



North Carolina Transdisciplinary Play-Based Assessment Summary Sheet & Graph Instructions

This report summary spreadsheet and graph were designed as technical assistance for the purposes of documenting diagnostic information gleaned from a Transdisciplinary Play-Based Assessment-2 (TPBA2, Linder, 2008) report for use in determining eligibility for special education and related services for young preschool children with disabilities in North Carolina.

Items within the report summary spreadsheet were intentionally organized to align with required evaluation components for the category of Developmental Delay. Information gleaned from parent interviews, screenings, observations and qualitative diagnostic information from informed educational/clinical opinion must be included in the diagnostic report and the eligibility determination process. This information would be applicable for use in determining eligibility for other areas of disability.

Specific guidelines for determining eligibility for special education and related services can be found in the *Policies Governing Services for Children with Disabilities*
<http://www.ncpublicschools.org/docs/ec/policy/policies/2007policies.pdf>

Completing the information for age ranges, cluster age, and percent delays:

- Age ranges are to be recorded for each subcategory based on the estimated age level for behaviors observed during the assessment. Age referencing tables may be found within each section of the manual. This may be helpful information for parents when explaining that children may have a scatter of age level behaviors within a given subcategory and it may also provide valuable information when developing the present levels of academic and functional performance and IEP goals.
- The individual diagnostician must then provide the most frequently occurring age level (cluster) for each subcategory.
- The spreadsheet will automatically calculate the percent of delay for each subcategory and graph based on the cluster age range.
- Scores obtained in yellow highlighted cells will be used in the eligibility determination process. All information, however, must be considered.
- Adaptive behavior measures from the TPBA2 system may include:
 - Assessment System Source:
 - *Sensorimotor Contributions to Daily Life* subtest (see, Sensorimotor Development Domain),
 - *Sense of Self* subtest (see, Emotional & Social Development Domain),

➤ Parent Source

- *Daily Routines Rating* parent form (see, TPBA2 manual)
- *All About Me* parent questionnaire (see, TPBA2 manual)

Age equivalency scores may be derived from the *Sensorimotor Contributions to Daily Life* and *Sense of Self* subtests and can be used for eligibility determination purposes as part of the assessment.

The Daily Routines Rating and *All About Me* questionnaire measures may be used as the parent source; however, no age range information is available for these tools. Therefore, the qualitative information obtained must be described in the body of the report and no age scores are entered in the summary spreadsheet. If the IEP team determines that age level scores are required from the parent for the purpose of establishing eligibility, a second adaptive measure not contained within the TPBA2 system (e.g., Vineland, ABAS) must be used so that a standard/age score can be obtained from the parent.

Definition of Terms:

- **Domain:** refers to seven overall areas of development noted on the left hand column of the spreadsheet; terminology used here matches that used in *Policies Governing Services for Children with Disabilities*.
- **Subcategory:** refers to behaviors that fall within one domain; noted on the second column from the left on the spreadsheet.
- **Age Range:** refers to approximate age level functioning based on recorded observations of a child's behavior in play using the observation guidelines in the TPBA2 system; age levels (in months) are assigned to skills observed within each subcategory; the range reported on the spreadsheet indicates the lowest to highest level observed per subcategory.
- **Cluster:** refers to the most frequently occurring age level for the subcategory and domain; not calculated and requires diagnostician input.
- **Summary Graph:** refers to the graph depicted on the bottom half of the report which reflects the most frequently occurring (cluster) age level behavior observed for each subcategory and the percent of delay; primarily used for explaining to families.

References: Linder, T. (2008). *Transdisciplinary Play-Based Assessment*, Second Edition. Baltimore: Paul H. Brookes Publishing Co.

Required Screening and Evaluation(s) for Eligibility Determination as a Child for Developmental Delay under *Policies Governing Services for Children with Disabilities* [NC 1503-2.5(d)(4)(i)]

A full and individualized evaluation of a child's need must be conducted before any action is taken with respect to determining eligibility for special education. Required screening and evaluation to determine eligibility in the areas of Developmentally Delay are as follows:

- (A) Hearing screening;
- (B) Vision screening;
- (C) Motor screening;
- (D) Health screening;
- (E) Speech-language screening;
- (F) Observation across settings, to assess academic and functional skills;
- (G) Summary of conference(s) with parents or documentation of attempts to conference with parents;
- (H) Social/developmental history;
- (I) Education evaluation;
- (J) Adaptive behavior evaluation; and
- (K) Psychological evaluation, including cognitive and social-emotional measures.

NC Requirements for Who Can Conduct Required Evaluations under *Policies Governing Services for Children with Disabilities*

- Adaptive behavior evaluation: Information about a child's adaptive functioning must be gathered from two sources: one source must be the parent. In preschool evaluations, information gathered during the play-based assessment may be compiled and used as the second source. These measures must be conducted by professional personnel who are trained in the assessment of adaptive behavior and in the interpretation of the assessment results. *NC 1500-2.11(b)(1)(ii)*
- Education evaluation: A licensed teacher or other appropriate professional may conduct the educational evaluation. *NC 1500-2.11(b)(5)*
- Motor screening: Psychologists, specially trained teachers of children with disabilities including adapted physical education teachers, occupational therapists, physical therapists, and other health professionals. *NC 1500-2.11(b)(8)*
- Motor evaluation: Motor evaluations are performed by physical therapists or occupational therapists or, when appropriate, adapted physical education teachers. Oral motor skills may be assessed by speech-language pathologists when appropriate. *NC1500-2.11(b)(9)*
- Psychological: School psychologist licensed by the State Department of Public Instruction or board licensed psychologist licensed. *NC1500-2.11(b)(13)*
- Social/Developmental History: Licensed social worker, special educator, psychologist, counselor, nurse, teacher or other appropriate persons may conduct the social/developmental history. *NC1500-2.11(b)(14)*
- Speech-Language evaluation: Speech-Language Pathologist licensed by the state Department of Public Instruction and/or licensed by the State of North Carolina. *NC1500-2.11(b)(16)*

Definition of Developmental Delay under *Policies Governing Services for Children with Disabilities* [NC 1503-2.5 (d)(4)(ii)]

To be determined eligible in the disability category of developmental delay, a child must be:

(A) Between the ages of three through seven, whose development and/or behavior is so significantly delayed or atypical that special education and related services are required.

(B) *Delayed/Atypical Development.* A child may be defined as having delayed/atypical patterns of development in one or more of the following five areas: physical development, cognitive development, communication development, social/emotional development or adaptive development.

- a. The criteria for determining delayed development for ages three through seven are:
 1. A 30 percent delay using assessment procedures that yield scores in months, or test performance of 2 standard deviations below the mean on standardized tests in one area of development; or
 2. A 25 percent delay using assessment procedures that yield scores in months or test performance of 1.5 standard deviations below the mean on standardized tests in two areas of development.
- b. Identification of these children will be based on informed educational/clinical opinion and appropriate assessment measures.

(C) *Delayed/Atypical Behavior.* A child with delayed or atypical behavior is characterized by behaviors that are so significantly inadequate or inappropriate that they interfere with the child's ability to learn and/or cope with normal environmental or situational demands. There must be evidence that the patterns of behavior occur in more than one setting over an extended period of time.

- a. The criteria for determining delayed/atypical behavior for ages three through five must be documented in one or more of the following areas:
 1. Delayed or abnormalities in achieving milestones and/or difficulties with issues, such as:
 - i. Attachment and/or interaction with other adults, peers, materials, and objects;
 - ii. Ability to communicate emotional needs;
 - iii. Ability to tolerate frustration and control behavior, or
 - iv. Ability to inhibit aggression.
 2. Fearfulness, withdrawal, or other distress that does not respond to comforting or interventions;
 3. Indiscriminate sociability, for example, excessive familiarity with relative strangers; or
 4. Self-injurious or other aggressive behavior.
- b. The criteria for determining delayed patterns of behavior and adaptive skills for ages six through seven must be exhibited in two or more of the following ways:
 1. The inability to interact appropriately with adults and peers;
 2. The inability to cope with normal environmental or situational demands;
 3. Use of aggressive or self-injurious behavior, or

- 4. Inability to make educational progress due to social/emotional deficits
- c. Identification of these children will be based on informed educational/clinical opinion and appropriate assessment measures.