

Note: This form plus a Rating Record must be completed for all preschool children with IEPs.

Child's Information

1. Student ID (Issued by district for reporting to CASEMIS) _____
2. Statewide Student Identifier (10-digit SSID) _____
3. First Name (Legal) _____
4. Last Name (Legal) _____
5. Gender Male Female
6. Birth date (e.g., 08/05/2008) ____ / ____ / ____
month day year

Child's Language Information

7. Is this child an English Learner?
 Yes No
8. If Yes, what is the child's home language(s)?
Check up to three.
 Spanish Hmong
 Cantonese Tagalog/Pilipino
 Vietnamese Other
9. Was the child assessed by someone knowledgeable of his/her home language?
 Yes No

Child's Ethnicity/Race Information

- 10a. Is this child Hispanic or Latino? Check one.
 Yes, Hispanic or Latino
 No, not Hispanic or Latino
 Intentionally left blank
- 10b. What is the race of this child? Check up to three.
 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

Child's Disability Information

11. Primary Disability. Check one.
 Autism Multiple Disability
 Deaf-Blindness Orthopedic Impairment
 Deafness Other Health Impairment
 Emotional Disturbance Specific Learning Disability
 Established Medical Disability Speech or Language Impairment
 Hard of Hearing Traumatic Brain Injury
 Intellectual Disability Visual Impairment

Child's Adaptations Information

12. Adaptations. Check all that apply.
 Augmentative or alternative communication system
 Alternative mode for written language
 Visual support
 Assistive equipment or device
 Functional positioning
 Sensory support
 Alternative response mode

Program Information

13. SELPA Code _____
14. District _____
15. Name of person completing the assessment

16. Role of person completing the assessment.
 Occupational/Physical Therapist
 Program Specialist or Administrator
 Special Education Teacher
 Speech/Language Pathologist
 Teacher of the Deaf/Hard of Hearing
 Teacher of the Visually Impaired
 Other _____

17. Date DRDP *access* was completed (e.g., 04/09/2011)

____ / ____ / ____
month day year

Rating Record

Child's First Name (Legal):	Student ID:
Child's Last Name (Legal):	Completion Date (MM/DD/YYYY):

Note: The Rating Record is not meant to be used independent of the DRDP *access* Manual or Booklet. You will need to refer to the DRDP *access* Manual or Booklet to complete this Rating Record. This record plus an Information Page must be completed for all preschool children with IEPs.

Instructions: Write the child's name, student identification number (issued by the district for reporting to CASEMIS), and the date this Rating Record was completed. Record the numerical rating for each Measure – the number that corresponds to the Descriptor for the highest developmental level the child has mastered. Check EM (emerging) if the child is “emerging” to the next level (optional). In the rare circumstance that you are unable to rate a particular Measure, check UR (unable to rate) and circle the reason why you are unable to rate this Measure (absence or other).

Measure	Description	Rating	In the rare circumstance that you are unable to rate a measure:			
			EM	UR	Reason	
1. SELF1	Identity of Self		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
2. SELF2	Recognition of Own Skills and Accomplishments		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
3. SELF3	Self-Expression		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
4. SOC1	Expressions of Empathy		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
5. SOC2	Interactions with Adults		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
6. SOC3	Relationships with Familiar Adults		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
7. SOC4	Developing Friendships		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
8. SOC5	Building Cooperative Play with Other Children		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
9. SOC6	Conflict Negotiation		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
10. SOC7	Awareness of Diversity		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
11. REG1	Impulse Control		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
12. REG2	Seeking Other's Help to Regulate Self		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
13. REG3	Responsiveness to Other's Support		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
14. REG4	Self-Comforting		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
15. REG5	Taking Turns		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
16. LANG1	Language Comprehension		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
17. LANG2	Responsiveness to Language		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
18. LANG3	Expresses Self Through Language		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
19. LANG4	Uses Language in Conversation		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
20. LRN1	Curiosity and Initiative		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
21. LRN2	Attention Maintenance and Persistence		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
22. COG1	Memory		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
23. COG2	Cause and Effect		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
24. COG3	Engages in Problem-Solving		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
25. COG4	Object and Pretend Play		<input type="checkbox"/>	<input type="checkbox"/>	absence	other

Measure	Description	Rating	In the rare circumstance that you are unable to rate a measure:			
			EM	UR	Reason	
26. MATH1	Number Sense: Understands Quantity and Counting		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
27. MATH2	Number Sense: Math Operations		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
28. MATH3	Number Sense: Comparison of Quantity		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
29. MATH4	Shapes		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
30. MATH5	Time		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
31. MATH6	Classification and Matching		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
32. MATH7	Measurement		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
33. MATH8	Patterning		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
34. LIT1	Interest in Literacy		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
35. LIT2	Concepts of Print		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
36. LIT3	Letter and Word Knowledge		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
37. LIT4	Phonological Awareness		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
38. LIT5	Emerging Writing		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
39. LIT6	Comprehension of Text		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
40. MOT1	Movement		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
41. MOT2	Balance		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
42. MOT3	Grasp/Release and Manipulation		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
43. MOT4	Eye-Hand Coordination		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
44. SH1	Personal Care Routines: Toileting and Hygiene		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
45. SH2	Personal Care Routines: Dressing		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
46. SH3	Personal Care Routines: Self-Feeding		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
47. SH4	Personal Safety		<input type="checkbox"/>	<input type="checkbox"/>	absence	other
48. SH5	Understanding Healthy Lifestyle: Eating and Nutrition		<input type="checkbox"/>	<input type="checkbox"/>	absence	other