DRDP (2015)

Early Education
Information Page

An Early Childhood Developmental Continuum

For use with Early Care and Education Programs

1a. Child's first name (Legal)**:** _____

1b. Child's last name (Legal)**:** _____

Date DRDP (2015) was completed (mm/dd/yyyy) _____ / _____ / _____

Assessment period (e.g., Fall 2016) _____

Child Information

2. Statewide Student Identifier (10-digit SSID) _____ :

3. Agency Identifier _____ :
(agency identifier and statewide student identifier can be the same)

4. Child's classroom or setting: _____

5. Birth date (mm/dd/yyyy)**:** _____ / _____ / _____

6. Gender   Male   Female   Non-binary

7. Initial date of enrollment in early childhood program (mm/dd/yyyy)**:** _____ / _____ / _____
Date child was withdrawn from the program (mm/dd/yyyy)**:** _____ / _____ / _____

8a. What is this child's ethnicity?

   Yes, Hispanic or Latino   No, not Hispanic or Latino

8b. What is this child's race? *Mark one or more races to indicate what this child considers himself/herself to be.*

Asian Indian	Laotian
Black or African-American	Native American
Cambodian	Other Asian
Chinese	Other Pacific Islander
Filipino	Samoan
Guamanian	Tahitian
Hawaiian	Vietnamese
Hmong	White
Japanese	Intentionally left blank
Korean	

17. Does this child have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP)**?**   Yes   No   Don't know

Observer Information

9. Agency: _____ **Site:** _____

10. Your name: _____ **Title:** _____

11. Are you the primary teacher working with this child?
   Yes
   No (specify your relationship to the child)**:** _____

12. Did another adult assist you with assessing this child?
   Yes (role/relation)**:** _____
   No

Child's Language Information

13. Child's home language(s): _____
   Is a language other than English spoken in the child's home?   **Yes**   **No**
   If yes, the ELD measures must be completed for a preschool-age child

14. What language(s) do you speak with this child? _____

15. Did someone who understands and uses the child's home language assist you with completing the observation?
   Yes, role/relation: _____
   No   Not applicable (*I understand and use the child's home language*)

16. Child is enrolled in: Check all that apply.

State Infant/Toddler Program	Tribal Head Start
State Preschool	Migrant
Head Start	First 5
Early Head Start	Title 1
Child Care Center	Family Child Care Home
Other: _____	

Child's tuition fees are:
   Subsidized (tuition assistance)   Not subsidized (full fee)   Don't know