

## Child's Information

1a. Child's first name (Legal): \_\_\_\_\_

1b. Child's last name (Legal): \_\_\_\_\_

Date DRDP (2025) was completed (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Assessment period (e.g., Fall 2026) \_\_\_\_\_

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

3. Agency Identifier: \_\_\_\_\_

(Agency Identifier and SSID can be the same.)

4. Child's classroom or setting: \_\_\_\_\_

5. Child's county of residence: \_\_\_\_\_

6. Birth date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Gender Male Female Non-binary

8. Initial date of enrollment in early childhood program (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date child was withdrawn from the program (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

9a. What is this child's ethnicity?

Yes, Hispanic or Latino No, not Hispanic or Latino

9b. What is this child's race? (Mark one or more races to indicate what this child considers himself/herself to be.)

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

## Child's Language Information

10. Child's spoken/signed home language(s): \_\_\_\_\_

11. 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.)

12. What language(s) do you speak with this child? \_\_\_\_\_

13. 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.)

## Assessor Information

14. Agency: \_\_\_\_\_ Site: \_\_\_\_\_

15. Your name: \_\_\_\_\_ Title: \_\_\_\_\_

16. Are you the primary teacher working with this child?

Yes No (Specify your relationship to the child.): \_\_\_\_\_

17. Did another adult assist you with assessing this child?

Yes (role/relation): \_\_\_\_\_ No

## Program Information and Setting

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

Child Care Center	Kindergarten	State Infant/Toddler Program
District Preschool Program	Migrant Program	State Preschool
Early Head Start	Part C Early Intervention Program	Third Grade
Family Child Care Program	Private Preschool	Title 1
Family Home of Child	Second Grade	Transitional Kindergarten
First 5 Funded	Service Provider Location (e.g., clinic or office)	Tribal Head Start
First Grade		Other: _____
Head Start		

## Special Education Information

19a. Special education enrollment. Check one.

Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

19b. Did you collaborate with a special education service provider(s)? Yes No Not applicable

20. 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 Impairment*	Visual Impairment
Established Medical Disability	Other Health Impairment*	

## Special Education Information continued

21. Does this child have extensive support needs? *\*Only answer if special education eligibility is Autism, Emotional Disturbance, Intellectual Disability, Multiple Disability, Orthopedic Impairment, Other Health Impairment, Specific Learning Disability, Traumatic Brain Injury.*      **Yes**      **No**

22. Adaptations used in the assessment: Check all that apply.

Alternative mode for written language	Augmentative or alternative communication system	Visual support
Alternative response mode	Functional positioning	None
Assistive equipment or device	Sensory support	