

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., 03/07/2020) _____ / _____ / _____
month day year
4. Assessment period (e.g., Spring 2020) _____

Child Information

5. Student ID (Issued by district) _____
6. Statewide Student Identifier (10-digit SSID) _____
7. Gender Male Female Non-binary
8. Birth date (e.g., 02/05/2017) _____ / _____ / _____
month day year
9. Special education enrollment. *Check one.*
 Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

Child's Educational Setting

13. Where does the child receive early care and education services, including special education services? *Check all that apply.*

| | |
|---|--|
| <input type="checkbox"/> State Infant/Toddler Program | <input type="checkbox"/> Remote Service Delivery/Distance Learning |
| <input type="checkbox"/> State Preschool | <input type="checkbox"/> Title 1 |
| <input type="checkbox"/> First 5 | <input type="checkbox"/> Family Child Care Home |
| <input type="checkbox"/> Early Head Start/Head Start | <input type="checkbox"/> Private Infant/Toddler or Preschool Program |
| <input type="checkbox"/> Tribal Head Start | <input type="checkbox"/> District Infant/Toddler or Preschool Program |
| <input type="checkbox"/> Migrant Program | <input type="checkbox"/> Separate Class/Special Day Class |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Separate School for Children with Disabilities |
| <input type="checkbox"/> Home-based | <input type="checkbox"/> Service Provider Location (e.g. clinic or office) |
| | <input type="checkbox"/> Other _____ |

Child's Language

10. 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.

Program Information

14. SELPA _____
15. District _____

Special Education Information

11. Special education eligibility. *Check one.*

| | | |
|---|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Multiple Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Established Medical Disability | <input type="checkbox"/> Other Health Impairment | |
12. Adaptations used in the assessment. *Check all that apply.*

| | |
|---|--|
| <input type="checkbox"/> Augmentative or alternative communication system | <input type="checkbox"/> Functional positioning |
| <input type="checkbox"/> Alternative mode for written language | <input type="checkbox"/> Sensory support |
| <input type="checkbox"/> Visual support | <input type="checkbox"/> Alternative response mode |
| <input type="checkbox"/> Assistive equipment or device | <input type="checkbox"/> None |

Assessor Information

16. Name of primary special education assessor _____
17. Role. *Check one.*

| | |
|--|--|
| <input type="checkbox"/> Early Intervention Specialist | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> Occupational/Physical Therapist | <input type="checkbox"/> Teacher of the Deaf/Hard of Hearing |
| <input type="checkbox"/> Program Specialist or Administrator | <input type="checkbox"/> Teacher of the Visually Impaired |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Other _____ |
18. DRAccessReports.org account email _____
19. Did you collaborate with someone to complete the assessment? Yes No
 If yes, check all that apply.

| | |
|---|--|
| <input type="checkbox"/> General Education Teacher or Child Care Provider | <input type="checkbox"/> Occupational/Physical Therapist |
| <input type="checkbox"/> Family | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Speech/Language Pathologist | |

Definitions

| # | Field | Definition |
|--------------------------------------|------------------------------------|--|
| Heading | | |
| 1 | Child's first name | Fill in the child's legal name that is on the IFSP or IEP. |
| 2 | Child's last name | Fill in the child's legal name that is on the IFSP or IEP. |
| 3 | Date DRDP (2015) was completed | Enter the date the DRDP (2015) Rating Record was completed as mm/dd/yyyy. |
| 4 | Assessment period | Enter the assessment period for which the assessment is being completed, e.g., fall 2020 or spring 2021. |
| Child Information | | |
| 5 | Student ID | Enter the unique identifier assigned by the SELPA or district to the child. |
| 6 | Statewide Student Identifier | Enter the unique 10-digit number, issued by the California Department of Education, assigned to the child. If the child does not have an SSID, contact your administrator to obtain this number. |
| 7 | Gender | Check the box indicating the gender identification of the child using information obtained from the child's family. |
| 8 | Birth date | Enter the child's date of birth as mm/dd/yyyy. |
| 9 | Special education enrollment | Check only one box—either for a child age birth to three with an Individualized Family Service Plan (IFSP); or a child age 3-5 with a preschool Individualized Education Program (IEP). |
| Child's Language | | |
| 10 | Child's language | <ul style="list-style-type: none"> If a language other than English is spoken in the child's home, check "Yes" and complete the English Language Development (ELD) measures. If no other language than English is spoken in the child's home, check "No" and do not complete the ELD measures. If the child is Deaf or Hard of Hearing and not learning a spoken language, check "No" and do not complete the ELD measures. |
| Special Education Information | | |
| 11 | Special education eligibility | Check the primary disability category contributing to the child's eligibility for special education. Check only one box. If a child has more than one type of disability, the child can be reported under Multiple Disabilities. |
| 12 | Adaptations used in the assessment | Adaptations support a child's participation in everyday activities and routines. Check the boxes for the categories of adaptations that are used in the child's daily activities and routines that must be in place during the assessment. Check all that apply and record on the IEP. |

| # | Field | Definition |
|------------------------------------|--|---|
| Child's Educational Setting | | |
| 13 | Child's educational setting | This lists the educational settings where the child receives early care and education services, including special education. Check the box(es) where the child receives educational services, including both general education and special education. Check all that apply. |
| Program Information | | |
| 14 | SELPA | Enter the name of the SELPA that is responsible for providing services to the child and reporting data. If you do not know the name of the SELPA, check with your administrator. |
| 15 | District | Enter the unique identifier for the district that is responsible for ensuring that special education services are provided for a child with an IFSP or IEP whether or not the services are provided within this district. |
| Assessor Information | | |
| 16 | Name of primary special education assessor | Enter the name of the person responsible for completing the assessment. Others on the IEP team or who know the child well may contribute their observations to the measure ratings; however, the IEP team should designate one person to complete and submit the rating record. |
| 17 | Role | Check the box for the job title of the primary person completing the assessment. If the role is not on the list, check "Other." |
| 18 | DR Access Reports account email | DR Access Reports is where you generate reports of DRDP (2015) results. If you enter your email address for your DR Access Reports account, your results will be automatically transferred every night. (This email address may be different than the one you use in SEIS, SIRAS, or DR Access Learn). You can create an account at DRAccessReports.org . |
| 19 | Collaboration to complete the assessment | If others worked with you to complete the DRDP (2015), check "Yes" and then check the box(es) that identify their role(s). |

Interim DRDP for Special Ed/Infant-Toddler

Interim DRDP

Special Education Infant/Toddler View Rating Record

An Early Childhood Developmental Continuum

**For temporary use with infants
and toddlers in Special Education
Early Intervention Programs**

Child's Name (First and Last) _____

Student ID or SSID _____

Assessment Period (e.g., Spring 2020) _____

Date Interim DRDP was completed (e.g., 03/07/2020) _____ / _____ / _____
month day year

This temporary Rating Record is for use during the COVID-19 pandemic beginning fall 2020 until further notice. Use with the Supplemental Guidance in conjunction with the DRDP (2015) Infant/Toddler View manual to keep track of your measure ratings as you complete the assessment. **Mark the latest developmental levels the child has mastered for the measures that appear in white.**

| Measure | Measure Name | Responding | | Exploring | | | Building | | | Integrating | EM | UR |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------|-------|-------------|--------------------------|--------------------------|
| | | Earlier | Later | Earlier | Middle | Later | Earlier | Middle | Later | Earlier | | |
| ATL-REG 1 | Attention Maintenance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ATL-REG 2 | Self-Comforting | | | | | | | | | | | |
| ATL-REG 3 | Imitation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ATL-REG 4 | Curiosity and Initiative in Learning | | | | | | | | | | | |
| ATL-REG 5 | Self-Control of Feelings and Behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SED 1 | Identity of Self in Relation to Others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SED 2 | Social and Emotional Understanding | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SED 3 | Relationships and Social Interactions with Familiar Adults | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SED 4 | Relationships and Social Interactions with Peers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SED 5 | Symbolic and Sociodramatic Play | | | | | | | | | | | |
| LLD 1 | Understanding of Language (Receptive) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| LLD 2 | Responsiveness to Language | | | | | | | | | | | |
| LLD 3 | Communication and Use of Language (Expressive) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| LLD 4 | Reciprocal Communication and Conversation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| LLD 5 | Interest in Literacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| COG 1 | Spatial Relationships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| COG 2 | Classification | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| COG 3 | Number Sense of Quantity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Note: COG 4 - COG 7 and COG 10 are only for use for preschool-age children</i> | | | | | | | | | | | | |
| COG 8 | Cause and Effect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| COG 9 | Inquiry Through Observation and Investigation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| COG 11 | Knowledge of the Natural World | | | | | | | | | | | |
| PD-HLTH 1 | Perceptual-Motor Skills and Movement Concepts | | | | | | | | | | | |
| PD-HLTH 2 | Gross Locomotor Movement Skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD-HLTH 3 | Gross-Motor Manipulative Skills | | | | | | | | | | | |
| PD-HLTH 4 | Fine Motor Manipulative Skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD-HLTH 5 | Safety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD-HLTH 6 | Personal Care Routines: Hygiene | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD-HLTH 7 | Personal Care Routines: Feeding | | | | | | | | | | | |
| PD-HLTH 8 | Personal Care Routines: Dressing | | | | | | | | | | | |