### NYC Evaluation Checklist

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_**

**Team members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prior to evaluation:**

\_\_ Contact family to arrange evaluation within 24 hours. Date contacted:\_\_\_\_\_\_\_\_\_\_

\_\_ Contact MKSA (Adrienne) to inform us of the date evaluation has been scheduled.

\_\_ Make sure all testing materials are clean and that you have all necessary protocol and testing materials ready

**During the evaluation:**

\_\_ Have *Evaluation Consent Form* signed before beginning evaluation. Fax to Adrienne: 516-577-9611.

\_\_ Confirm spelling of all names and DOB.

\_\_ Conduct a *Parent Interview*. (Discuss and note the parent’s concerns, priorities and resources related to the *child’s developmental status and progress*).

\_\_ Offer a *Family Assessment.* (Discuss and note the parent’s concerns, priorities and resources of the *family* related to enhancing the child’s development).

**Following the evaluation:**

**\_\_** Score your tests as soon as possible.

**\_\_** Call parents and discuss your individual findings. Date results were discussed with family:\_\_\_\_\_\_\_\_\_

**\*\*\***Add contact date to your individual written evaluation report.

**Report Writing:**

**\_\_** Add a description of the assessment process and conditions. Include: lighting, space, response of child, etc.

\_\_ Include information from the parent interview, clearly indicating: *Concerns: Priorities: Resources*:.

\_\_ Include information from the family assessment (if conducted), clearly indicating: *Concerns: Priorities:,*

\_\_ Use parent friendly language and explain technical information in lay terms.

*\_\_* Include an ICD-9 code and a CPT code and your NPI#

*\_\_* Indicate the date the evaluation was discussed with the family at the end of your report.

\_\_ Include an attestation statement.

\_\_ Proofread your report.

\_\_ Submit your report in a timely manner. (Within 3 days of conducting the evaluation)

\_\_ All reports **must** be submitted and only accepted through our secure DATAMOTION system.

\_\_ If bilingual evaluation indicate languages in which testing items were presented and response of child.

\_\_\_ Use the NYS *clinical practice guidelines* to document age appropriate skills or support a delay.

**Conclusion:**

\_\_ Special Educator will discuss findings and eligibility with the family; offer assistance in understanding the results.

\_\_ Note the **date of discussion**:\_\_\_\_\_\_\_\_\_\_\_

\_\_ Add the ***date of discussion*** to the end of the summary of MDE with a statement about whether or not the family agrees with the findings. If bilingual evaluation indicate the language used during your discussion.

\_\_ If you are conducting a bilingual evaluation, include a bilingual summary narrative.

\_\_ If the family requests an English only summary of MDE, note that in your report and summary of MDE.

\_\_ If eligibility status changes for any reason, a revised summary will be completed indicating date the change

was reviewed with family and suggestions for alternate means of support to help parents address concerns.

GK 7/15