STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
300 DON GASPAR
SANTA FE, NEW MEXICO 87501-2786
Telephone (505) 827-5800
www.ped.state.nm.us

RYAN STEWART, ED.L.D.   MICHELLE LUJAN GRISHAM
SECRETARY OF EDUCATION   GOVERNOR

September 30, 2020

Special Education Early Childhood Evaluation Questions and Answers during COVID-19 (Q and A)

This memorandum provides guidance that supersedes FAQ Supporting Early Childhood Special Education Programs (619) during COVID-19 School Closures Created April 28, 2020. Child Find obligation is not negotiable. There should be no delay of any evaluation as FAPE is necessary for each child.

Clarifications: Questions and Answers

Q1. Are we still conducting evaluations using virtual strategies (e.g., not "in-person")?

A1. Yes. As districts begin to open up and comply with the public health order, we must continue to meet all of our Child Find responsibilities related to identifying, locating, and serving all students with disabilities.

However, due to the public health order and the guidance to continue providing remote instruction, evaluations should be conducted remotely as much as possible. This includes administration of standardized assessments in a virtual format, conducting observations virtually/remotely, working closely with outside partners (e.g., Part C providers), and other strategies to collect the data necessary to make appropriate eligibility determination decisions for individual children. When using standardized assessments in an alternative capacity such as remote administration, clinicians must follow guidance provided by the test author or document that the administration was conducted in a non-standardized manner and use the information primarily for descriptive purposes, consistent with NM TEAM.

As schools begin to transition to a hybrid or fully-open model, EDTs are encouraged to continue to use virtual/remote evaluation strategies as much as appropriate to minimize exposure risk to the children, families, staff, and others. EDTs should not delay appropriate eligibility determination decisions because of the inability to conduct in-person assessments.

Q2. Are virtual/remote evaluations appropriate? If so, under what circumstance or parameters?

A2. Yes, EDTs must use any appropriate strategies to meet their Child Find responsibilities. This includes using virtual or remote strategies to collect the evaluation data necessary to make an eligibility determination decision, determine appropriate supports and services, etc. This may include the use of standardized assessments conducted remotely (when appropriate), observations, informal assessment sources, etc. Most types of data can be appropriately collected in a virtual or remote context, so EDTs should work creatively and collaboratively to identify appropriate strategies to collect the necessary data.

Q3. Part C providers have begun to use different assessments (e.g., ASQ-3). Should EDT use that information?

A3.You must consider all of the existing data, including information provided from Part C. During the COVID-19 pandemic, Part C providers are transitioning from the IDA to the ASQ. As such, school-based teams will be expected to use that information to guide their Part B evaluations to ensure that all required data are gathered during the evaluation process. Part C may provide Part B with narratives and data (e.g., HELP, Oregon, AEPS, and the IDA) even though it was conducted more than six months prior to the Part B Eligibility Determination Team (EDT) meeting.

While this data may not be used for the eligibility determination decision, this information may be useful for the Review of Existing Evaluation Data (REED) process, in order to help inform EDTs as to what additional data, if any, may be necessary for the evaluation process. School-based evaluation teams are reminded that they should not be relying solely on information provided by Part C to make an eligibility determination. However, it is possible to make eligibility determination decisions without in-person interactions if the EDT has been able to use a combination of Part C data (when available) and additional data gathered by the EDT to collect sufficient data to meet the requirements of NM TEAM. Teams are expected to gather all of the necessary data, which may include partnering with Part C to participate in virtual early intervention visits as part of the evaluation, conducting assessments virtually (if appropriate), conducting observations virtually, collaborating closely with the parents and Part C providers, and finding alternative methods to document the child's levels of performance (e.g., without relying on age-equivalencies or standardized test scores). Consistent with PED and NM TEAM

guidance, EDTs are not required to have standardized test scores when determining eligibility for special education and related services. Further information specifically related to the eligibility category of Developmental Delay can be found in the Developmental Delay clarification memo issued September 23, 2020, which can be found here: https://webnew.ped.state.nm.us/wp-content/uploads/2020/04/Final-NMPED-DD-Memo_03.2020.pdf

Q4. If we don't have all of the data that we typically gather during an evaluation, can we make a provisional eligibility determination decision?

A 4. No. Nothing in IDEA or NMAC allows for the concept of a "provisional eligibility determination decision." EDTs are expected to gather all of the necessary data to make an eligibility determination decision under one of the 13 IDEA categories. During times of school closure, this often requires EDTs to think broadly about evaluation methods outside the use of the traditional assessments upon which teams often rely. Again, EDTs are expected to use virtual observations, informal assessment strategies, and other methods in collaboration with other school team members, the child's parent(s), and other service providers (e.g., daycare).

Q5. How do we meet requirements for specific NM TEAM requirements (e.g., "2 SD below the mean," "autism specific instrument") if we are unable to do in-person evaluations?

A5. First, although the eligibility category of Developmental Delay includes guidance that EDTs need to document that the child's performance in a specific area is 2 SD below the mean, EDTs are encouraged to review the NM TEAM sections on Use and Interpretation of Standardized Scores. Teams are always expected to use a variety of data sources (not just standardized test scores) to document if the child meets these criteria. In addition, in some situations (such as during school closures), the EDT may determine that a standardized assessment is not the most appropriate method for gathering the necessary data. Teams are reminded that the purpose of these criteria is to be able to document the severity and magnitude of the child's disability (if any) so that children with mild to moderate delays aren't incorrectly identified as children with Developmental Delay. Teams can document the child's delays in lieu of standardized test scores using descriptive methods based on observations, rating scales, developmental checklists, etc., that clearly indicate that the child's disability is comparable to a 2 SD below the mean score even if the scores cannot be obtained appropriately. Again, this information should come from a variety of sources, including information provided by Part C, observations and informal assessments conducted by a variety of evaluators, rating scales, etc. EDTs are encouraged to use a collaborative approach (e.g., involving multiple evaluators for most, if not all, evaluations) to increase the likelihood of an appropriate eligibility determination decision. As always, EDTs should use triangulation of data to look for patterns across data sources to strengthen the validity of their decisions. For example, if the EDT has IDA scores that indicate a significant delay in fine and gross motor skills, but the Part C service providers are saying that the child's skills are

functional for school and a virtual observation conducted by the EDT indicates that the child's gross motor skills are functional, then the EDT likely would not identify the child as a child with a Developmental Delay in Physical Development. This triangulation of data (looking for patterns across the data and, when there is a discrepancy, collecting additional data) should be used for all evaluations and is critical when conducting evaluations during school closure.

Second, other eligibility categories have specific requirements, such as the "autism-specific instrument." Although EDTs may have tools they typically use to collect those data (e.g., ADOS-2), those tools may not be appropriate for virtual administration. In these cases, teams should look for alternative ways to answer the necessary questions. For example, although the ADOS-2 cannot be administered virtually, the EDT can conduct comprehensive observations virtually and triangulate that data with an autism-specific rating scale completed by the parent.

Q6. Is it allowed for schools to use the eligibility category of Developmental Delay for our young children until we can go back to doing our traditional in-person evaluations?

A6. No. As always, the eligibility category of Developmental Delay can only be used when no other eligibility category better describes the child's disability. It is not appropriate to use this category simply because the EDT has not collected adequate data to make another eligibility determination. LEAs continue to be responsible for evaluating children in all areas of suspected need, which includes collecting information related to Autism, Speech or Language Impairment, etc. Using methods such as comprehensive virtual observations in the home setting, informal assessment methods, and, when appropriate and available, using standardized tests that can be conducted virtually, are essential tools that should be able to provide EDTs with the data they need to make appropriate eligibility determination decisions rather than identifying a significant number of children under the category of Developmental Delay.

The SED webinar "Evaluations During COVID-19" provides examples and guidance to support EDTs as they make the transition to virtual evaluations (https://docs.google.com/document/d/1nenq3Zf4pDefl4EeKLndpIILpmAZp72E4QvaBUNfyaQ/edit). In addition, the SED webinar series "Autism Evaluations" provides a detailed discussion of conducting behavioral observations to support eligibility determinations under the category of Autism when traditional tools, such as the ADOS-2, are not available or appropriate (https://www.rec9nm.org/Autism).

Q7. How should EDTs conduct evaluations of children who are not receiving services from a Part C provider (e.g., PreK students)?

A7. As with all evaluations, the EDT must gather data to meet the requirements outlined in NM TEAM. With children who aren't receiving services from Part C, the EDT won't be able to obtain the same type of existing data, but should use the same strategies to collect new data.

These data can include virtual observations of the child in the home or community setting (depending on where that child spends his/her time), interviews with the child's parent(s), interviews with other care providers (e.g., if the child is in daycare or a PreK program), rating scales, checklists, and informal assessment of specific skills (e.g., fine motor skills, gross motor skills, language abilities, speech skills, adaptive behavior, etc.). Overall these evaluations should look very similar to evaluations for children transitioning from Part C, as EDTs will typically be collecting this additional data to supplement the information provided by Part C providers.

When schools begin to reopen in a hybrid or fully open model, some of these assessments may be conducted in-person and some of the observations may be conducted in person (e.g., at the child's daycare), but EDTs are encouraged to continue to use virtual strategies as much as appropriate during the COVID-19 public health crisis. This minimizes exposure risk for the child, family, care providers, and school staff. In addition, if a child is only at school for a limited time, it allows for the child to engage in the learning environment without distractions from the evaluation team.

Q8. Face shields vs. masks. Do we need to have both while testing?

A8. As schools begin to transition to hybrid and fully-open models, it is important for staff, children, and families to be protected. Staff members who work in a close contact assignment (such as those who must conduct diaper changes, change feeding tubes, or who work with students with disabilities that require less than six feet of social distance) must be provided with medical grade masks (including procedural, surgical, or N95 masks) and a face shield. PED Memo Eligibility to Return to In-person learning. August 28th.

As with all guidance, this may change as more information is gathered about the transmission of the virus. Face shields and face masks provide different types of protection, with face shields providing protection primarily from large respiratory droplets and face masks providing protection from smaller droplets. Considerations such as the distance between the child and evaluator, amount of air circulation in the room, time spent in the room together, and type of interaction (e.g., talking vs. mostly gestures) are all factors that may impact the transmission of the virus and should be taken into consideration when a district and/or evaluator is determining the most appropriate method to protect the staff, child, and family. Evaluators should consult with guidelines established by their district to ensure that they are following district policies. Plexiglas barriers may provide an additional layer of protection, but generally should not be used without the other measures (e.g., masks, distancing, etc.), as the effectiveness of these barriers during sustained interactions has not been studied and there is increased evidence of airborne transmission of the virus.

When evaluating articulation skills, it may be necessary for the evaluator to be able to see the child's mouth during speaking. This may not be possible if a child is wearing a mask, so evaluators are encouraged to be thoughtful about other methods for conducting these evaluations. For example, the evaluator may conduct that part of the evaluation using virtual/remote methods while the child is at home. The parents may be asked to provide a video of the child speaking with the camera placed very close to the child's face. When schools are open in a hybrid or fully-reopen model, it may also be an option to take the child outside (to a non-enclosed space) and have him/her remove the mask for a very brief amount of time while the oral-motor and speech skills are evaluated.

Q9. Should parents stay in the room with us while we are doing evaluations?

A9. In general, in-person evaluations should not be conducted at this time. However, as schools transition to hybrid and fully-open models, EDTs may choose to bring some children to school for some parts of their evaluation. Under these circumstances, parents generally should not be in the room during the evaluation unless that is expected for administration of the assessment.

During virtual/remote evaluations, the parent will need to be in the room to support the evaluator and the child with the use of technology (e.g., changing the camera angle, moving through the room, etc.). If the evaluator is conducting a formal or informal assessment, they should clearly explain to the parent the purpose of the assessment and what type of help, if any, they should provide the child.

Q10. How do we adhere to the close contact guidance?

A10. Both a mask and a face-shield are required when not able to adhere to 6 feet social distancing. While schools are in remote learning and/or hybrid learning models, evaluators must adhere to the 6-foot social distancing expectation, even when using other protective strategies (e.g., masks, shields, Plexiglas). When schools are in the fully-open model, evaluators must distance as much as possible and close contact with students should be limited. Staff members who work in a close contact assignment (such as those who must conduct diaper changes, change feeding tubes, or who work with students with disabilities that require less than six feet of social distance) must be provided with medical grade masks (including procedural, surgical, or N95 masks) and a face shield.

Q11. Can we go to the sites to see students while evaluating?

A11. Yes, this is allowable while gathering data. Evaluators must be thoughtful about respecting the social distancing and mask-use guidelines and ensuring that room capacity, etc., is followed during these evaluations. Again, use of alternative methods for gathering the data while schools

are in remote and/or hybrid models is recommended, such as using video conferencing to conduct the observations in the daycare/PreK site.

Q12. Can we do preliminary eligibility determinations (e.g., based primarily on Part C data) and wait for schools to reopen so that we can use our traditional face-to-face evaluation methods?

A12. No. EDTs are encouraged to collaborate to identify methods of data collection that can be gathered without in-person evaluation methods, as most data can be collected in a virtual format. There are a few, rare circumstances where a preliminary eligibility determination may be most appropriate, but in general, EDTs should be able to gather the necessary data if they consider methods and tools other than their traditional in-person assessment tools.

Please reference the following documents:

- PED pre-k-Preschool Reentry Guidance
- Special Education Services Reentry Guidance
- NM Transition Part C to Part B Guidance Document

Q13. How should we plan to conduct initial evaluations and reevaluations?

A13. Consistent with previous guidance, schools are obligated to continue with child find activities for children ages three through 21 with known or suspected disabilities. This means that evaluation teams need to consider the most appropriate way to conduct evaluations in a manner that is consistent with the current NMPED guidance regarding school services. At least until August 3, 2020 schools have been advised that face-to-face, in-person interactions with students are not permitted. When schools are open in a remote (virtual and/or online) model, teams are encouraged to continue to conduct evaluations remotely using tools and strategies that minimize face-to-face, in-person interactions. ***When schools are open in a hybrid model, students and staff must maintain 6-foot social distancing.*** This distancing requirement poses challenges to some types of formal assessments, so schools are encouraged to continue to use virtual assessments when possible and appropriate.

Q14. The guidance above is contradictory to the Pre-K / Preschool Guidance (#22), which mentions "teachers may choose to use properly fitting clear face shields so that children can see their faces. If teachers can do this, then can evaluators of preschoolers do the same, or is this being allowed for teachers under the understanding that they are limited to exposure only from their students and not different families on an on-going basis?

A14. Evaluators are working under Part B, criteria. Updated guidance provided by Part B must be used to maximize the safety of our staff, children, and families. A8 and A10 outline the updated guidance that will be followed by all evaluators and staff members working with students.

Q15: There is a concern about how to remotely assess young children's articulation and phonological processes. Can the Goldman-Fristoe Test of Articulation-Third Edition (GFTA-3) be considered if it is administered on an approved online platform?

A15. Standard Scores may not be able to be obtained, but using the GFTA-3 could potentially allow the SLP to determine if a child is able to produce developmentally appropriate speech sounds through a picture-naming task. Evaluation teams need to use a variety of data sources. They may be able to administer some assessments virtually and obtain standardized scores. However, they may also need to use other methods, such as observation, language/speech samples, etc., to support the testing data. Evaluators should be aware of the audio distortion sometimes present when using virtual platforms and identify strategies to obtain clearer speech samples, if necessary (e.g., audio recording provided by parent, use of telephone, etc.).

Q16. A speech sample might also be able to be obtained via an online platform to provide additional data. Would this be approved?

A16. Yes, see answer to previous question.

Q17. Since many of these children are not enrolled in school, how will we address a remote assessment for those families who do not have the support of technology in their homes?

A17. Consider having technology available to loan to families during the evaluation process, e.g., a Chromebook, a mobile hotspot, etc., so that the data can be gathered.

Q18. For the psychological/behavioral portion of the early childhood assessments, we rely heavily on rating scales and behavioral observations. It is important that the behavioral observations have some ecological validity; i.e., we typically observe for behaviors that may interfere with the child's functioning in a preschool setting (with adults who are not parents), rather than only behaviors that interfere with the child's functioning at home (with parents). How can we make observations ecologically valid and more generalizable to the preschool setting?

A18: Conduct multiple observations in whatever settings are available. Many of our PreK students aren't typically in settings other than home, so it is important to recognize that our available data for these children is limited by nature. However, by conducting observations that are both unguided (e.g., watching the child during natural activities at home) and guided (e.g., watching the child engaging in specific activities as indicated by the observer) will provide valuable information that EDTs can use to support their eligibility determination decisions.

Q19: What publishers are supporting virtual administration of cognitive assessments aside from Transdisciplinary Play-Based Assessment? We can research individual publishers/assessments, but what are the recommendations from PED?

A19: The PED does not endorse or recommend specific assessments. The EDT must determine what assessments are most appropriate for a particular child within a specific context. It is important to remember that specific areas (e.g., cognitive abilities) do not need to be assessed for all children. EDTs must evaluate a child in areas of suspected need, so if information from the referral, observations, and interviews does not indicate concerns in a particular area, that area does not need to be formally assessed. Many eligibility determination decisions can be made without the need to complete a cognitive assessment.

Q20. Is PED planning any formal training on the transdisciplinary play-based assessment? Or any formal trainings in regards to how to collect valid and reliable behavioral observation data for preschool-aged children when we can only observe them in the home with parents?

A20. No, districts are responsible for approving, purchasing, and the purchase of training for assessments chosen. Please see A19.

Q21. Can we work collaboratively with another agency?

A21. Yes, alignment and shared training between agencies following the developer's protocols are acceptable. Work with your district administration for approval and collaboration for purchase and training as this is a district decision. Guidance: Ratios & Group Size As of July 1, the New Mexico Early Childhood Education and Care Department (ECECD) has approved that four-year-old Pre-K/preschool ratios and group size may return to the FOCUS standard of 20 children and two adults. Mixed-age and three-year-old classrooms (Title 1) may never exceed 16 children with at least two adults. Special education classrooms will follow the ratio and group size guidance in FOCUS.

Q22. "At least" two adults means there can be more than two? When ancillary staff and special education teachers are pushing in there will be much more.

A22. Additional adults can be present, if necessary, as long as social distancing and other precautions can be followed. "At least" is interpreted to mean "two or more."

Q23. Are school-staff allowed to visit daycares?

A23: Yes. Please follow social distancing and other pandemic cautions.

Q24. Part C Providers have moved towards using the ASQ-Screener instead of the IDA. When did this transition take place?

A24. Please refer to the Family Infant Toddler guidance document at this link: FIT guidance

Q25. How was this change communicated to Part C providers?

A25. (Through a Q and A document) FIT Q and A

Q26. Is there a plan to communicate Part C information to LEAs?

A26. FIT will update their guidance. Please keep their links active. The ECECD is the governing agency for Part C services, including what assessments are conducted during Covid-19. The process of reviewing all information sent from the FIT agency remains the same. Regardless of what information sent from Part C programs, the review of existing evaluation data process

conducted by Part B will determine what additional data are necessary to make an eligibility determination under Part B. The LEA is still responsible for conducting the appropriate assessments and collecting data for the comprehensive multidisciplinary evaluation. The process of reviewing all information sent from the FIT agency remains the same. The review of information during the REED process will reveal a need for more data to make a determination. The LEA is still responsible for asking for the appropriate assessments and information for a complete multidisciplinary evaluation.

Q27. Does a Part C Presumptive Eligibility with an ASQ fall under all the same guidelines as "Actual Eligibility"?

A27. No. Nothing in IDEA or NMAC allows for the concept of a "provisional eligibility determination decision." EDTs are expected to gather all of the necessary data to make an eligibility determination decision under one of the 13 IDEA categories.

Q28. What are the criteria being used by Part C for Presumptive Eligibility?

A28. Please refer to the Family Infant Toddler guidance document at this link: fit eligibility graphic. Remember, the Ages & Stages Questionnaire (ASQ) is just that, a "screening" tool. As such, screening tools are not formal evaluation instruments and cannot be used for eligibility purposes alone. ASQs are excellent tools for gathering information from parents and others, but as questionnaires, can be very subjective. When used, the results can help teams begin prioritizing children who may need to move forward to a formal evaluation with parental consent to see whether the child is eligible for IDEA services. Again, information provided by the ASQ should help inform LEAs as part of the Review of Existing Evaluation Data process.