**MULTIDISCIPLINARY CORE EVALUATION**

Confidential

|  |  |  |
| --- | --- | --- |
| Child’s Name | D.O.B. | C.A. |
|  |  |  |
| Language at Home | Language of Evaluation | Evaluation Location |
| English | English | Child’s Home |
| ICD-10 Code (s) | CPT Code (s) | Evaluators |
| R62.0  F80.2 | 96112  92523 | **Developmental**  Carmen A. Erskine-Williams, M.S. Education  **NPI** 1639225568  **Speech and Language**  Maureen Webb,  M.S. CCC-SLP  **NPI** 1902051568 |
| Assessment tools utilized | Teacher of Special Education | Speech and Language Pathology |
| -DAYC-2  -Informed Clinical  Opinion  -Hawaii Early Learning  Profile Strands  (HELP Strands)  -Early Childhood  Development Chart  -Parent Interview  -Clinical Observation | -Informed Clinical  Opinion  -Parent Interview  -Clinical Observation  - Receptive-Expressive Language Scale (REEL-4) |
| Date (s) of Assessment | 3/7/2024  1:30- 2:30 pm | 3/7/2024  1:30- 2:30 pm |

**REASON FOR REFFERAL**

Sample was referred to early intervention by her mother regarding her communication development. Ms. Brown shared that while Sample can be heard to babble some, she does not have any true words in her vocabulary at this time. This is Sample’s ***initial***referral to the Early Intervention Program.

#### FAMILY INTERVIEW

**BACKGROUND INFORMATION**

Living Situation: Sample lives in a home with her parents, in the Mt. Vernon section of Westchester County. Ms. Brown is employed part-time as a Home Health Aide; Mr. Dixon is employed full-time in the Security industry.

Child Care: While parents are at work, Sample is cared for by her maternal grandmother.

**MEDICAL HISTORY & DEVELOPMENTAL MILESTONES**

Pregnancy: Ms. Brown reported her pregnancy to be without any complications. She Sample was born full-term via c-section delivery at Lawrence Hospital (Bronxville). Mother reported that Sample weighed about 7 pounds at birth. Mother and Sample were released from the hospital together.

Medical:Ms. Brown reported no history of allergies; asthmatic related symptoms; surgeries or hospitalizations with Sample. Reportedly, Sample’s immunizations are up to date. Please refer to Sample’s medical for further information.

Developmental:Reportedly, Sample achieved her motor milestones a little later and began walking at around 11 months. Regarding speech-language milestones, parents reported that Sample began babbling at around 12 months; however, she has not progressed to using functional words.

Family History of Developmental Delays: Ms. Brown did not report any history of learning disabilities or developmental delays within the family.

Hearing: Ms. Brown reported that Sample has not experienced any ear infections since her birth.

Vision: Sample has no known difficulties with vision. It has not been tested. This is not of concern to the family.

Previous Evaluations: None.

Intervention History: None.

Transportation: The family is capable of securing means of transportation to and from meetings for the purpose of the Early Intervention Program. Sample does not require any special needs in regards to transportation.

**Family Assessment**

*The family was offered and accepted the Family Assessment as part of their child’s multidisciplinary evaluation. They were explained and understand that this is not an assessment of them, but an opportunity for them to engage in a process to identify the family’s needs, concerns, resources, and priorities to the enhancement of their child’s development.*

*Please see attached form.*

**Behavior Observations**The evaluation was conducted in the living room of her home in the presence of her mother and the developmental evaluator via zoom as well as her maternal grandmother briefly. She walked around the room and intermittently returned to where her mother and the speech evaluator were seated. She did not look when her name was called. She maintained good eye contact. She tended to W-sit. She walked on her tiptoes.

She picked up a sippy cup from the table and placed it to her mouth while a pacifier was in her mouth. She pushed buttons on a xylophone. She did not respond or look at the evaluator when she was asked to give her mother a ball. She opened an alphabet book and said, “ba” while looking in the book. She attended to a book for a minute while the evaluator named the pictures.

She placed two blocks on each other and then banged them together. She did not imitate stacking more than two blocks. She picked up a block when it fell. She tried to put stackable cars on each other. She placed one car on.

She said, “te” while looking at a teddy bear. She did not give the bear a drink on request or imitate this. She did not imitate stirring with a spoon. She placed spoon to the teddy’s mouth after the evaluator provided hand over hand.

She tended to use one hand to balance self and played with the toys with the other hand when her feet were placed in front of her.

Towards the end of the evaluation, her maternal grandmother came downstairs and walked to the child gate separating the living room from the stairs. She did not make a sound to greet her grandmother but she looked at her in a communicative manner. When her grandmother walked away to another room she began to cry.

Reportedly, Sample’s performance during the evaluation is consistent with her everyday behavior.

**Statement of Validity:**  Ms. Brown reported that Sample’s behavior during the evaluation process was typical. Therefore, results of this evaluation represented a valid and optimal estimate of her functioning.

**Results**

The DAYC-2 is a standardized evaluation that utilizes subjective parental/caregiver report to determine the developmental status of young children. The DAYC-2 assesses development using different subtests to examine the child’s developmental domains.

Standard Standard Deviation Age equivalent Percentile

Subtest Score from the mean

Cognitive 85 -1.00 13 months 16th

Social Emotional 95 -0.33 17 months 37th

Physical 93 -0.47 15 months 32nd

Adaptive Behavior 85 -1.00 13 months 16th

**Cognitive**

Standard Score: 85. According to the DAYC-2, parent report and clinical opinion, Sample is functioning in the below than average range in her cognitive domain. Ms. Brown reported that Sample enjoys playing with a variety of toys, especially those that rattle and make noise. While working with Sample, she was observed to play with just a few toys. She managed to build a tower of 2 blocks, but not more than that. She tapped the keys on her toy piano; pushed buttons on toys to activate them and turned pages in a book. Sample imitated the evalutor by offering the doll something to eat; however, she did not elaborate on this type of pretend play. When asked, Sample was unable to point to any of her body parts. When presented with a picture book, Sample was unable to point to any common object. She was not heard to use spontaneous language. Informed clinical opinion suggests a 25% delay in this area.

According to the HELP, in the next few months Sample should be able to point items upon request; explore toys appropriately; enjoy nursery rhymes; sort objects; recognize herself in a photograph; identify at least six body parts; remember where objects belong; and follow one-step directions more consistently.

**Communication**

**Hearing**

An audiological evaluation was not done. Reportedly, a new born hearing screening was done; and she passed. Reportedly, she has had no ear infections. Reportedly, she inconsistently responds to her name, sounds, and speech. During the evaluation, she did not look when her name was called, localize to sounds, or respond to speech. She did not respond when hands were clapped behind her ears at two different times (one time by her mother and another time by the evaluator. An audiological evaluation is recommended to assess hearing acuity at all frequencies.

**COMMUNICATION**

Sample’s receptive and expressive language skills were assessed via observation of her communicative skills during play, mother’s report, and administration of the **REEL-4**. The **REEL-4** is a standardized test that examines a child’s receptive (understanding) and expressive (using) language skills from birth to 36 months old. It should be noted that the **REEL-4** can be administered using everyday objects, clinician observation, and parent report, not specific test materials. The following scores were obtained:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REEL-4 | Raw Score | Standard Score | Percentile | Ratings |
| Receptive Language | Did not obtain | Could not be Scored | Could not be scored | Impaired/Delayed |
| Expressive Language | 13 | 62 | 1 | Impaired/Delayed |
| Total Language Ability | N/A | Could not be scored | Could not be scored | Impaired/Delayed |

Receptively, Sample did not obtain a standard score secondary to no raw score but this is considered to be impaired/delayed on the **REEL-4.** She did not establish a basal or obtain a ceiling. She quieted by a familiar friendly voice, turned both head and eyes to speaker, looked at nearby speaker even when she was not being spoken to, stopped crying when she heard comforting voices, moved to the beat of music, and listened with interest to music or singing. Reportedly, she does not consistently respond to her name. Reportedly, she does not follow familiar routine directions. Reportedly, she does not identify body parts. Reportedly, she attends to a book, while the pictures are named. Reportedly, she does not give objects on request. During the evaluation, she did not acknowledge the evaluator when the evaluator told her to give her mother the ball, a skill expected to be solid at the 12-month age level. She did not look when her name was called, a skill that should be solid at the 12-month age level. She did not give a toy on request, a skill at that should be solid at the 12-month age. She did not look at her mother when asked “where is mommy?” a skill that should be solid by the 12-months age level. She attended to a book while the pictures were named, a skill at the 12-15-month age level. She did not point to any of the pictures or

objects on request, a skill that should begin emerging at the 15-month age level. She did not imitate stacking more than two blocks, a skill that should begin emerging at the 12-month age level. She did not imitate giving the bear a drink, a skill that should begin emerging at the 9-month age level. She did not imitate stirring with a spoon, a skill that should begin emerging at the 9-month age level. She placed the spoon to the bear’s mouth after the evaluator provided hand over hand, a skill at the 9-12-month age level. For her age, she should be able to identify six body parts or clothing items on a doll, find familiar objects not in sight, complete two requests with one object, identify objects by category, and understand 50 words. Based on the **REEL-4**, parent report, and clinical impression, Sample’s receptive language skills are significantly delayed.

Expressively, Sample obtained a standard score of 62, which is -2.53 deviation below the mean and is considered Impaired/delayed on the **REEL-4**. She established a basal at the 0-6-month age level and obtained a ceiling at the 13-22-month age level. She cried a lot in a loud and clear voice, made sounds when she was contented, made vowel sounds when she cried, had a hungry cry, made happy sounds, laughed and made happy sounds when she was tickled and played with, made the same sounds over and over, made sounds while her body was still, vocalized when she was more contented, and produced consonant-vowel combinations. Reportedly, she does not use words to communicate her wants and needs. Her mother stated she anticipate her wants and needs or Sample fusses when she wants something to eat. Reportedly, she does not say dada or mama meaningfully, but randomly makes the sounds “yeah,” “mama” and “dada.” Reportedly, she does not imitate sounds or words. During the evaluation, she made some consonant-vowel sounds (ba, te), a skill at the 9-month age level. She did not attempt to imitate sounds or words, a skill that should begin emerging at the 9-month age level. She cried when her grandmother walked to another room, a skill at the 9-month age level. For her age, he should be able to use 15 meaningful words, used consonants such as *t, d, n,* and *h,* talk rather than use gestures, imitate words overheard in conversation, asks “what’s that?” asks for “more,” and name five to seven familiar objects upon request. Based on the **REEL-4**, parent report, and clinical impression, Sample’s expressive language skills are significantly delayed.

**Articulation/Phonological Skills**

Sample’s articulation/phonological skills were assessed via parent report and professional observation. Reportedly, she randomly makes some consonant-vowel-consonant-vowel sounds. During the evaluation, she made consonant-vowels. The following phonemes were heard: /b/, /a/, /t/ /e/. Her articulation/phonological skills could not be fully assessed secondary to limited vocal output.

**Oral Motor/Feeding Skills**

Sample’s oral structure appears to be intact and symmetrical. Muscle tone appeared normal. She uses a pacifier. Her oral motor reflexes were integrated. Spontaneous lip rounding, and puckering were not noted. She did not elevate or lateralize tongue during the evaluation.

Her mother did not express any concerns about her feeding skills. Reportedly, she drinks five bottles a day. Her mother stated that she drinks from sippy cups as well and can drink from a straw. Her feeding skills were not assessed at this time. Sample’s oral motor/feeding skills were age appropriate.

**Social-Emotional**

Standard Score: 95. According to the DAYC-2, the HELP Checklist, parent report and clinical opinion, Sample is functioning at the 17-month level in her social-emotional domain. Ms. Brown reported that Sample can be affectionate. Whenever Sample sees another child, “she will walk up to them and touch their face.” During play, Sample was able to engage in and maintain eye contact with the evaluators; however, she did not consistently respond to her name. During the day, Sample remains at home with her mother or maternal grandmother.

According to the HELP, in the next few months Sample should imitate doing housework and other real-life activities; show jealousy at attention given to others; show a wide variety of emotions, for example, fear,

anger, sympathy, modesty, guilt, joy; interact with peers using gestures; and enjoy solitary play for a few minutes.

**Physical**

Standard Score: 93. According to the DAYC-2, the HELP Checklist, parent report and clinical opinion, Sample is functioning at the 15-month level in her physical domain. With respect to her gross motor skills, Sample was observed to walk around the living room area without any difficulty. However, she was observed to walk on her toes at times. While sitting, Sample was observed to sit with her legs in a “W” position. Sample was able to squat and pick up a few toys from the floor; stoop and then stand again without losing her balance. Ms. Brown reported that Sample is able to creep up and down a set of stairs. With respect to her fine motor skills, Sample was observed to push toys around; build a tower of 2 blocks; and press buttons on a toy.

According to the HELP in the next few months Sample should be able to throw a large ball forward, kick a ball forward, run fairly well, move on “ride on” toys without pedals, climb forward onto an adult chair and sit, build a tower with three cubes; imitate circular scribble.

**Adaptive**

Standard Score: 85. According to the DAYC-2, the HELP Checklist, parent report and clinical opinion, Sample is functioning at the 13-month level in her adaptive domain. Ms. Brown reported that Sample will drink from a sipping cup and regular cup; and can sip from a straw. However, she shared that she continues to drink her milk from an infant bottle. Mother reported no feeding concerns with Sample. She stated that Sample is a good eater. Mother also reported that Sample will nap during the day and sleeps comfortably through the night. Mother shared that Sample enjoys taking baths, playing and splashing water while in the tub. However, a few sensory seeking behaviors were reported and observed. Mother shared that Sample tends to have difficulty with utensils. During testing, Sample was observed to place inedible objects into her mouth. Mother shared that Sample fusses during diaper changes. She also shared that Sample likes to rub and caress her mother’s face in order to fall asleep. During our observation, Sample was observed to walk on her toes and sit with her legs in a “w” position. Informed clinical opinion suggests a 25% delay in this area.

According to the HELP in the next few months Sample should distinguish between edible and inedible objects; learn to remove shoes when laces undone; zip and unzip a large zipper; give empty dish to adult; open doors by turning their knobs.

**Summary**

Sample Dixon, a 1 year and 6 month old female was seen for a developmental evaluation based on her parents’ concern in relation to a limited expressive vocabulary.

According to the Developmental Assessment of Young Children (DAYC-2), HELP Checklist, parent report, clinical observations, Sample is an 18-month old that presents age appropriate skills in her social-emotional, physical and adaptive domains.

With respect to her cognitive domain, Ms. Brown reported that Sample enjoys playing with a variety of toys, especially those that rattle and make noise. While working with Sample, she was observed to play with just a few toys. She managed to build a tower of 2 blocks, but not more than that. She tapped the keys on her toy piano; pushed buttons on toys to activate them and turned pages in a book. Sample imitated the evalutor by offering the doll something to eat; however, she did not elaborate on this type of pretend play. When asked, Sample was unable to point to any of her body parts. When presented with a picture book, Sample was unable to point to any common object. She was not heard to use spontaneous language. Informed clinical opinion suggests a 25% delay in this area.

With respect to her communication domain, Sample presents with significantly delayed receptive and expressive language skills characterized by limited use of words to make her wants and needs known, limited following directions, limited receptive and expressive, limited use of appropriate gestures to make her wants and needs known, limited imitation of sounds and words, and limited respond to her name. Her articulation/phonological skills could not be fully assessed secondary to limited vocal output.

Her oral motor/feeding skills are grossly age appropriate at this time.

**Eligibility Statement**

Based upon formal testing, parent report and clinical observation, Sample is demonstrating a 25% delay in her cognitive domain (ICD-10 Code: R62.0); and a 33% delay in her communication domain (ICD-10 Code: F80.2); therefore, she meets the eligibility criteria for Early Intervention services.

**Recommendations**

Special Instruction services.

Speech and language services.

Occupational Therapy evaluation.

**Cognitive Goals**

Sample will:

1. point to at least 3 of her body parts upon command;
2. point to at least 3 common objects in a picture book upon comman;
3. use spontaneous language.

**Communication Goals**

**Goals should focus on:**

1. Increase receptive/expressive vocabulary.
2. Imitate words.
3. Follow routine directions.
4. Respond to her name and other sounds.
5. Imitate actions.
6. Increase phonemic repertoire.
7. Engage in turn-taking activities.
8. Give an object on request.
9. Use basic signs to foster more effective communication.
10. Parent training and education to foster carryover.

**Adaptive Goals**

Sample will:

1. improve coping skills;
2. use utensils;
3. refrain from placing inedible objects into her mouth.

**Consent**

Ms. Brown gave permission for this evaluation. The evaluator solicited from the mother, concerns and priorities about the child. At the end of this evaluation, the evaluators shared with the mother the results of the evaluation, recommendations and strategies. Mother indicated that the results were understood and that the evaluation process included parental concerns and priorities. She was informed that a written copy of the evaluation would be sent to her.

**Attestation Statement**

*We certify that we personally evaluated Sample Dixon, employing age appropriate instruments and procedures as well as informed clinical opinion. We further certify that the findings contained in this report are an accurate representation of Sample’s level of functioning at the time of our assessment.*



Carmen A. Erskine-Williams, M.S., Education, NYS Certification License # 345940032, 3/7/2024

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Maureen Webb, M.A. CCC/SLP, Speech/Language Pathologist, NYS License #011836-1, 3/7/2024