

Developmental Delay Assessment Documentation

School System _____
Student _____

School _____
Date of Birth ____/____/____

Grade _____
Age _____

1. Definition		
▪ child is aged 3 (<i>by IEP Begin Date</i>) through 9. Delays measured in one or more of physical, cognitive, communication, social/emotional, or adaptive development adversely affect child's educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ initial eligibility was made before child's 7 th birthday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ DD is most descriptive disability category of child's strengths and weaknesses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
▪ physical development (fine and gross motor skills combined)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ cognitive/intelligence development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ communication development (receptive and expressive language skills combined)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ social/emotional development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ adaptive development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ standard scores in 2 of the 5 individually administered measures are ≥ 1.5 standard deviations (77/78) below the mean of the test instrument <i>OR</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ standard scores in 1 of the 5 individually administered measures is ≥ 2.0 standard deviations (70 or less) below the mean of the test instrument <i>AND</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ when deficit is 2.0 standard deviations below test mean, the existence of <i>another disability category that is more descriptive</i> of the child's learning style has been ruled out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation of atypical development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ observation of developmental strengths and needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ observation to document delayed or atypical development in a natural environment by a qualified professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ interview with child's parent to discuss and confirm child's noted developmental strengths and needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ review of any existing records or data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation (observation and/or assessment) of how Developmental Delay adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ for initial eligibility <i>OR</i> reevaluation past the child's 7 th birthday, a comprehensive psycho-educational evaluation measuring developmental skills, cognitive functioning, and other areas determined appropriate by IEP team was conducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Speech/Language Therapist

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date

Signature of Assessment Team Member

____/____/____
Date