Child's Information

1. **Child's first name** (Legal): _____
2. **Child's last name** (Legal): _____
3. **Date DRDP (2025) was completed** (mm/dd/yyyy): _____ / _____ / _____
4. **Assessment period** (e.g., Fall 2026) _____
5. **Statewide Student Identifier** (10-digit SSID): _____
6. **Agency Identifier:** _____
   (Agency Identifier and SSID can be the same.)
7. **Child's classroom or setting:** _____
8. **Child's county of residence:** _____
9. **Birth date** (mm/dd/yyyy): _____ / _____ / _____
10. **Gender** ☐ Boy ☐ Girl ☐ Choose not to answer
11. **Initial date of enrollment in early childhood program** (mm/dd/yyyy): _____ / _____ / _____
12. **Date child was withdrawn from the program** (mm/dd/yyyy): _____ / _____ / _____
13. **Is the child Hispanic or Latino?**
    ☐ **Yes** ☐ **No**
14. **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
- ☐ Asian Indian
- ☐ Black or African-American
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Tahitian
- ☐ Vietnamese
- ☐ White

Child's Language Information

15. **Child's spoken/signed home language(s):** _____
16. **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.)
17. **What language(s) do you speak with this child?** _____
18. **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

19. **Agency:** _____ 20. **Site:** _____
21. **Your name:** _____ 22. **Role:** _____
23. **Are you the primary teacher or service provider working with this child?**
    ☐ **Yes** ☐ **No** (Specify your relationship to the child.): _____
24. **Did you collaborate with a special education service provider (s) or another adult?**
    ☐ **Yes** (role/relation): _____ ☐ **No** ☐ **Not applicable**

Program Information and Setting

25. **Child is enrolled in: Check all that apply.**

- ☐ Child Care Center
- ☐ District Preschool
- ☐ Early Head Start
- ☐ Family Child Care
- ☐ Family Home of Child
- ☐ First 5 Funded
- ☐ First Grade
- ☐ Head Start
- ☐ Kindergarten
- ☐ Migrant
- ☐ Part C Early Intervention
- ☐ Private Preschool
- ☐ Second Grade
- ☐ Separate Class/Special Day Class
- ☐ Separate School for Children with Disabilities
- ☐ Service Provider Location (e.g., clinic or office)
- ☐ State Infant/Toddler
- ☐ State Preschool
- ☐ Third Grade
- ☐ Title 1
- ☐ Transitional Kindergarten
- ☐ Tribal Head Start
- ☐ Other: _____

Special Education Information

26. **Special education enrollment. Check one.**
    ☐ Individualized Family Service Plan (IFSP) ☐ Individualized Education Program (IEP)
27. **SELPA:** _____
28. **District of accountability:** _____
29. **DR Access Reports email:** _____
30. **Special education eligibility. Check one.**

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