

DRDP (2025)

An Early Childhood
Developmental Continuum

Information Page

For use with children with Individualized Education Programs (IEPs)
or with Individualized Family Service Plans (IFSPs)

Child Information

1. Child's first name (Legal) _____
2. Child's last name (Legal) _____
3. Date DRDP was completed (e.g., 09/08/2026) _____ / _____ / _____
month day year
4. Assessment period (e.g., fall 2026) _____
5. Statewide Student Identifier (10-digit SSID) _____
6. Birth date (e.g., 02/05/2025) _____ / _____ / _____
month day year
7. Gender Boy Girl Choose not to answer
8. 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.

Assessor Information

9. Name of primary special education assessor _____
10. DRAccessReports.org account email _____
11. Role. Check one.

<input type="checkbox"/> Early Intervention Specialist	<input type="checkbox"/> Teacher of the Deaf/Hard of Hearing
<input type="checkbox"/> Program Specialist or Administrator	<input type="checkbox"/> Teacher of the Visually Impaired
<input type="checkbox"/> Special Education Teacher	<input type="checkbox"/> Other _____
<input type="checkbox"/> Speech/Language Pathologist	
12. Did you collaborate with someone to complete the assessment? Yes No
If yes, role of collaborator(s) _____

Program Information and Setting

13. Child is enrolled in: Check all that apply.
- | | |
|--|--|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Private Preschool |
| <input type="checkbox"/> District Preschool | <input type="checkbox"/> Separate Class/Special Day Class |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Separate School for Children with Disabilities |
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Service Provider Location (e.g. clinic or office) |
| <input type="checkbox"/> Family Home of Child | <input type="checkbox"/> State Infant/Toddler |
| <input type="checkbox"/> First 5 Funded | <input type="checkbox"/> State Preschool |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Title 1 |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Transitional Kindergarten |
| <input type="checkbox"/> Migrant Program | <input type="checkbox"/> Tribal Head Start |
| <input type="checkbox"/> Part C Early Intervention Pgrm. | <input type="checkbox"/> Other _____ |

Special Education Information

14. Special education enrollment. Check one.

<input type="checkbox"/> Individualized Family Service Plan (IFSP)	<input type="checkbox"/> Individualized Education Program (IEP)
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15. SELPA _____
16. District of accountability _____
17. Special education eligibility. Check one.

<input type="checkbox"/> Autism	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Deafness	<input type="checkbox"/> Multiple Disability	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Established Medical Disability (3-5 year olds only)	<input type="checkbox"/> Other Health Impairment	

Definitions

For use with children with IEPs or IFSPs

Child Information

#	Field	Definition
1	Child's first name	Fill in the child's legal first name.
2	Child's last name	Fill in the child's legal last name.
3	Date DRDP (2025) was completed	Enter the date the DRDP (2025) Rating Record was completed as mm/dd/yyyy.
4	Assessment period	Enter the assessment period for which the assessment is being completed, e.g., fall 2025 or spring 2026.
5	Statewide Student Identifier	Enter the unique 10-digit number assigned to the child. If the child does not have an SSID, contact your administrator to obtain this number.
6	Birth date	Enter the child's date of birth as mm/dd/yyyy.
7	Gender	Check the box indicating the gender identification of the child using information obtained from the child's family.
8	Is a language other than English spoken in the child's home?	<ul style="list-style-type: none"> • If a language other than English is spoken in the child's home, check "Yes" and complete the English Language Development (ELD) measures. • If no other language other than English is spoken in the child's home, check "No" and do not complete the ELD measures. • Note for Deaf/Hard of Hearing (DHH) children: The ELD domain should only be used with children who are learning spoken English. For children learning spoken English and American Sign Language (ASL), the Foundational Language Development (FLD) domain, in conjunction with the Language Milestones, should be used to document children's development of ASL, and the ELD measures can be used to document a child's progress in spoken English.

Assessor Information

#	Field	Definition
9	Name of primary special education assessor	Enter the name of the primary special education service provider who is responsible for completing the assessment. Others on the IEP/IFSP team or who know the child well may contribute their observations to the measure ratings; however, one person should be designated to complete and submit the rating record.

#	Field	Definition
10	DR Access Reports email	Enter the email address (username) for the assessor's DR Access Reports account. If none exists, users may set an account at https://draccessreports.org . Setting up an account will allow for the automatic transfer of completed rating records from SEIS and SIRAS to DR Access Reports where assessors can run various reports using their assessment data.
11	Role	Check the box for the job title of the primary person completing the assessment. If the role is not on the list, check "Other" and provide the title of the person's role.
12	Did you collaborate with someone to complete the assessment?	If others worked with you to complete the DRDP, check "Yes" and then fill in their role(s).

Program Information and Setting

#	Field	Definition
13	Child is enrolled in	This lists the educational settings where the child receives early care and education services, including special education. Check the box(es) where the child receives educational services, including both general education and special education. Check all that apply.

Special Education Information

#	Field	Definition
14	Special education enrollment	Select either Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).
15	SELPA	Enter the Special Education Local Plan Area (SELPA) that is responsible for providing services to the child and reporting data. If you do not know the SELPA, check with your administrator.
16	District of accountability	Enter the district that is responsible for ensuring that special education services are provided for a child with an IFSP or IEP whether or not the services are provided within this district.
17	Special education eligibility	Check the primary disability category contributing to the child's eligibility for special education. Check only one box.

DRDP (2025)

An Early Childhood
Developmental Continuum

IT View Rating Record

For use with children with
Individualized Family
Service Plans (IFSPs)

Child's name (first and last) _____

Statewide Student Identifier (10-digit SSID) _____

Assessment period (e.g., fall 2026) _____

Date DRDP was completed (e.g., 09/08/2026) _____ / _____ / _____
month day year

This Rating Record is to be used with the DRDP (2025) Infant and Toddler (IT) View to keep track of each child's developmental levels as you complete the assessment. Mark the developmental level the child has mastered for every measure.

Measure	Measure Name	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	EM	UR
ATL 1	Engagement, Attention, and Persistence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATL 2	Curiosity, Interest, and Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATL 3	Problem-Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
SED 1	Self-Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
SED 2	Social Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
SED 3	Relationships and Reciprocal Interactions with Familiar Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
SED 4	Relationships and Interactions with Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
SED 5	Emotional Knowledge and Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLD 1	Understanding Language (Receptive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLD 2	Using Language (Expressive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLD 3	Shared Communication and Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
COG 1	Imitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 1	Spatial Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 2	Classification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 3	Number and Counting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCI 1	Cause and Effect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCI 2	Inquiry Through Observation and Investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 1	Perceptual-Motor Skills and Movement Concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 2	Gross Locomotor Movement Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 3	Gross Motor Manipulative Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 4	Fine Motor Manipulative Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
HLTH 1	Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
HLTH 3	Personal Care Routines: Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
HLTH 4	Personal Care Routines: Feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
HLTH 5	Personal Care Routines: Self-Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>