



KENTUCKY'S EARLY INTERVENTION SYSTEM DISTRICT CHILD EVALUATION SPECIALIST (DCES) SELF-ASSESSMENT

Purpose

The purpose of the self-assessment is to give District Child Evaluation Specialists (DCES) a tool to evaluate their practices. This tool was developed in conjunction with a workgroup of District Child Evaluation Specialists and Point of Entry Managers. The checklist is divided into five key sections designed to review DCES responsibilities and identify best practices and areas for potential growth and training.

Directions: Read each step in the process and indicate the number that best fits how you feel each statement represents your work. There are no right or wrong answers. The scoring is not weighted and is intended to provide input on progress toward mastery. *The bold items are related to the Early Intervention District Child Evaluation Specialist Performance Standards.*

Kentucky's Early Intervention System District Child Evaluation Specialist Self-Assessment		(0) Not Aware <i>I am unaware of this and do not apply to my interactions.</i>	(1) Knowledge <i>I am aware of this but don't apply it to my interactions.</i>	(2) Awareness <i>I understand it and sometimes apply it to my interactions.</i>	(3) Application <i>I understand this and apply it consistently in my interactions.</i>	(4) Mastery <i>I understand and apply this well enough to teach/mentor others.</i>
1.0 Intake/Screening						
<i>Ability to collaborate and consult with various early intervention team members and community partners to secure relevant referrals and health information to implement screening procedures.</i>	Intake:					
	Awareness/understanding of the process for determining educational surrogate/interpreter service/explaining the consents and procedural safeguards, explaining screenings					
	Examine medical records for completeness and acquire any additional records if necessary (FS-22 Health Information for Eligibility Determination)					
	Determine if a referral has been made for subspecialty medical evaluation to determine etiology/cause of developmental delays					
	Ensure the Health, Vision, and Hearing Assessments are entered on TOTS					
	Look for confirmation of an Established Risk Condition and any other health concerns and consult with record review if questions.					
	Screenings:					

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	Explain the purpose of screening, emphasizing that screenings are not diagnostic tools and only indicate levels of risk (no diagnosis provided- determine the need for potential additional evaluation)					
	Review ASQ information (accuracy, check for scoring, correct age used, spot check, check for accuracy on TOTS)					
	Verbal risk assessment for hearing (at intake) to determine if there is a need for further screening/eval					
	Confirm that the OAE has been conducted (if needed)					
	Referral to audiology- review the referral, ensure that an OAE has been completed, and determine if an audiology evaluation is warranted or not					
	Follow-up with the audiologist for additional information that may be necessary to help in determining eligibility					
	Request ENT record if you can't get a summary from the audiologist					
	If warranted, discuss both the MCHAT-R and STAT with the parents to determine if they would like to proceed					
	Ensure that autism screenings are conducted as necessary (MCHAT-R/F and/or STAT) and entered on TOTS.					
	Synthesize the file to determine if it is ready to move on to an evaluation					

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	If the file is not ready to move forward for evaluation, determine what actions are necessary					
INTAKE/SCREENING TOTAL =						
2.0 Evaluation/Assessment						
<i>Ability to coordinate and consult with a variety of early intervention team members and community partners to ensure that assessments and evaluations are conducted in a timely, unbiased, and comprehensive manner using program-approved testing instruments according to KEIS policies and procedures.</i>						
Assigning an evaluator: DCES, PLE, NICUP, ILE						
	Determine the need for an evaluation for re-referrals according to policy.					
	Determine an evaluator based on the known strengths and weaknesses of the child					
	Assign the evaluator and document on TOTS (contact if necessary)					
	Once established, ensure that the evaluator is added to planned services on TOTS					
	Ensure that the child is assigned to the evaluator's account on KEDS					
Assigned Evaluations:						
	Monitor assigned evaluations for timely completion (Review TOTS for attempts to schedule)					
	Assign a new evaluator if necessary					
	Review reports entered by contracted evaluators and discuss any special circumstances (need for record review, ILE, STAT, discipline-specific testing, discrepancies in evaluation)					
Conducting Evaluations/Assessments: (% of all evaluations conducted in the district, preemies, and established risk condition)						

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	Schedule the initial evaluation/assessment at a time and place that is convenient for the family and reiterate that this step is necessary to determine eligibility and document attempts on TOTS					
	Schedule annual or exit 5AAs at a convenient time and place for the family. (When PSP/Primary Coach is unavailable or when the child is receiving SC only)					
	Schedule an interpreter if needed and document on TOTS					
	Gather necessary materials to conduct the evaluation(s)/assessment(s) (protocol(s), manipulatives, etc.)					
	At the beginning of the evaluation/assessment, describe the protocol(s)/screenings that will be used					
	Obtain information about the child's general and current health status, including the child's vision and hearing					
	Capture information about the child's present level of development, including emerging skills					
	Observe the child's authentic behaviors in typical routines and activities					
	Use open-ended questions and observations to determine the child's engagement/participation, independence, and social interaction in various routines and activities					

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	Gather information from the family on previously used strategies that increase their child's participation in everyday activities					
	Discuss strengths and concerns in the child's skill development with the parent					
	Adapt testing methods to meet the unique needs of the child and family and document accordingly					
	Complete the instrument protocol(s) and any necessary screeners					
	Determine the need for additional information to determine eligibility (record review, ILE, STAT, discipline-specific testing, discrepancies in the evaluation)					
	Notify the parent that a report will be provided					
	Enter line-item data from the protocol in KEDS					
	Apply clinical reasoning in addition to evaluation/assessment results to identify the child's current levels of functioning and potential strategies to enhance participation					
	Write a report on TOTS that is jargon-free, clear, strengths-based, and includes child-specific data					
	Provide the report to the family timely					
	Complete service log documentation/billing timely					

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EVALUATION/ASSESSMENT TOTAL =						
3.0 Eligibility Determination						
<i>Ability to determine eligibility based on the existence or absence of a significant developmental delay or established risk condition according to KEIS policies and procedures in a manner that is unbiased, comprehensive, and individualized according to the presenting needs of the child and family and their ethnic and cultural beliefs.</i>	Synthesize the information from the screenings (if available), evaluation and assessments, health records (including vision and hearing), and input from the parent to determine eligibility: significant developmental delay, established risk condition, informed clinical opinion (record review/NICUP), or ineligible					
	Enter eligibility, including determination date, eligibility status, and eligibility statement (from referral through initial evaluation- initial parental concerns, health information, significant screening concerns, a statement about hearing and vision, evaluation results, and any available input received from Record Review) on TOTS					
	For children who have a confirmed ERC, if the DCES determines the child is not currently in need of ongoing EI services, ensure that the parent is provided the option of service coordination for monitoring purposes or case closure					
	For Informed Clinical Opinion (Record Review/NICUP) ensure that the reason for eligibility is selected					

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	Discuss the eligibility determination with the family's ongoing service coordinator (guidance for the notification if the SC is calling the family)					
	If ineligible, provide resources, activities, and appropriate materials (FS-9 Notice of Action, parent rights, FS-32 Notice of Record Destruction) and close the case on TOTS					
	Ensure that the family is notified of the child's eligibility status					
	Confirm all communication is documented on TOTS					
Assist with annual re-determination of eligibility						
	If the PSP/Primary Coach is unable to conduct the annual 5AA, the DCES completes the assessment or assists in determining which IFSP team member should conduct the assessment as requested by the SC					
	For children who have an ERC and are only receiving service coordination for monitoring, the DCES must complete the annual 5AA to re-determine eligibility					
	Consult with SC to assist in determining ongoing eligibility determinations (as needed)					
	Review cases where a new developmental concern presents or if an ERC is in question					

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	Provide guidance to SCs for cases that are found to be ineligible					
	For children who were determined eligible by Informed Clinical Opinion and are no longer eligible, contact the SLA to change their eligibility status on TOTS					
Eligibility statement for re-determination						
	Enter the eligibility statement for annual 5AAs that DCES conducted					
	Assist SCs as needed with the development of eligibility statements					
ELIGIBILITY DETERMINATION TOTAL =						
4.0 ILE/Record Review						
<i>Ability to determine the need for additional information to guide eligibility decisions and education programming according to KEIS policies and procedures in a manner that is unbiased, comprehensive, and individualized according to the presenting needs of the child and family and their individual</i>	ILE at eligibility					
	Discuss with PLE- why the ILE is needed for the education programming- not just for a diagnosis: age of the child/child's development, autism considerations, synthesis of all screening results, PLE results, observations, amount of documentation provided, what is included in the documentation (any conflicting information)- reach out for clarification					
	Conduct autism-specific screenings (if needed) and document results on TOTS (i.e., MCHAT-R/F failed items and/or STAT total score and play/requesting/directing attention/imitation failed items)					

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<i>ethnic and cultural beliefs.</i>	Discuss screening and evaluation results with family and determine next steps (review to ensure consent has been obtained on FS-8 Notice of Action and Consent for Screening, Evaluation, and Assessment if already obtained, can be verbal consent)					
	Ensure that the family understands the commitment of an ILE (travel, time involved, responsive by phone, potential for multiple visits)					
	Succinctly complete Record Review Screen on TOTS (record review type, date, reason for request, request detail)					
	Complete the FS-16 Record Review Cover Letter and Request and submit it electronically to recrev@louisville.edu					
	Review the record review notification and ensure referral for ILE has been sent					
	Once the ILE is scheduled, ensure that the appropriate evaluators are authorized on planned services on TOTS (ensure a 3-week window of time to prepare, conduct the evaluation, and enter the report)					
	Assist with communication with the family to ensure that they attend the ILE- Since rescheduling isn't an option					
	After completion of the ILE, review findings on TOTS					

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	Follow procedures for determining eligibility					
	Discuss the results and eligibility with the Service Coordinator. Remind SCs of recommendations for program planning					
	Discuss the results and eligibility with the family					
Record Review at eligibility						
	Discuss with PLE- why eligibility review is needed for children whose initial evaluation results are inconclusive and POE staff are unable to make a clear eligibility decision (if a child is more significantly delayed in gross motor than fine motor or more significantly delayed in receptive communication than expressive communication, the total scores for the motor or communication domains may not show a significant developmental delay, but documented sub-domain scores do, and/or differences for the developmental domain). The Record Review team can use their clinical expertise to determine if the child is eligible for our services					
	Discuss screening and evaluation results with family & determine next steps (obtain consent on FS-8 <i>Notice of Action and Consent for Screening, Evaluation, and</i>					

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	Consent; if already obtained, written consent at intake can be verbal consent)					
	Succinctly complete Record Review Screen on TOTS (record review type, date, reason for request, request detail)					
	Complete the FS-16 <i>Record Review Cover Letter and Request</i> and submit it electronically to recrev@louisville.edu					
	Review the record review notification					
	Follow procedures for determining eligibility					
	Discuss the results and eligibility with the Service Coordinator. Remind SCs of recommendations for program planning					
	Discuss the results with the family					
ILE with IFSP						
	Discuss with SC- why the ILE is needed for the education programming- not just for a diagnosis: age of the child/child's development, autism considerations, synthesis of all screening results, PLE results, review annual 5AA, progress reports, observations, amount of documentation provided, what is included in the documentation (any conflicting information)- reach out for additional clarification					
	Review Policy and Procedures to determine if a request for an ILE is approvable					

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	Ensure that the IFSP team discussion regarding the need for ILE occurs and is documented on TOTS					
	Ensure adequate hearing evaluation has been completed before request					
	Conduct autism-specific screenings (if needed) and document results on TOTS (i.e. MCHAT-R/F failed items and/or STAT total score and play/requesting/directing attention/imitation failed items)					
	Discuss screening and evaluation results with family and determine next steps (obtain consent on FS-30 Notice of Action and Consent for Secondary Level Evaluation as needed)					
	Ensure that the family understands the commitment of an ILE (travel, time involved, responsive by phone, long waiting list- hard to get in)					
	Ensure the TOTS record is up to date, including the referral, health, evaluation, family assessment, IFSP screens, and all service and communication logs					
	Succinctly complete Record Review Screen on TOTS (record review type, date, reason for request, request detail)					
	Ensure that the FS-31 SLA Approval Request for Intensive Level Evaluation is complete and submitted to the SLA					

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	<p>If not approved, ensure that the FS-9 <i>Notice of Action</i> is provided to the family and documented in the communication log</p>					
	<p>If approved, ensure that the FS-16 <i>Record Review Cover Letter and Request</i> is complete and submit it electronically to recrev@louisville.edu</p>					
	<p>Review the record review notification and ensure referral for ILE has been sent</p>					
	<p>Once the ILE is scheduled, ensure that the appropriate evaluators are authorized on planned services on TOTS (ensure a 3-week window of time to prepare, conduct the evaluation, and enter the report)</p>					
	<p>Assist with communication with the family to ensure that they attend the ILE- Since rescheduling isn't an option</p>					
	<p>After completion of the ILE, review findings on TOTS</p>					
	<p>Discuss the results with the SC and answer any questions that they may have, and review the recommendations of the ILE team</p>					
	<p>Review eligibility reason on TOTS and update to an established risk condition if necessary to ensure accuracy</p>					
	<p>Provide the family with written notification of the change in eligibility (FS-9 <i>Notice of Action</i>)</p>					

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Service Exceptions						
	Discuss with SC why the service exception is needed for the educational programming considering progress, critical point of instruction, implementation of coaching/PSP model, and/or regression					
	Review TOTS and ensure that the IFSP team discussion regarding the need for service exception occurred, is warranted, and is documented					
	Verify consent was obtained on FS-30 Notice of Action and Consent for Secondary Level Evaluation					
	Ensure completion of the FS-16 Record Review Cover Letter & Request and the FS-17 Service Exception Supporting Documentation Form, sign and return to the SC for submission.					
	Once the determination has been posted on TOTS, review and answer any questions that the SC has (if any)					
Other Record Review Requests (change in eligibility, determining established risk, technical assistance/support)						
	Discuss the situation with those involved in the evaluation phase (intake coordinator, SC, PLE) to determine if a request is warranted					
	Review medical records and TOTS to ensure all relevant information is documented					

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	Contact the Record Review Team through the service account: recrev@louisville.edu with the inquiry					
	Proceed based on the guidance provided					
ILE/RECORD REVIEW TOTAL =						
5.0 Quality Assurance						
<i>Ability to provide training, assistance, and oversight to POE staff and KEIS providers to ensure developmental screenings, evaluations, and eligibility determinations are completed according to KEIS policies and procedures to confirm the provision of quality services in the district within the required timelines.</i>	Supporting Primary Level Evaluators (PLEs) & EI Providers					
	Training/guidance for PLEs- 5AA refreshers, including report writing (amount of detail, confidentiality, scoring, strength-based language) and data entry procedures					
	Answering questions about evaluation policies and procedures					
	Provide guidance on the correct order of assessment/evaluation activities					
	Training on KEDS data entry					
	Provide guidance on progress reports					
	Review Protocols (accuracy, accountability, storage)					
	Ensure that the POE receives the protocols from EI providers timely					
	Review a selection of evaluations and assessments (new providers/random checks) to verify that the provider is completing adequate and confidential reports, accurately reflects the child's					

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	information, and that the protocol is scored appropriately					
	Age equivalencies (review- often too extensive of a span or too vague- need help on how to explain/communicate to families- slight, moderate significant delay) solidly achieved or scattered scores?					
	After review of a protocol and report, reach out to the provider as necessary to provide technical assistance and/or ask for additional details					
	Follow-up documentation (Communication Log on further actions that are required)					
	Once a review is complete, ensure protocols are returned to the child's hard copy file					
Supporting Service Coordinators (SCs)						
	Training for new SCs on TOTS documentation, including medical information including hearing and vision, evaluation/assessment, screenings (ASQ/MCHAT), who can access the report, updated consents, etc.					
	Provide guidance and training around the redetermination of eligibility at annual, including entry of updated medical information, any new diagnoses, updates on child's general health, any new concerns that would impact their development, and required forms: FS-9					

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	Notice of Action if a change in eligibility status and a FS-18 Notice of Action for Annual Eligibility Determination					
	Provide training around the 5AA/PLE: understanding the report and providing an explanation to families					
	Conduct ASQ training for SCs and Community partners to assist with child find and referrals (if a certified ASQ trainer)					
	Provide consultation regarding the distribution of early intervention services: Max KEIS service hours (guidance about not starting with Max) 24 hours- for one provider can't miss any visits. Difficult to make up. Length of visit, multiples in a home, type of service being provided (in-person/virtual), not a service for each delay- interrelationship of delays and the services provided.					
	Providing guidance for service exceptions (IFSP team composition and frequency of requests) assists with determining if it is warranted					
	Consult with SCs before the IFSP meeting to discuss the evaluation conducted by DCES and contracted evaluators (as needed).					
	Attend IFSP Meetings upon request					
	Explain the roles of different disciplines					

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	Assist the SC when there is a suspicion of autism					
	Consider which SCs are newer or who have a particularly complex case- prioritize attending these IFSP meetings					
ASQ Audits (maybe already include with screening section??)						
	Review a selection of ASQs (new SCs/random checks) to verify that the SC is using the appropriate age/tool and accurately scoring protocols					
	Review the TOTS screening page in comparison to the hard copy screening tool					
	After reviewing the ASQ, reach out to the SC as necessary to provide technical assistance and/or ask for additional details					
	Follow-up documentation (Communication Log on further actions that are required)					
	Once the review is complete- ensure screening tools are returned to the child's hard copy file.					
QUALITY ASSURANCE TOTAL =						
TOTAL ALL AREAS =						

Scoring

Task	Area of Significant Strength	Area of Moderate Strength	Making Progress Toward Fidelity	Opportunity for Improvement
Intake/Screening	60-54	53-42	41-30	<30
Evaluation/Assessment	112-101	100-78	77-56	<56
Eligibility Determination	68-61	60-48	47-34	<34
ILE/Record Review	204-184	183-142	141-102	<102
Quality Assurance	112-101	100-78	77-56	<56
TOTAL SCORE				
	100 - 90%	90 - 70%	70 - 50%	< 50%

Commitment to Professional Growth and Development:
Trainings attended in the last year:
Targeted training for next year:
Plan for further action:

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