

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

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

Date DRDP (2015) was completed (mm/dd/yyyy) _____ / _____ / _____

Assessment period (e.g., Fall 2016) _____

Child Information

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

3. Agency Identifier: _____

(agency identifier and statewide student identifier can be the same)

4. Child's classroom or setting: _____

5. Birth date (mm/dd/yyyy): _____ / _____ / _____

6. Gender Male Female

7. Initial date of enrollment in early childhood program (mm/dd/yyyy): _____ / _____ / _____

Date child was withdrawn from the program (mm/dd/yyyy): _____ / _____ / _____

8a. What is this child's ethnicity?

Yes, Hispanic or Latino No, not Hispanic or Latino

8b. What is this child's race? *Mark one or more races to indicate what this child considers himself/herself to be.*

- | | |
|---------------------------|--------------------------|
| 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 | |

17. Does this child have an Individualized Education Program (IEP) or an Individualized Family

Service Plan (IFSP)? Yes No Don't know

Observer Information

9. Agency: _____ Site: _____

10. Your name: _____ Title: _____

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

Yes

No (specify your relationship to the child): _____

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

Yes (role/relation): _____

No

Child's Language Information

13. Child's home language(s): _____

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

14. What language(s) do you speak with this child? _____

15. 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*)

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

- | | |
|------------------------------|------------------------|
| State Infant/Toddler Program | Tribal Head Start |
| State Preschool | Migrant |
| Head Start | First 5 |
| Early Head Start | Title 1 |
| Child Care Center | Family Child Care Home |
| Other: _____ | |

Child's tuition fees are:

Subsidized (tuition assistance) Not subsidized (full fee) Don't know