

DRDP (2015)

Special Education Information Page

An Early Childhood Developmental Continuum

For use with Early Intervention and Early Childhood Special Education Programs

1. Child's first name (Legal): _____
2. Child's last name (Legal): _____
3. Date DRDP (2015) was completed (e.g., 09/07/2015) _____ / _____ / _____
4. Assessment period (e.g., Fall 2015) _____

Child Information

5. Student ID (Issued by district for reporting to CASEMIS) _____
6. Statewide Student Identifier (10-digit SSID) _____
7. Gender Male Female Non-binary
8. Birth date (e.g., 03/05/2012) _____
9. Special education enrollment. Check one. _____ / _____ / _____
Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

Child's Language Information

10. Child's home language(s):
English Spanish
Vietnamese Cantonese
Hmong Tagalog/Pilipino
Other (specify) _____
11. Language(s) used with this child:
English Spanish
Vietnamese Cantonese
Hmong Tagalog/Pilipino
Other (specify) _____
12. Is a language other than English spoken in the child's home? Yes No
If yes, complete the ELD measures for a preschool-age child.
If the child is Deaf or Hard of Hearing and not learning a spoken language, mark "No" and do not complete the ELD measures.

Child's Ethnicity

- 13a. Is this child Hispanic or Latino? Check one.
Yes, Hispanic or Latino No, not Hispanic or Latino Intentionally left blank
- 13b. What is the race of this child? Check up to three.
Asian Indian Hmong Samoan
Black or African-American Japanese Tahitian
Cambodian Korean Vietnamese
Chinese Laotian White
Filipino Native American Intentionally left blank
Guamanian Other Asian
Hawaiian Other Pacific Islander

Special Education Information

14. Special education eligibility. Check one.
Autism Hard of Hearing Specific Learning Disability
Deaf-Blindness Intellectual Disability Speech or Language Impairment
Deafness Multiple Disability Traumatic Brain Injury
Emotional Disturbance Orthopedic Visual Impairment
Established Medical Other Health Impairment
Disability
15. Adaptations used in the assessment. Check all that apply.
Augmentative or alternative communication system Functional positioning
Alternative mode for written language Sensory support
Visual support Alternative response mode
Assistive equipment or device None

Program Information

16. SELPA _____
17. District of service _____

Assessment Information

18. Name of person completing the assessment _____
19. Role of person completing the assessment:
Early Intervention Specialist Speech/Language Pathologist
Occupational/Physical Therapist Teacher of the Deaf/Hard of Hearing
Program Specialist or Administrator Teacher of the Visually Impaired
Special Education Teacher Other
20. Assistance completing the assessment? Yes No
If yes, what is that person's relationship to the child? _____