention supports/services that may assist the family in addressing their concerns for informational purposes only.*

**Are there activities and routines in which the family/team would like the child to participate? If so, describe the skills needed for successful participation.**

*Include a description of specific child/family/caregiver/early childhood educator/early learning practitioner routines and/or activities that can be used to implement learning strategies and to deliver Early Intervention supports and services. What type of functional skill does the child need to develop and in what setting or activity do they need to successfully participate?*

**Are there assistive technology devices, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities?**

*The adaptations or assistive technology that needs to be provided for the child's successful participation in activities and routines. These are the skills the child may need, the additions or changes to the environment/activities/materials/instructions and, if necessary, the assistance that may be useful for the child. These all should be considered in the development of or the identification of IFSP/IEP outcomes/goals and/or teaching strategies/specially designed instruction.*

**Is any information needed to enhance the family's and/or caregiver's capacity to assist the child's development and enhance the family's participation in everyday activities?**

*Information to enhance the family's capacity to assist their child's development and enhance the family's participation in everyday activities. Does the family want to learn more about their child's diagnosis or talk to another parent who has a child with similar delays? Consider referrals to Parent to Parent of Pennsylvania. This should also include specific strategies that the family can begin using while early intervention services are being determined.*

**Are there skills that the family and other caregivers could benefit from learning to assist in the child's development and participation in everyday routines?**

*Should include information about the family's and other caregiver/early childhood educator/early learning practitioner's strengths. Identify learning strategies to assist the caregiver help the child develop and successfully participate in routines and activities. Also include specific strategies that the family can begin using while early intervention services are being determined or would be helpful to the family if the child is ineligible for early intervention services.*

**Are there referrals or linkages to people and community resources, that are not early intervention services, that will assist the child/family in expanding their opportunities for involvement in community activities?**

*These are resources and people that may be useful in supporting the child and family to begin or enhance their access to community activities. These resources should be considered as you develop IFSP/IEP outcomes/goals. This should also include specific strategies that the family can begin using while early intervention services are being scheduled to support successful participation in the community.*

**Other**

*This section can be used to capture additional team recommendations that meet the child's and family's needs.*

A copy of the **Procedural Safeguards** explaining your rights is available from your child's Early Intervention program.