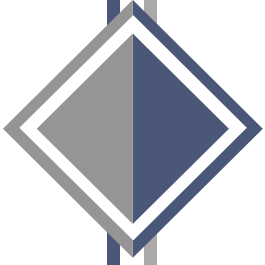


## PART IV

### GENERAL INFORMATION

Part IV of this technical assistance document provides general information as a supplement to other parts of this technical assistance document. It summarizes what to consider when writing a report that must address the needs of special audiences. It includes additional questions and answers that address assessment reports in general. Next is a listing of regulatory language that addresses report writing. It closes with additional resources in the form of an annotated bibliography.







## Special Audiences

### Meeting Insurance Documentation Needs

Many children receive medical coverage and benefits through their family's private medical insurance company, including children being evaluated for special needs. The documentation provided in the evaluation report may determine the family's ability to access therapies, medical care, durable medical equipment, or other supports through their private insurance carrier.

Acceptable terminology, evidence of need, and language describing medical or therapeutic necessity, varies from insurer to insurer. Individual company policies and practices will also change over time. A discussion with families prior to conducting the evaluation regarding their insurance coverage is advisable. It is also important to be informed of current expectations by the private insurer in order to help the family meet insurance requirements in order to best serve their child's needs over time.

### Meeting SSI Documentation Needs

Currently, the 2001 edition of Disability Evaluation Under Social Security governs eligibility decisions for families seeking benefits under the Supplemental Security Income (SSI) program funded under Title XVI of the Social Security Act. The primary evidence for determination is medical evidence from physicians, psychologists, and optometrists. SSI has a preference for treating sources because they can provide a longitudinal picture. Reports should include medical history, clinical findings (physical or mental status examinations), laboratory findings, diagnosis, treatment prescribed and prognosis, and statements of functional limitations in learning, motor functioning, self care, communication, socializing, completing tasks, and, if the child is below age one, responsiveness to stimuli.

In the section specific to children, standardized tests are the preferred method of documentation when such tests are available and valid; two standard deviations below the mean is the definition of marked restriction. However, there is recognition that standardized devices may not be valid, given a child's age or background (social, linguistic, and cultural). Also, each impairment has different, explicit criteria. Not all impairments require standardized testing. For example, documentation of Down syndrome does not require IQ testing. Documentation for cerebral palsy is highly dependent on description of functional limitations. It is advisable to provide scores when available and information on functional limitations from someone who is familiar with the child and can address the child's ability to do age-related activities. Programs that regularly prepare information for SSI should consider obtaining a copy of the Disability Evaluation book. (See Additional Resources section.)

## Meeting DD Waiver Documentation Needs

When a child may be eligible for benefits under the Developmentally Disabled (DD) Waiver, it is important to inform the family about the application process, which may be included as a recommendation in the report. Personnel of the Long Term Services Division of the Department of Health make the eligibility determination for persons with severe chronic developmental disability (not including mental illness) and mental retardation or a specific, related condition who require individualized, life-long services. The Division bases disability determination on evidence of substantial functional limitations in three or more major life activities: e.g., self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self sufficiency (8.290.400 NMAC). Providing a specific statement of the level of development (as a range, suspected level, or a score) along with clear documentation of functional limitations within the report or as a tabled attachment is important. Norm-referenced test data are preferred, including standard scores and age equivalents. Documentation of functional limitations through professional judgment supported by criterion referenced tools and observation can be useful when results from standardized tests have questionable validity due to the child's age, cultural/linguistic background, or other circumstances that prohibit standardized test administration.



## Frequently Asked Questions

In case you still have some unanswered questions about what should be in assessment reports, we have included the following.

*Q1: What does a family-centered report include?*

**A: Family centered is not a particular section in a report nor the inclusion of specific items. A report is family centered when it supports the family in their roles as partners and decision makers. Using the family's knowledge about their child's capacities, routines, and circumstances supports that partnership. Addressing their concerns in a clear and specific manner enables them to make program decisions in an informed and responsible way. Respecting their choices about how they wish to be involved in assessment and report writing, including the choice to be minimally involved, is a family-centered action.**

*Q2: What are some techniques to emphasize the family as an integral partner in the assessment process and report?*

**A: Start by listing the family as a team member in the assessment. Report family comments from interviews or rating scales. List or describe family concerns and questions in statements about why the**

**child is being assessed. Have family members work with you when writing the report.**

**Q3:** Being family centered is all well and good, but what about those families, you know—the ones who won't participate?

**A:** Each family has its own reasons for choosing how to participate. Limited involvement can reflect a cultural expectation that decisions about what goes in a report should be made by the professional. Other reasons might include past experience in which professionals did not value the family's perspective, attention to competing demands such as food and shelter which leave little time and energy for one more task, a belief that one has nothing valuable to contribute, among others. When the family's choice about level of participation is different from your expectation, follow the family's lead. Family centered means presenting opportunities, cultivating partnerships, and respecting choices.

**Q4:** *How do I write a report that parents can understand and professionals can get the technical information they need?*

**A:** Write it in standard English in a well-organized and concise way. Adapt your use of technical language to the family's experiences and familiarity. Some families will need more explanation; other families will be comfortable with technical information. Clear explanation of technical information will not offend the professionals with similar training to yours; they will read more quickly and skip the portions that they do not need. For professionals whose training is different from yours, clear explanation will ensure that they understand the information you are providing.

**Q5:** *Isn't a picture of the child the same as the family's concerns?*

**A:** To some extent, yes. A part of the picture is the concerns about the child. These concerns may reflect an area(s) or skill(s) in which the child is experiencing difficulty or the family needs help or sees a need for intervention. But the other part of the picture is what the child does well, enjoys, and likes.

**Q6:** *Can I include direct questions from the parents in the report?*

**A:** Absolutely. But first, check with parents to see if they want them in the report and how they want them stated.

**Q7:** *Where do I put referral questions or concerns?*

**A:** This information could appear in a brief introduction at the beginning of the report. It could also appear as a short subsection in the background section.

**ALTERNATIVE:**

It would also be way cool if you came back around to it in the conclusions and next steps section.

Q8: *Can there be more than one focus in a report?*

**A:** If you think of your report as a portrait of a child, then the one focus of the report is that child. However, there may be several major areas or purposes concerning the child that need to be written about, such as medical concerns and motor development.

Q9: *If I change my report style to one that is more clear and direct, won't specialists such as doctors and therapists see it as unprofessional?*

**A:** No. Like you, specialists have high caseloads and tight schedules. They do not have the time to read 20 page reports, particularly ones laced with specialized language. Describing an 8-year-old's problem solving in terms of fluid and crystalized intelligence or a 1-year-old's toy play as tertiary circular reactivity will send the best cognitive specialists back to the textbook. Even technical language that enjoys wide-spread familiarity can fail in communicating your intent. For example, the observation that Kim displays oral tactile defensiveness is very telegraphic. It does not convey the same understanding as the observation that Kim jerks her head backwards when a spoon or a finger touches her lips and tongue. Both parents and professionals need clear and complete information to make decisions that are sensitive to a child's unique strengths and needs.

Q10: *What is an appropriate length of a report?*

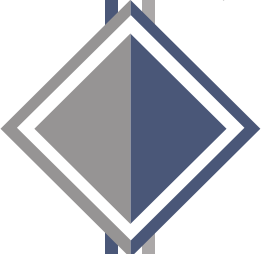
**A:** The length of a report is wholly dependent on the extensiveness of the assessment and the individual child. There is no one appropriate length. However, keep this in mind: summarizing and being concise really help the reader.

**ALTERNATIVE:**

Abraham Lincoln, when asked how long a man's legs should be, replied long enough to touch the ground. That seems just about right for a report, long enough to tell the story.

Q11: *How do I scale back a lengthy report yet keep it meaningful?*

**A:** Summarize information, such as complex or extensive medical background. Try incorporating some charts to shorten lengthy information. Consider an appendix for a lengthy tools and procedures sections. Go through and eliminate redundant words or information.



**Q12:** *What if I am testing a child who is culturally and/or linguistically diverse, is there specific information that needs to be included in the report?*

**A:** **Yes! You need to include information about language dominance, preference, and proficiency about both the child and the family in the report. You also need to include information that describes any assessment procedures used to determine dominance, preference, or proficiency. Report any strategies you used to account for diversity in testing, observation, or interview. You also need to discuss the impact that differences in language or culture may have on the child’s current or future performance, the family’s goals, the family’s participation in intervention, or other related issues.**

**Q13:** *Where do I report information concerning the child and family’s language dominance and proficiency?*

**A:** **This information should appear in some manner throughout the report, especially if the language is other than English. Language should certainly be addressed in the background section. If assessment procedures were used to determine dominance and proficiency, the procedures should be addressed in the procedures and tools section and the results in the findings section. Additionally, the impact of language should be addressed in the conclusions and next steps section.**

**Q14:** *Are there situations in which I can use the case history information instead of conducting a parent interview?*

**A:** **Yes, there might be these situations. You do need to include information from parents in the report. Be mindful about checking the case history. Did it come from parents? Is it a case history derived from another case history? Is it a case history from a relative no longer involved with the family? Is it a case history from another agency? Check on the case history, and ask the question, “Is this case history a good reflection of parent input and the current status of the child?”**

**Q15:** *Do I address other developmental areas if the purpose for the assessment was very specific, such as evaluation of articulation skills?*

**A:** **Yes. You need to refer to other areas of development, at least with statements about the typicality of these areas. Areas of development for young children often overlap and impact one another. You also need to explain the impact that articulation may have on other developmental areas (e.g., social interaction, classroom participation). Keep in mind that you are trying to present a picture of a child, not just the “parts” of a child.**

Q16: *When is it okay to incorporate jargon in a report?*

**A:** **Technical language or jargon may occasionally enhance meaning, especially for other professionals or parents who are well versed in the language of their child’s disability. It is important to remember that technical terms need brief plain English definitions to accompany them because not all readers will be familiar with the specific terms of all professions.**

**ALTERNATIVE:**

**Murphy’s Law—If you run across a technical term in a report that you do not understand, just skip it; chances are it doesn’t mean anything anyway.**

Q17: *How can I check to see if my report is meeting all required regulations?*

**A:** **We have included some of the regulations governing reports from both Part B and Part C of federal legislation, as well as information from New Mexico State Regulations. The best way to check your report is to access regulations (either online or with a written copy) and cross check your report.**

## Regulatory Language

This section contains verbatim federal and state language addressing elements of report writing. We have included passages from IDEA, the Code of Federal Regulations, New Mexico Administrative Code for special education and for the Family Infant Toddler Early Intervention Services.

### Federal Legislative and Regulatory Language Addressing Report Writing

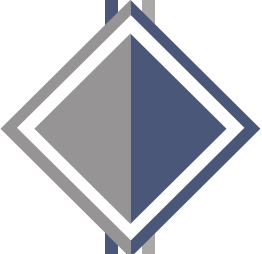
#### Individuals with Disabilities Education Act Amendments of 1997 (P. L. 105-17)

Sec.614.Evaluations, Eligibility Determinations, Individualized Education Programs, and Educational Placements

(b)(4)(B) “ a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent.”

**Federal Regulations for the Assistance to States for Education of Children with Disabilities (part 300), the Preschool Grants for Children with Disabilities (part 301), and the Early Intervention Program for Infants and Toddlers with Disabilities (part 303).**

## Federal Register Part V, 34 CFR Part 300, §300.532



Note 3: If an assessment is not conducted under standard conditions, information about the extent to which the assessment varied from standard conditions, such as the qualifications of the person administering the test or the method of test administration, needs to be included in the evaluation report. This information is needed so that the team of qualified professionals can evaluate the effects of these variances on the validity and reliability of the information reported and to determine whether additional assessments are needed.

## Federal Register Part V, 34 CFR Part 300, §300.543 Written report

(a) For a child suspected of having a specific learning disability, the documentation of the team's determination of eligibility, as required by §300.534 (a) (2), must include a statement of:

- (1) Whether the child has a specific learning disability;
- (2) The basis for making the determination;
- (3) The relevant behavior noted during the observation of the child;
- (4) The relationship of that behavior to the child's academic functioning;
- (5) The educationally relevant medical findings, if any;
- (6) Whether there is a severe discrepancy between achievement and ability that is not correctable without special education and related services; and
- (7) The determination of the team concerning the effects of environmental, cultural, or economic disadvantage.

(b) Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions.

(Authority: 20 U. S. C. 1411 note)

## **New Mexico Regulatory Language Addressing Report Writing**

### **New Mexico Department of Education Special Education Regulations**

#### NMAC 6.31.2.10 D

(5) Each public agency shall maintain a record of the receipt, processing and disposition of any referral for an individualized evaluation or reevaluation. Each evaluation or reevaluation shall be completed within a reasonable time and all appropriate evaluation data, including summary reports from all individuals evaluating the child, shall be reported in writing for presentation to the IEP team.

## NMAC 6.31.2.10 E

(4) Public agencies in New Mexico shall devote particular attention to the foregoing requirements in light of the state's cultural and linguistic diversity. Persons assessing culturally or linguistically diverse children shall consult appropriate professional standards to ensure that their evaluations are not impermissibly discriminatory and should include appropriate references to such standards and concerns in their written reports.

## NMAC 6.31.2.10 F

(1) (b) The public agency must provide a copy of the evaluation report and the documentation of determination of eligibility to the parent.

### **New Mexico Department of Health Requirements for Family Infant Toddler Early Intervention Services**

## NMAC 7.30.8.10 E. (6) (7)

(6) An evaluation report shall be generated that summarizes the findings of the interdisciplinary evaluation team. The report shall summarize the child's level of functioning in each developmental area based on assessments conducted and give a picture of the child's overall functioning and ability to participate in family and community life. The report shall include recommendations regarding the child's eligibility for the Family Infant Toddler Program. The report shall include recommendations regarding approaches and strategies to be considered when developing IFSP outcomes.

(7) Parents shall receive a copy of the evaluation report and shall have the results and recommendations of the evaluation report explained to them by a member of the evaluation team or the service coordinator with prior consultation with the evaluation team.

## **ADDITIONAL RESOURCES**

In compiling this technical assistance document, we consulted several resources. We have provided very brief descriptions of each one to help those who desire more information. The bibliography is organized around three themes: family partnerships, report writing, and supporting the change process.

### **Family Partnerships**

Alvares, R. L. (1997). Family-centered report writing in early intervention. *Infant-Toddler Intervention: The Transdisciplinary Journal*, 7, 161-169.

Discusses the importance of including family input in the assessment report.  
Gives specific examples and strategies for incorporating a family perspective in the report.

Dembinski, R. J., & Mauser, A. J. (1977). What parents of the learning disabled really want from professional. *Journal of Learning Disabilities*, 10, 578-584.

Describes a survey sent to parents in an attempt to find out what kind of information parents want from teachers and assessment professionals. Lists parents' recommendations to teachers, psychologists, and physicians.

Guillory, A. W., Woll, J., & Nielson, S. (1994). How professional can work with families to assess children's disabilities. *The Education Digest*, 60(3), 58-60.

Provides suggestions to restructure the assessment process to facilitate the building of partnerships with families.

Harry, B., Kalyanpur, M., & Day, M. (1999). *Building cultural reciprocity with families*. Baltimore, MD: Paul H. Brookes.

Describes eight case studies that illustrate cultural differences in response to the special education process. Illustrates the concept of developing a posture of cultural reciprocity.

Neisworth, J. T., & Bagnato, S. J. (2000). Recommended practices in assessment. In S. Sandall, M. E. McLean, & B. J. Smith (Eds.), *DEC recommended practices in early intervention/early childhood special education* (pp. 17-27). Denver: Division for Early Childhood of the Council for Exceptional Children.

Outlines assessment practices that emphasize collaboration, appropriateness, utility, information sharing, and procedural requirements. It highlights the vital role of families in the assessment process and the critical need to accommodate young children's developmental and individual characteristics.

Roberts, R. N., Rule, S., Innocenti, M. S. (1998). *Strengthening the family-professional partnership in services for young children*. Baltimore, MD: Paul H. Brookes.

Outlines small steps toward building strong family-professional partnerships at both the service delivery level and the policy level. It has useful illustrations of balanced partnership and cultural competence. It highlights addressing families unique needs and building mutual respect.

## Report Writing

Allinder, R. M., & Siegel, E. (1999). "Who is Brad?" Preservice teacher's perceptions of summarizing assessment information about a student with moderate disabilities. *Education and Training in Mental Retardation and Developmental Disabilities*, 34, 157-169.

Describes an alternate method of presenting information in an assessment report. Illustrates a report written using a question and answer format.

Bradley-Johnson, S., & Johnson, C. M. (1998). *A handbook for writing effective psychoeducational reports*. Austin, TX: Pro-ed.

A general guide on the writing of assessment reports. Offers some specific suggestions on ways to improve reports.

Brusaw, C. T., Alred, G. J., & Oliu, W. E. (1997). *Handbook of technical writing* (5<sup>th</sup> ed.). New York: St. Martin's Press.

A practical reference guide for professional writing. It covers design and layout, grammar, organization, paragraph and sentence construction, word usage, writing style, among others.

Lavine, J. L. (1986). De-mystifying professional evaluations. *Academic Therapy, 21*, 615-617.

Presents some practical suggestions on how to eliminate technical language when dealing with parents and other professionals.

Pannbacker, M. (1975). Diagnostic report writing. *Journal of Speech and Hearing Disorders, 40*, 367-379.

Describes different types of assessment reports. Presents specific suggestions and examples for the preparation of clinical reports.

Social Security Administration. (2001). *Disability evaluation under social security* (SSA Pub. No. 64-039). Washington, DC: author.

Describes different disability programs administered by the Social Security Administration. It explains medical and other evidence required to make disability determinations, requirements for specific impairments, and requirements relevant to children under age 18.

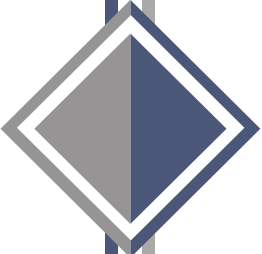
Zins, J. E., & Barnett, D. W. (1983). Report writing: Legislative, ethical, and professional challenges. *Journal of School Psychology, 21*, 219-227.

Discusses potential influences on report writing. Presents an approach to writing a report and discusses some of the challenges in dealing with sensitive information.

## Supporting the Change Process

Belasco, J. A. (1990). *Teaching the elephant to dance: Empowering change in your organization*. New York: Crown Publishers.

A practical examination of planning and implementing change in primarily corporate organizations. It has useful illustrations of developing a vision for change and enlisting key stakeholders in creating change.



Harbin, G., & Salisbury, C. (2000). DEC recommended practices in policies, procedures, and systems change. . In S. Sandall, M. E. McLean, & B. J. Smith (Eds.), *DEC recommended practices in early intervention/early childhood special education* (pp. 65-75). Denver: Division for Early Childhood of the Council for Exceptional Children.

Identifies infrastructure elements within and across agencies and suggestions for developing that infrastructure. It highlights the roles of family collaboration and administrative leadership in effecting change.

Gallacher, K. K. (1997). Supervision, mentoring, and coaching: Methods for supporting personnel development. In P. J. Winton, J. A. McCollum, & C. Catlett (Eds.), *Reforming personnel preparation in early intervention: Issues, models, and practical strategies* (pp. 191-214). Baltimore, MD: Paul H. Brookes.

Describes key issues and specific practices that distinguish different supports for personnel development. The chapter delineates coaching tasks and provides additional resources for the coaching process.

Wolfe, B. L., & Snyder, P. (1997). Follow-up strategies: Ensuring that instruction makes a difference. In P. J. Winton, J. A. McCollum, & C. Catlett (Eds.), *Reforming personnel preparation in early intervention: Issues, models, and practical strategies* (pp. 173-190). Baltimore, MD: Paul H. Brookes.

Describes strategies designed to enhance transfer of training to the work environment. The chapter illustrates developing an individual change plan within the context of peer support groups.