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.*
    ☐ Autism
    ☐ Deaf-Blindness
    ☐ Deafness
    ☐ Emotional Disturbance
    ☐ Established Medical Disability
    ☐ Hard of Hearing
    ☐ Intellectual Disability
    ☐ Multiple Disability
    ☐ Orthopedic Impairment
    ☐ Other Health Impairment
    ☐ Specific Learning Disability
    ☐ Speech or Language Impairment
    ☐ Traumatic Brain Injury
    ☐ Visual Impairment

12. **Adaptations used in the assessment.** *Check all that apply.*
    ☐ Alternative mode for written language
    ☐ Alternative response mode
    ☐ Assistive equipment or device
    ☐ Augmentative or alternative communication system
    ☐ Functional positioning
    ☐ Sensory support
    ☐ Visual support
    ☐ None

Child's Educational Setting

13. **Where does the child receive early care and education services, including special education services?** *Check all that apply.*
    ☐ Child Care Center
    ☐ District Preschool Program
    ☐ Early Head Start/Head Start
    ☐ Family Child Care Home
    ☐ First 5
    ☐ Home
    ☐ Migrant Program
    ☐ Part C Early Intervention Program
    ☐ Private Preschool
    ☐ Remote Service Delivery/Distance Learning
    ☐ Separate Class/Special Day Class
    ☐ Separate School for Children with Disabilities
    ☐ Service Provider Location (e.g. clinic or office)
    ☐ State Preschool
    ☐ Title 1
    ☐ Transitional Kindergarten
    ☐ Tribal Head Start
    ☐ Other _____

Program Information

14. **SELPA** _____

15. **District of accountability** _____

Assessor Information

16. **Name of primary special education assessor** _____

17. **Role.** *Check one.*
    ☐ Early Intervention Specialist
    ☐ Occupational/Physical Therapist
    ☐ Program Specialist or Administrator
    ☐ Special Education Teacher
    ☐ Speech/Language Pathologist
    ☐ Teacher of the Deaf/Hard of Hearing
    ☐ Teacher of the Visually Impaired
    ☐ Other _____

18. **DRAccessReports.org account email** _____

19. **Did you collaborate with someone to complete the assessment?** ☐ Yes ☐ No
    If yes, check all that apply.
    ☐ Family
    ☐ General Education Teacher or Child Care Provider
    ☐ Occupational/Physical Therapist
    ☐ Speech/Language Pathologist
    ☐ Other _____

#	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	• 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	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. • **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)

Special Education PS Fundamental View Rating Record

An Early Childhood Developmental Continuum

For use with preschool-age children with Individualized Education Programs (IEPs)

Child's Name (First and Last) _____

Student ID or SSID _____

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

Date DRDP (2015) 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 Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later	Integrating Earlier	Not yet	EM	UR
ATL-REG 1	Attention Maintenance	○	○	○		○	○					☐	☐
ATL-REG 2	Self-Comforting	○	○	○		○	○					☐	☐
ATL-REG 3	Imitation	○	○	○		○	○					☐	☐
ATL-REG 4	Curiosity and Initiative in Learning	○	○	○		○	○	○	○	○		☐	☐
ATL-REG 5	Self-Control of Feelings and Behavior	○	○	○		○	○	○	○	○		☐	☐
ATL-REG 6	Engagement and Persistence			○		○	○	○	○	○	○	☐	☐
ATL-REG 7	Shared Use of Space and Materials			○		○	○	○	○	○	○	☐	☐
SED 1	Identity of Self in Relation to Others	○	○	○		○	○	○	○	○		☐	☐
SED 2	Social and Emotional Understanding	○	○	○		○	○	○	○	○		☐	☐
SED 3	Relationships and Social Interactions with Familiar Adults	○	○	○		○	○	○	○			☐	☐
SED 4	Relationships and Social Interactions with Peers	○	○	○		○	○	○	○			☐	☐
SED 5	Symbolic and Sociodramatic Play	○	○	○		○	○	○	○			☐	☐
LLD 1	Understanding of Language (Receptive)	○	○	○	○	○	○	○	○	○		☐	☐
LLD 2	Responsiveness to Language	○	○	○		○	○	○	○	○		☐	☐
LLD 3	Communication and Use of Language (Expressive)	○	○	○	○	○	○	○	○	○		☐	☐
LLD 4	Reciprocal Communication and Conversation	○	○	○		○	○	○	○	○		☐	☐
LLD 5	Interest in Literacy	○	○	○		○	○	○	○			☐	☐
LLD 6	Comprehension of Age-Appropriate Text				○	○	○	○	○	○	○	☐	☐
LLD 7	Concepts about Print				○	○	○	○	○	○	○	☐	☐
LLD 8	Phonological Awareness				○	○	○	○	○	○	○	☐	☐
LLD 9	Letter and Word Knowledge				○	○	○	○	○	○	○	☐	☐
LLD 10	Emergent Writing				○	○	○	○	○	○	○	☐	☐

For use with preschool-age children with Individualized Education Programs (IEPs)

Child's Name (First and Last) _____

Student ID or SSID _____

Measure	Measure Name	Discovering Language	Discovering English	Exploring English	Developing English	Building English	Integrating English	Conditional Measure (Not rated)	EM	UR
ELD 1	Comprehension of English (Receptive English)	○	○	○	○	○	○	○	☐	☐
ELD 2	Self-Expression in English (Expressive English)	○	○	○	○	○	○	○	☐	☐
ELD 3	Understanding and Response to English Literacy Activities	○	○	○	○	○	○	○	☐	☐
ELD 4	Symbol, Letter, and Print Knowledge in English	○	○	○	○	○	○	○	☐	☐

Measure	Measure Name	Responding		Exploring			Building			Integrating	Not yet	EM	UR
		Earlier	Later	Earlier	Middle	Later	Earlier	Middle	Later	Earlier			
COG 1	Spatial Relationships	○	○	○		○	○					☐	☐
COG 2	Classification	○	○	○		○	○	○	○	○		☐	☐
COG 3	Number Sense of Quantity	○	○	○		○	○	○	○	○		☐	☐
COG 4	Number Sense of Math Operations			○		○	○	○	○	○	○	☐	☐
COG 5	Measurement			○		○	○	○	○	○	○	☐	☐
COG 6	Patterning			○		○	○	○	○	○	○	☐	☐
COG 7	Shapes			○		○	○	○	○	○	○	☐	☐
PD-HLTH 1	Perceptual-Motor Skills and Movement Concepts	○	○	○		○	○	○	○			☐	☐
PD-HLTH 2	Gross Locomotor Movement Skills	○	○	○	○	○	○	○	○	○		☐	☐
PD-HLTH 3	Gross Motor Manipulative Skills	○	○	○	○	○	○	○	○	○		☐	☐
PD-HLTH 4	Fine Motor Manipulative Skills	○	○	○	○	○	○	○	○	○		☐	☐
PD-HLTH 5	Safety	○	○	○		○	○	○	○	○		☐	☐
PD-HLTH 6	Personal Care Routines: Hygiene	○	○	○		○	○	○	○	○		☐	☐
PD-HLTH 7	Personal Care Routines: Feeding	○	○	○		○	○		○	○		☐	☐
PD-HLTH 8	Personal Care Routines: Dressing	○	○	○		○	○		○	○		☐	☐
PD-HLTH 9	Active Physical Play				○	○	○	○	○	○	○	☐	☐
PD-HLTH 10	Nutrition			○	○	○	○	○	○	○	○	☐	☐