

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., 03/07/2022) _____ / _____ / _____
month day year
4. Assessment period (e.g., Spring 2022) _____

Child Information

5. Student ID (Issued by district) _____
6. Statewide Student Identifier (10-digit SSID) _____
7. Gender Male Female Non-binary
8. Birth date (e.g., 02/05/2019) _____ / _____ / _____
month day year
9. Special education enrollment. *Check one.*
 Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

Child's Language

10. 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.

Special Education Information

11. 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	<input type="checkbox"/> Other Health Impairment	
12. Adaptations used in the assessment. *Check all that apply.*

<input type="checkbox"/> Alternative mode for written language	<input type="checkbox"/> Functional positioning
<input type="checkbox"/> Alternative response mode	<input type="checkbox"/> Sensory support
<input type="checkbox"/> Assistive equipment or device	<input type="checkbox"/> Visual support
<input type="checkbox"/> Augmentative or alternative communication system	<input type="checkbox"/> None

Child's Educational Setting

13. Where does the child receive early care and education services, including special education services? *Check all that apply.*

<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Remote Service Delivery/Distance Learning
<input type="checkbox"/> District Preschool Program	<input type="checkbox"/> Separate Class/Special Day Class
<input type="checkbox"/> Early Head Start/Head Start	<input type="checkbox"/> Separate School for Children with Disabilities
<input type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Service Provider Location (e.g. clinic or office)
<input type="checkbox"/> First 5	<input type="checkbox"/> State Preschool
<input type="checkbox"/> Home	<input type="checkbox"/> Title 1
<input type="checkbox"/> Migrant Program	<input type="checkbox"/> Transitional Kindergarten
<input type="checkbox"/> Part C Early Intervention Program	<input type="checkbox"/> Tribal Head Start
<input type="checkbox"/> Private Preschool	<input type="checkbox"/> Other _____

Program Information

14. SELPA _____
15. District of accountability _____

Assessor Information

16. Name of primary special education assessor _____
17. Role. *Check one.*

<input type="checkbox"/> Early Intervention Specialist	<input type="checkbox"/> Speech/Language Pathologist
<input type="checkbox"/> Occupational/Physical Therapist	<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 _____
18. DRAccessReports.org account email _____
19. Did you collaborate with someone to complete the assessment? Yes No
If yes, check all that apply.

<input type="checkbox"/> Family	<input type="checkbox"/> Occupational/Physical Therapist
<input type="checkbox"/> General Education Teacher or Child Care Provider	<input type="checkbox"/> Speech/Language Pathologist
	<input type="checkbox"/> Other _____

Definitions

#	Field	Definition
Heading		
1	Child's first name	Fill in the child's legal name that is on the IFSP or IEP.
2	Child's last name	Fill in the child's legal name that is on the IFSP or IEP.
3	Date DRDP (2015) was completed	Enter the date the DRDP (2015) 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 2022 or spring 2023.
Child Information		
5	Student ID	Enter the unique identifier assigned by the SELPA or district to the child.
6	Statewide Student Identifier	Enter the unique 10-digit number, issued by the California Department of Education, assigned to the child. If the child does not have an SSID, contact your administrator to obtain this number.
7	Gender	Check the box indicating the gender identification of the child using information obtained from the child's family.
8	Birth date	Enter the child's date of birth as mm/dd/yyyy.
9	Special education enrollment	Check only one box—either for a child age birth to three with an Individualized Family Service Plan (IFSP); or a child age 3-5 with a preschool Individualized Education Program (IEP).
Child's Language		
10	Child's language	<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 than English is spoken in the child's home, check "No" and do not complete the ELD measures. If the child is Deaf or Hard of Hearing and not learning a spoken language, check "No" and do not complete the ELD measures.
Special Education Information		
11	Special education eligibility	Check the primary disability category contributing to the child's eligibility for special education. Check only one box. If a child has more than one type of disability, the child can be reported under Multiple Disabilities.
12	Adaptations used in the assessment	Adaptations support a child's participation in everyday activities and routines. Check the boxes for the categories of adaptations that are used in the child's daily activities and routines that must be in place during the assessment. Check all that apply and record on the IEP.

#	Field	Definition
Child's Educational Setting		
13	Child's educational setting	<p>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.</p> <ul style="list-style-type: none"> Child Care Center: can be private or state-subsidized for children birth to five. Private Preschool: for children ages three to five.
Program Information		
14	SELPA	Enter the name of the SELPA that is responsible for providing services to the child and reporting data. If you do not know the name of the SELPA, check with your administrator.
15	District of accountability	Enter the name of 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.
Assessor Information		
16	Name of primary special education assessor	Enter the name of the person responsible for completing the assessment. Others on the IEP team or who know the child well may contribute their observations to the measure ratings; however, the IEP team should designate one person to complete and submit the rating record.
17	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."
18	DR Access Reports account email	DR Access Reports is where you generate reports of DRDP (2015) results. If you enter your email address for your DR Access Reports account, your results will be automatically transferred every night. (This email address may be different than the one you use in SEIS, SIRAS, or DR Access Learn). You can create an account at DRAccessReports.org .
19	Collaboration to complete the assessment	If others worked with you to complete the DRDP (2015), check "Yes" and then check the box(es) that identify their role(s).

DRDP (2015)

An Early Childhood Developmental Continuum

Special Education I/T Comprehensive View Rating Record

**For use with infants and toddlers
in Early Care and Education Programs
and Special Education Programs**

Child's Name (First and Last) _____

Student ID or SSID _____

Assessment Period (e.g., Spring 2022) _____

Date Interim DRDP was completed (e.g., 03/07/2022) _____ / _____ / _____
month day year

The Rating Record is to be used with the DRDP (2015) Instrument 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		Exploring			Building			Integrating	EM	UR
		Earlier	Later	Earlier	Middle	Later	Earlier	Middle	Later	Earlier		
ATL-REG 1	Attention Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
ATL-REG 2	Self-Comforting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
ATL-REG 3	Imitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
ATL-REG 4	Curiosity and Initiative in Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
ATL-REG 5	Self-Control of Feelings and Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
SED 1	Identity of Self in Relation to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
SED 2	Social and Emotional Understanding	<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 Social 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 Social 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	Symbolic and Sociodramatic Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
LLD 1	Understanding of 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"/>
LLD 2	Responsiveness to Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
LLD 3	Communication and Use of 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"/>
LLD 4	Reciprocal 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"/>
LLD 5	Interest in Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
COG 1	Spatial Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
COG 2	Classification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
COG 3	Number Sense of Quantity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: COG 4 - COG 7 and COG 10 are only for use for preschool-age children</i>												
COG 8	Cause and Effect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
COG 9	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"/>
COG 11	Knowledge of the Natural World	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
PD-HLTH 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-HLTH 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-HLTH 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-HLTH 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"/>
PD-HLTH 5	Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>
PD-HLTH 6	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"/>
PD-HLTH 7	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"/>
PD-HLTH 8	Personal Care Routines: Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/>	<input type="checkbox"/>