

Determining a Child's Eligibility for Early Intervention Services Remotely

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This document and additional resources on remote screening, evaluation and assessment can be found at: <https://ectacenter.org/topics/earlyid/remote.asp>

Included here are guidance, considerations, and resources for state staff and local practitioners who are determining Part C eligibility remotely. As a result of COVID-19, many states are having to determine a child's eligibility for Part C services remotely using a variety of approaches such as teleconference, videoconference, and sharing information and video synchronously and asynchronously. Therefore, effective state policies, procedures, and practices are important to appropriately identify children eligible for Part C services.

Background on Evaluation and Assessment

Part C IDEA regulations define “evaluation” as “the procedures used by qualified personnel to determine a child’s initial and continuing eligibility...” and “assessment” as “ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs...”

See: [CFR 34 §303.321\(a\)\(2\)\(i\)\(ii\)](#)

In some places, this distinction between evaluation and assessment may seem somewhat artificial in practice. Assessment procedures can provide information that is useful for determining eligibility and evaluation information can add to the understanding of a child’s strengths and needs. The distinction between evaluation and assessment can sometimes seem imprecise because the term “assessment” is used generically in early childhood to include gathering information for multiple kinds of decision-making. The content below primarily addresses evaluation and assessment practices involved in determining a child’s eligibility for Part C remotely.



Organization

This document first presents associated tool table resources, and then the content is organized across five main sections. Each section includes considerations in the form of questions and suggestions. Resources also are embedded throughout the document, including links to:

- regulations or materials ();
- best practices including [Division for Early Childhood Recommended Practices \(DEC RP\)](#) ();
- examples of what best practice looks like or doesn't look like (+); and
- cautions about potential problems (.

Associated Tool Tables

Three tool tables have been developed to identify assessment tools with potential for remote administration.

Screening Tools for Children Birth to Age Five Years with Potential for Remote Administration

This table includes tools which provide information about whether a child's performance is consistent with age-expected functioning or needs further evaluation.

Norm-Referenced Assessment Tools for Children Birth to Age Five Years with Potential for Remote Administration for Eligibility Determination

This table includes standardized instruments which provide information on a child's performance relative to a norming group.

Assessment Tools for Planning Instruction and Monitoring Young Children's Progress Remotely

This table includes instruments that compare a child's performance against a set of standards or criteria that often reflect developmental sequences.

1. Consider System and State Policies

System Considerations

- 1. Remote eligibility determination may require system-wide changes.** Consider the following when reviewing, revising, and establishing guidance.
 - Convey the importance of determining eligibility remotely and communicate that across the system and with families, including those with limited or no access to electronic communication.
 - Determine what effective and compliant remote eligibility processes look like and how the state and programs will evaluate if they are successful.
 - Ensure and evaluate equity in referrals and remote eligibility determination processes, including family access, participation, and shared decision-making.
 - Determine what virtual processes and changes should be consistent statewide and which require flexibility at the regional, program, and/or team level.

2. **Remember, as system changes are considered, that quality policy decisions still apply.** These include aligning policy with program vision/values/beliefs, collaborating with partner programs and other stakeholders, and effectively communicating short- and long-term policy decisions.



Part C Regulations

See: [CFR 34 §303.321](#)

Evaluations must be:

- Conducted with parent consent
- Timely, comprehensive, and multidisciplinary
- Involve qualified personnel
- Not culturally or racially discriminatory
- In the native language of the child
- Conducted so that no single procedure is used as a sole criterion

State Policy Considerations

The term “policy” is used broadly to include state regulations, guidance, procedural documents, memos, and statements posted to websites.

1. Minimize the need for remote eligibility evaluations through screening and interim IFSPs.

- Determine if a developmental screening can be used to reduce the need for remote evaluations. For children coming from another program (e.g., Part C, home visiting, private therapy), identify if there is information that can be used and determine how to facilitate its timely sharing remotely.
- Determine if a child’s medical or other records can be used to establish eligibility if those records confirm a diagnosis or specify a developmental delay equal to the state’s eligibility criteria. If so, can teams move to assessment for Individualized Family Service Plan (IFSP) development for children found eligible?
- Specify when interim IFSPs can and should be developed.



Best Practices

Presumptive eligibility is used by some states to determine eligibility, without completing an evaluation, for children with diagnosed conditions. For more on presumptive eligibility, see:

- Dunst, C. (2006). [An Eligibility Determination Algorithm for Part C Early Intervention Enrollment](#).
- Dunst, C. (2010). [Streamlining Eligibility Determination for Part C Early Intervention](#).

2. **Support use of informed clinical opinion.** Is state policy clear and are programs making sufficient use of informed clinical opinion in remote eligibility determination?



Part C Regulations

See: **CFR 34 §303.321(a)(3)(ii)**

“**Qualified personnel must use informed clinical opinion** when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child’s eligibility ... even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.”

3. **Clarify regulatory requirements.** Determine the need for and develop guidance on how regulatory requirements are met remotely, including procedural safeguards about confidentiality and consent.
4. **Determine the need for additional/different documentation in children’s records and program/state data systems.**
- Specify reports needed for analysis of remote eligibility practices (e.g., by date, location, activity type, outcome, extent of remote evaluation, child/family characteristics, or other identifiers).
 - Identify adjustments to data fields, data category definitions, and guidance for system-wide implementation.
5. **Address technology practices.** Provide sufficient guidance, infrastructure, and training/support to ensure accessible, secure, and confidential communication for remote eligibility determination.
6. **Assess practitioner workload and teaming.**
- Examine impacts of remote eligibility determination practices on caseloads, practitioner time, and teaming efforts; issue additional guidance as needed.
 - Determine adjustments needed to support billing and reimbursement, meet or revise contractual obligations, and address liability concerns to effectively implement policy around remote eligibility.
7. **Establish guidance regarding families who are unable to be contacted or not interested.** Determine the need for state guidelines regarding families with limited or no access to electronic communication.
- Specify synchronous and asynchronous options when children are in different locations (e.g., grandparents’ home, extended family, foster home, day care).
 - Clarify policy for families not interested in a remote evaluation.



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Best Practices

Not all families are interested in remote evaluation. Consider the following policies to support these families in addressing the situation:

- Listen to families' reservations about remote practices and provide further information to support their informed decision-making.
- Inform families of their procedural rights and procedural safeguards.
- Establish timelines for subsequent follow-up with families.
- Clarify documentation expected for tracking and later analysis.
- Provide resources to share with families (e.g., parent-completed screening tools and activities).

- 8. Address eligibility uncertainties.** Ensure policies are in place to reevaluate or revisit eligibility determinations when data are incomplete or ambiguous. Can teams use clinical opinion to err on the side of finding a child eligible when there are uncertainties?
- 9. Encourage feedback.** Provide opportunities for stakeholders to share feedback. How can feedback be used to inform what is working and what improvements are needed regarding remote eligibility processes?

Looks Like

- + Coordinating across staff and contractors/agencies, as applicable, to ensure agreement about technology uses and practices.
- + Providing guidance and support to help programs and staff implement established remote eligibility determination policies.
- + Providing guidance to clarify where flexibility exists and what to do if implementation is not feasible or is unusual.

Doesn't Look Like

- Keeping existing policies without adjustment.
- Establishing new policies that do not include considerations for family participation remotely.
- Assuming, in new policies, that all families have access to internet or technology.
- Allowing providers to use whatever digital approach they know without consideration for confidentiality and privacy safeguards.

2. Plan for Remote Eligibility Determination

1. Review the information available and determine what else is needed.

- Access and incorporate information that already exists about the child’s condition and functioning. This includes information from other programs in which the child has recently participated (e.g., a current or recent day care or nursery, home visiting program, direct therapy, or Part C in a previous location).
- Identify ways to obtain necessary new information from multiple sources remotely (e.g., input from parents, practitioners, others familiar with the child, and review of medical and other records).
- Identify approaches that are likely to provide relevant, quality information remotely (e.g., family shared video, questionnaires, virtual observations, informal and structured interviews, and conversations) given the family’s access to technology.



Part C Regulations

See: [CFR 34 §303.321\(b\)](#)

Procedures for evaluation require gathering information from multiple sources. No single procedure may be used as the sole criterion for eligibility determination.



Best Practices

- **Use a variety of methods** to gather information such as synchronous and asynchronous observations, interviews, caregiver-completed questionnaires, tools, and reviewing records will provide different kinds of information.
- **Informed clinical reasoning** is an important part of eligibility determination.

See also: [DEC Recommended Practices \(Assessment practices A6. and A8.\)](#), [Informed Clinical Reasoning Checklist](#)

2. Determine who should be involved.

- Determine who will participate (e.g., multidisciplinary practitioners, child and family members, interpreter) and how these team members will connect remotely before, during, and after the evaluation.
- Ask the family who they want included (e.g., one or both parents, other caregivers, foster parent) and extend the necessary assistance to help them participate remotely.
- Specify if an interpreter is needed and if so, how the team will work with the interpreter.



Best Practices

Involving families as partners and respecting the information they share about their child’s functioning is critical for understanding the child’s strengths and needs and for making informed decisions. For tips on partnering with families, see ECTA Center’s [Practice Improvement Tools: Assessment Practice Guides for Practitioners](#).

Looks Like

- + Practitioners scheduling time with other practitioners and with the family as part of information gathering and eligibility planning and implementation.

Doesn't Look Like

- Practitioners functioning independently to evaluate the child and draw conclusions without collective dialogue.

3. Choose the right tools to use remotely. Identify one or more tools that:

- Can be administered remotely (fully or specific domains) and still follow the designed administration approach (e.g., interview, observation in natural settings, checklist) so that findings will be valid.
- Make the most of the information families share about their child's functioning.
- Are suitable for the child and family considering cultural and linguistic characteristics. Consider if a valid version of the tool is available in different languages and if translation is needed or appropriate.
- Provide the level of precision and type of scoring information needed. For instance, is considerable precision needed to capture delays due to scattered skills or will delays be apparent using most tools? Is a combination of tools needed across domains?
- Can be confidently administered remotely by the team, given available resources to prepare (e.g., review and practice observation scoring or interviews ahead of time).



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Caution

- Norms do not apply when there is a significant difference between the current administration and the norming population or conditions (e.g., when an assessor doesn't follow the directions or use the same materials, when there are language issues such as translation on the fly, or key cultural differences). Most normed assessments that require direct administration by a trained practitioner using standardized language and materials are not well suited for remote administration. See the [associated tool tables](#) for more information.
- Many publishers issue statements about using their tools remotely. Consider these statements carefully, as publishers have a vested interest in the purchase and use of their tools.

4. Prepare for use of technology.

- Review state and local guidance to ensure compliance with technology and practice specifications regarding correspondence and sharing files with families.
- Conduct technology test runs to ensure that everyone is comfortable and knows what to do in case of a glitch. Talk about camera use (e.g., phone, tablet, or computer) and how it can be placed or moved so the practitioners can observe the child and talk with the parent without being a distraction for the child.
- Determine if closed captioning is needed and if so, what platform will work best.
- Consider ways to minimize distractions and ensure confidentiality for families and practitioners. This includes being mindful of the background and what others will see when interacting remotely on video, letting others in the location know when the video is running so they are not unintentionally seen or heard, and finding locations with the fewest distractions and least potential for interruptions.
- Determine how practitioners will share protocols in advance, complete protocols, and discuss observations and notes together afterwards.

5. Talk with the family about what to expect.

- Reinforce the importance of their presence and participation remotely.
- Describe how the practitioners will gather information and observe the child remotely. Explain how:
 - The practitioners will ask the family about what the child can do.
 - The practitioners may ask the family to try things with the child but they will not direct the child to do things nor engage the child from the computer screen.

6. Help the family prepare. Together, determine:

- Which activities, interactions, and materials to include.
 - Naturally occurring activities can provide information to assist the team with understanding the child's functioning (e.g., snack time, letting the child play with his/her own toys).
 - Consider how siblings or other family members will be involved or engaged in other activities.
 - Household things and toys (e.g., measuring cups, books, balls, crayons) will help the team observe varied skills as part of the evaluation. The family should not be expected to purchase anything extra.
- Locations and approaches for child observation.
 - Identify locations in/outside of the family's home, that provide the fewest distractions so the team can most easily hear and, if using video, also can see each other.
 - Invite the family to share video of the child engaged in typical daily activities ahead of time. If possible, discuss what types of activities would be helpful for the team to see on video. Also, talk about how video could be shared and how it will be discussed, reviewed, and stored.
- Any need or interest in recording the session. If so, obtain consent and follow state and local guidance.
- What information will be sent to the family prior, including their rights and any parent completed tools and information to help them participate. Ensure all information is shared in a way the family can understand.
- If the evaluation is likely to be accomplished in one session or if additional sessions should be planned.

Looks Like

- + Practitioners meet/correspond ahead of time via secure email, telephone, teleconference to discuss the referral, the extent of the family's concern, and information already available about the child.
- + Practitioners actively inquire about and seek out information from other sources, including recently attended day care, programs, and activities.
- + Practitioners consider varied assessment approaches and explicitly discuss how to invite and encourage family participation and respect their input.
- + Practitioners agree on activities needed, roles, responsibilities, and an effective and confidential communication strategies for themselves before, during and after the evaluation and with the family.

Doesn't Look Like

- Practitioners selecting a tool and not adjusting practices to account for the limitations of remote test administration and eligibility determination.
- Practitioners not intentionally considering or seeking information from other sources, including day care programs and activities in which the child has recently participated.
- Practitioners using the same evaluation process with every family regardless of individual child, family, team, and environmental circumstances.
- Practitioners making decisions about roles and test administration responsibilities arbitrarily, and/or immediately before or during the session with the child and family.

3. Collect Data Remotely

1. Reinforce procedural safeguards, parent rights, and secure consent.

- Ensure parent rights and participation are honored remotely and that the family understands and agrees with the purpose and plan before starting.
- Follow state and local processes for documenting consent remotely.
- Consider special circumstances that might compromise confidentiality in discussions given the family's location during remote interactions.
- Help the family fully participate. If possible, use screen sharing or show materials using the camera to facilitate simultaneous review of information.



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Part C Regulations

See: 34 CFR §303.420(a)

Parental consent is required before screening, evaluation, and assessment, as well as before implementation of services, use of public and private insurance, and disclosure of **personally identifiable information (PII)**.

2. Set the stage.

- Reinforce what to expect and how the evaluation involves child-family routines and play time, not test time. Provide the opportunity for the family to ask questions.
- Practice active listening and allow necessary response time. Recognize that technology-related delays may require more response time. Encourage family input and feedback throughout the session.
- Consider starting with either the observation or interview portion so the family can actively participate in all parts of the remote evaluation. Be flexible about order and acknowledge the family routines and what the child was doing as the team convened the teleconference.
- Determine with the family how to position the camera to facilitate observation of the child.
- Expect distractions and technology glitches. Be flexible. Have and review the backup plan.

Looks Like

- + Practitioners provide the family tips about how to adjust a chair or coffee table, so the camera is focused on the child as he/she moves and plays.
- + Example: Two practitioners carefully plan how they will administer the selected test prior to the session with the family. Then, during the session, they are careful about asking the family questions in a coordinated manner, taking time to share their observations along the way, and inviting the family to share their observations and questions.

Doesn't Look Like

- Practitioners dropping off test materials for the parent to use during the evaluation. Training and directing a parent to administer test items in a structured manner as a practitioner would if he or she were with the child.
- Example: Two practitioners decide at the start of the test which sections they will complete. *"I'll do the cognitive and communication sections and you can do the other domains."* Then, the practitioners simultaneously administer their sections independent of each other by randomly asking the family questions about the specific skills they are evaluating in their sections of the test.

3. Collect information in a way that values and engages the family.

- Ask questions clearly and make time for further discussion, including inviting the family to share their observations and ask questions. Be clear about what aspect of the child's functioning/skill is being discussed. Remote conversations might require more time for the family to reflect and clarify their responses.
- Remember families are good reporters of their child's abilities.
- Provide the family a periodic commentary by talking out loud about what practitioners are observing and wondering about to give the family a better understanding of their perspectives and encourage family input.
- Talk about scoring and invite family input, as appropriate (e.g., *"Did he do that on his own, or did he imitate something he saw you do?"*).



Best Practices

ECTA Center has practice improvement tools that include information on effective collaboration strategies for learning from families about their child's development. Using these tools also promotes compliance with expected IDEA practices.

See also: [Practice Improvement Tools \(Assessment\)](#), [Engaging Families as Partners in Their Child's Assessment Checklist](#), and [Engaging Families as Assessment Partners](#)

4. Acknowledge natural actions and interactions.

Parents are parents, not surrogate test administrators.

- Notice skills that the child demonstrates remotely, beyond the test items. Intentionally watch for the child's authentic interests and the interactions the family naturally initiates with the child. Consider using a running record by objectively documenting a narrative description of the child's actions.
- Gather information from caregivers across settings where the child spends time or has recently spent time. If it is not possible to review information from prior setting(s), the team should determine if information gathered is incomplete and document accordingly.



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Looks Like

- + Example: The practitioner asks the parent to show the child (Evan) a book. *“Let’s see what Evan does with the book you have there. Can you just set it on the floor by him? We’ll observe what he does on his own first.”* As the facilitating practitioner observes Evan, she invites the family to comment on Evan’s behaviors. *“What did you notice Evan doing?”* The facilitator shares her observations. *“As I’m watching him, I’m noticing him looking at the pages, turning a few pages at a time, and I believe I heard him say bird. Was there a bird on that page?”* The facilitating practitioner invites the other team member to comment too. *“Jenna, what else do you see or wonder about as you watched Evan interact with the book?”*

Doesn’t Look Like

- Example: The practitioner asks the parent to precisely administer standardized items to the child, asking the parent to present the test booklet to the child (Evan) and giving the parent specific instructions about what to say. *“As you turn the test booklet page, use these exact words without looking at the correct picture in the book. Say to Evan, show me the horse. Good, now turn to the next page. Again, use these exact words and say to Evan, show me the baby.”*

5. Wrap up the session and plan for next steps with the family.

- Share what was learned and invite further discussion as needed.
- Invite feedback about the remote process. What worked? What could be improved upon? What was challenging?
- Discuss next steps regarding the eligibility determination. Together, determine the best way to reconvene remotely (e.g., using the same teleconferencing system or explore other means) and who should be present, including people the family wants to participate.
- Determine how much analysis practitioners will need. If the eligibility decision is clear, practitioners may offer family the option to hold the eligibility meeting as part of the current session.

4. Analyze and Take Action

Practitioner Discussion and Analysis

1. Plan for practitioner analysis and interpretation.

- Identify how to share documents and scoring materials remotely for all practitioners to review.
- Determine how and when practitioners will connect remotely to debrief, exchange, and synthesize information collected for the practitioners and family to determine eligibility together.
- Adhere to state/local guidance and ensure confidentiality and privacy safeguards during remote meetings.

2. Determine sufficiency and completeness of information collected remotely.

Remote data collection may result in insufficient, incomplete, or ambiguous information for decision-making.

- Collaboratively review assessment circumstances and findings from the tools administered remotely.
- Evaluate if the information collected is sufficient to understand the child's full functioning to develop informed opinions and to determine, with the family, if the child meets program eligibility criteria. Practitioners should consider:
 - Any limitations about what practitioners could see or hear during the remote session.
 - If and how remote test administration impeded capturing an accurate picture of the child's functioning or produced scores with questionable validity.
 - How the timing of data influences their understanding of the child's current functioning, (e.g., data from caregiver at daycare several months before home observation).
 - How any translation of video or real time observation influenced the snapshot of the child's functioning.
 - If each practitioner fully contributed to the remote analysis and interpretation of information collected.
- Determine if additional information needs to be collected to resolve any gaps or discrepancies and how to obtain it remotely.

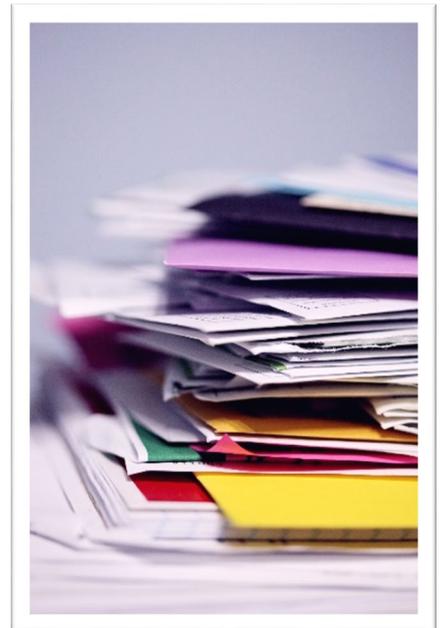


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Looks Like

- + Practitioners work together to carefully review the data collected and deeply consider if or how the remote tool administration and use of technology with the family impacted their findings and resulting conclusions.
- + Practitioners prepare a team write up that clearly describes their discoveries about the child's functioning, relative to eligibility criteria they were considering, including any limitations secondary to having to administer tests remotely.

Doesn't Look Like

- The multidisciplinary practitioners relinquish their team evaluation review and analysis responsibilities to one practitioner who completes and scores the test protocol and writes up findings independent of the other practitioners.



Caution

People, not test scores alone, determine a child eligible or ineligible for early intervention. It is a team process. Evaluation test scores are one piece of information, but test scores alone do not represent everything the team needs to know about the child's functioning to determine eligibility. Team members should jointly discuss implications of all data, including incomplete or unavailable data, for eligibility determinations.

3. Review options when information collected is inconclusive.

- Can the team use clinical opinion to err on the side of finding the child eligible when the assessment information is incomplete or ambiguous? Check state and local guidance.
- Consider using an interim IFSP when remote evaluation is not an option or remains incomplete.



Part C Regulations

See: [CFR 34 §303.345](#)

Interim IFSPs allow teams to start early intervention services before evaluations and assessments are completed.

Team Eligibility Determination

1. Plan for, determine, and document eligibility with the family. Remote eligibility determination should not change best practices.

- Continue to respect the family as a full team member and invite and honor everyone's participation on the team.
- Share information with family members in advance so they can prepare for the eligibility meeting. Advance sharing is particularly important when meeting remotely given difficulties reviewing information efficiently and effectively when people are not together in person (e.g., challenges reading together at different paces, difficulties fully reviewing documents shared during online meetings and teleconferences, complications with requiring all parties to have their own access to documents simultaneously).
- Make certain all team members understand and agree with the eligibility determination decision or know the options for addressing any disagreements.
- Clarify next steps or options surrounding service delivery, if indicated. Make plans, accordingly, including clear guidance about what kinds of communication and/or remote interactions to expect.
- Document team decisions and actions in an easily accessible way for future review and follow up. Be clear about the status of the eligibility determination and describe any agreed upon follow-up actions.
- Make sure the family receives a copy of all decisions and key evidence along with procedural safeguards.

Looks Like

- + The designated practitioner or service coordinator shares a family friendly write up about the child's functioning with the family prior to the eligibility meeting and according to family preference (e.g., mail, secure email, verbal review).
- + Information given to the family before the eligibility meeting is not a surprise because it is consistent with commentary that practitioners shared in real time as they were observing the child together during the assessment.
- + Practitioners schedule the eligibility meeting with the family as soon as possible and convene that meeting with consideration for the family's preference and capacity, (e.g., date, time, via teleconference, phone).

Doesn't Look Like

- Practitioners schedule only a brief time to discuss their findings and share their predetermined information about the child's eligibility status with the family.
- The family is surprised at the eligibility meeting to hear how their child's functioning relates to age-expected levels for the child.
- Practitioners rely solely on the test scores as they discuss and determine eligibility with the family.

5. Resources

Resource Collections on Remote Service Delivery

- [Coronavirus Disease \(COVID-19\)](#): This page from ECTA Center includes the latest information for state Part C and Part B 619 programs, including OSEP Questions and Answers on [Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak](#).
 - [FAQ Regarding the Delivery of IDEA Early Childhood Services](#)
 - [Equitably Serving Children with Disabilities and their Families during Coronavirus \(COVID-19\)](#)
 - [Supporting Children and Families during the COVID-19 Pandemic](#)
 - [\(Re\)Opening](#)
 - [Considerations for Increasing In-Person Activities and Making Infrastructure Adjustments for Part C During COVID-19](#)
 - [Transition from IDEA Part C to Part B, Section 619 During COVID-19](#)
- [Remote Service Delivery and Distance Learning](#): This page from ECTA Center includes information about professional organizations and centers devoted to telehealth and equity, as well as additional information on the following:
 - [Technology and Privacy](#)
 - [Reimbursement](#)
 - [Provider and Educator Use of Technology](#)
 - [Family Resources](#)
 - [State Guidance and Resources](#)
 - [Research](#)
- [Planning for the Use of Video Conferencing for Early Intervention Home Visits during the COVID-19 Pandemic](#)
- [Responding to COVID-19: Ongoing Considerations for Part C Data Webinar](#)

Teleconferencing and Videoconferencing

- [Video Conferencing 101: Guidance for early interventionists on using video conference for home visits \(and other purposes during the COVID-19 Pandemic\)](#): This document by Larry Edelman includes an overview of videoconferencing, a checklist of tips and considerations, and links to guidance materials and resources related to service delivery.
- [April 2020 Resources Within Reason: Using Telepractice to Support Children and Families](#): This collection of resources by the Division for Early Childhood (DEC) supports practitioners in using teleconferencing.
- [Telecommunications Tip Sheet](#): This handout from the National Deaf Center on Postsecondary Outcomes provides easy-to-understand definitions of VRS, VRI, and TRS services used to connect hard of hearing and deaf individuals with others.
- [Use of Telehealth in Early Intervention \(IDEA Part C\)](#): This collection of resources by the Public Consulting Group is focused on tele-intervention for Part C, although many issues span early childhood services.
- [COS Completion When Teams Can't Meet In Person](#): This document from ECTA Center and DaSy Center focuses on best practices for team meetings about child functioning and outcomes for accountability, but it also includes information and resources applicable to assessment and eligibility.
- [An Early Interventionist Guide to Tele-Intervention](#): These 10 quick tips from the Family Intervention and Preschool Program (FIPP) at the J. Iverson Riddle Developmental Center and the North Carolina Department of Health and Human Services support tele-intervention visits with families.
- [How to do psychological testing via telehealth](#): This article summarizes six principles issued by the American Psychological Association on conducting tele-assessments while social distancing.



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Practice Resources

- [American Speech-Language Hearing Association \(ASHA\)](#)'s website contains a wealth of information about working with interpreters before, during, and after assessments.
- [Cultural and Linguistic Diversity](#): This page from ECTA Center features resources on assessment.
- [Best practices for remote psychological assessment via telehealth technologies](#): This article by David D. Luxton, Larry D. Pruitt, and Janyce E. Osenbach establishes the need for practitioners and researchers to be aware of what influences the psychometric properties of telehealth-based assessments to assure optimal and competent assessments.
- [Live Video Visits \(Telehealth\) Resources](#) from the Illinois Early Intervention Training Program include a [form](#) and [checklist](#) for joint preparation and planning, and technology checklists for live visits via telehealth, and more.



Eligibility Determination and Informed Clinical Opinion

- [Early Identification and Part C Eligibility \(2010\)](#): This series of four webinars include sessions on informed clinical opinion and streamlining eligibility determination.
- [NECTAC Notes No. 28: Informed Clinical Opinion \(2012\)](#): This document addresses the meaning of informed clinical opinion in the context of Part C, how informed clinical opinion affects the determination of eligibility, and why it is necessary to document informed clinical opinion.
- [Formalizing informed clinical opinion assessment procedures is more likely to yield accurate results \(2006\)](#): In this Endpoints brief from TRACE, Steven Bagnato identifies important practices when using clinical opinion for eligibility determination.
- [States' and territories' definitions of/criteria for IDEA Part C eligibility \(2015\)](#)

General Resources on Assessment

- [DEC Recommended Practices](#)
- [Practice Improvement Tools: Assessment](#): These checklists and practice guides from ECTA Center include resources on informed clinical reasoning, including practice guides and performance checklists.
- [Early Childhood Recommended Practice Modules: Module 7: Assessment](#)
- [Practice Videos](#) from The Desired Results Training and Technical Assistance Project
- [Results Matter Video Library](#) from the Colorado Department of Education
- [Promoting Positive Outcomes for Children With Disabilities: Recommendations for Curriculum, Assessment, and Program Evaluation \(2007, DEC\)](#)
- [Observation and Assessment \(2020\)](#): In this book, Gina Peterson and Emily Elam provide an overview of general content about effective and authentic assessment. In section 3.4, there are also rich descriptions about using running records to record observations.

To suggest additional resources, or provide comments, contact lauren.bartonconsulting@gmail.com

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