



### **Frequently-Asked Questions: Screening, Eligibility and Assessment**

Q1: How are we supposed to evaluate and/or assess vision and hearing? Will there be tools/resources for this? In reading the new rule it feels like the Taking a Look! and the Hearing Status Questionnaire won't be sufficient?

A: Answer: Vision and hearing falls under the physical developmental domain and is one of the five developmental domains that need to be evaluated and assessed.

Evaluators and Assessors (E&A) could use one (or more) tools to evaluate and assess in order to obtain a clear picture of the child's needs around vision and hearing.

E&A must review medical records when available with parent consent to obtain information about the child's vision and hearing status. 5123-10-02 (G) and (I)

DODD is currently in the process of developing some guidance and resources around assessing hearing and vision. We plan to post to our website by 7.1.19.

DODD has made available to all EI teams vision and hearing providers who have expertise in assessing vision and hearing-we highly encourage you to reach out to these experts.

**Rule Reference: 5123-10-02 (I) (3) (C)**

Q2: What are expectations for summarizing present levels of a child's health status on the IFSP? Can this just be through parent interview, or should it be more formal by requesting records from primary care and/or specialists.

A: Evaluation and Assessment teams follow procedures in 5123-10-02 (G) and (I) to gather information related to health status. This information must be summarized in Section 3 of the IFSP.

Q3: NAS is now a part C eligible diagnosis. Are children born affected by illegal substance on the PCSA 8021 considered an NAS diagnosis? If we receive a PCSA 8021 do we still need documentation from a medical source?

A: Children born affected by illegal substances on the PCSA 8021 are not considered an NAS diagnosis or diagnosis on the list. If the child has a diagnosis of being born affected by illegal substances, the EISC must coordinate eligibility including coordinating an evaluation or

requesting the medical provider complete EI-12 affirming that the condition is or has a high likelihood of resulting in a developmental delay.

**Rule Reference: 5123-10-02 (C) (1) (b), Appendix C 5123-10-02**

Q4: Previously, if the ASQ-3 is administered as a developmental screening, then it was also required that the ASQ-SE also be completed. It looks like this is no longer required. Can you please confirm or clarify this?

A: Sure! **5123-10-2 (E)(1)(c)** states “Dept. approved screening tool” The ASQ/ASQ-SE will remain the Ohio Early Intervention’s approved developmental screening tools-we plan to post a list of approved screening, evaluation, child assessment and family directed screening tools soon. Current administrative guidelines for this tool require the use of both screening tools.

Q5: Appendix B lists who is included, but not limited to, licensures that meet the definition of qualified personnel. Since the appendix says the list is not limited to this, what are the parameters for others who may also meet this definition?

A: Qualified personnel in Ohio would need to be licensed/credentialed/certified by an Ohio licensing body or agency AND the respective licensing/credentialing/certifying body/agency identifies that the following activities are within the professional’s scope of practice: to conduct evaluations, assessments, and provide early intervention services. Appendix B is a list of qualified personnel that currently meets DODD’s definition of qualified personnel. **Rule Reference: 5123-10-02 (B) (29)**

Q6: The rule states that if an evaluation is occurring, the child should have a multidisciplinary evaluation. Does this specifically mean that the evaluation team must have two qualified personnel participating? Do they need to be of different disciplines as before? The assessment rule also references multidisciplinary assessment. Is this the same requirement as the evaluation team?

A: Federal regulations and DODD’s rules require a multidisciplinary evaluation and child assessment. This means that the evaluation and child assessment must be conducted by two different disciplines. If one person holds two different licensures/credentials (Appendix B) that one person represents more than one discipline and would meet the definition of multidisciplinary.

**Rule Reference: 5123-10-2- (B)(21)(a) and Appendix B**

Q7: I was just referencing the appendix of those qualified to do evals/assessment. It states: Special educators including early childhood educators when licensed for ages three through eight, grades kindergarten through third, or special education. Does that mean that the early childhood educator would have to have a specific “special education/early childhood” credential? I think in the past it was just “early childhood” credential but not sure now as the way this reads.

A: It is our understanding that ODE may be making some changes to their licenses – this means any licensed teacher with a special education license, including early childhood, K-3, 3-8 or special education.

Q8: Why aren't brain abnormalities on the list?

A: “Brain abnormalities” is a general term that can describe the result of any number of diagnosed conditions such as cerebral palsy or microcephaly.