

DRDP (2015)

Early Education Information Page

An Early Childhood
Developmental Continuum

For use with Early Care and
Education Programs

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Date child was withdrawn from the program (mm/dd/yyyy): _____ / _____ / _____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

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

17. Does this child have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP)? Yes No Don't know

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., 09/07/2015) _____ / _____ / _____
4. Assessment period (e.g., Fall 2015) _____

Child Information

5. Student ID (Issued by district for reporting to CASEMIS) _____
6. Statewide Student Identifier (10-digit SSID) _____
7. Gender Male Female
8. Birth date (e.g., 03/05/2012) _____ / _____ / _____
9. Special education enrollment. Check one. _____ / _____ / _____
Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

Child's Language Information

10. Child's home language(s):
English Spanish
Vietnamese Cantonese
Hmong Tagalog/Pilipino
Other (specify) _____
11. Language(s) used with this child:
English Spanish
Vietnamese Cantonese
Hmong Tagalog/Pilipino
Other (specify) _____
12. 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.

Child's Ethnicity

- 13a. Is this child Hispanic or Latino? Check one.
Yes, Hispanic or Latino No, not Hispanic or Latino Intentionally left blank
- 13b. What is the race of this child? Check up to three.
Asian Indian Hmong Samoan
Black or African-American Japanese Tahitian
Cambodian Korean Vietnamese
Chinese Laotian White
Filipino Native American Intentionally left blank
Guamanian Other Asian
Hawaiian Other Pacific Islander

Special Education Information

14. 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 Visual Impairment
Established Medical Disability Other Health Impairment
Disability
15. Adaptations used in the assessment. Check all that apply.
Augmentative or alternative communication system Functional positioning
Alternative mode for written language Sensory support
Visual support Alternative response mode
Assistive equipment or device None

Program Information

16. SELPA _____
17. District of service _____

Assessment Information

18. Name of person completing the assessment _____
19. Role of person completing the assessment:
Early Intervention Specialist Speech/Language Pathologist
Occupational/Physical Therapist Teacher of the Deaf/Hard of Hearing
Program Specialist or Administrator Teacher of the Visually Impaired
Special Education Teacher Other
20. Assistance completing the assessment? Yes No
If yes, what is that person's relationship to the child? _____